

Treatment refinements for young adults with opioid use disorder: a focus on mental health

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PURPOSE

To contribute to the literature on mental health symptom severity and treatment retention among young adults (YAs) receiving treatment for opioid use disorder (OUD) to help inform best practices for effectively serving this population

INTRODUCTION

- Retention in treatment for YAs with OUD is a significant challenge
- There is substantial room for refinement in the treatment of young adults with OUD, including the integration of services for comorbid mental health and substance use disorders (SUDs)
- Those with severe mental health needs are at risk of dropping out of treatment early
- The percentages of YAs with mental health disorders or SUDs has been steadily increasing

METHODS

- 47 YAs receiving services for OUD in a residential recovery house completed questionnaires assessing basic demographics and mental health upon entry into the recovery residence
 - Generalized Anxiety Scale (GAD-7)
 - Patient Health Questionnaire (PHQ-9)
- Hypothesis:
 - Residents with a successful completion discharge status will have a lower severity of mental health symptoms upon admission to the house compared to those with non-successful completion
- Bivariate Fisher's exact tests were conducted in STATA.

RESULTS

Participant Characteristics

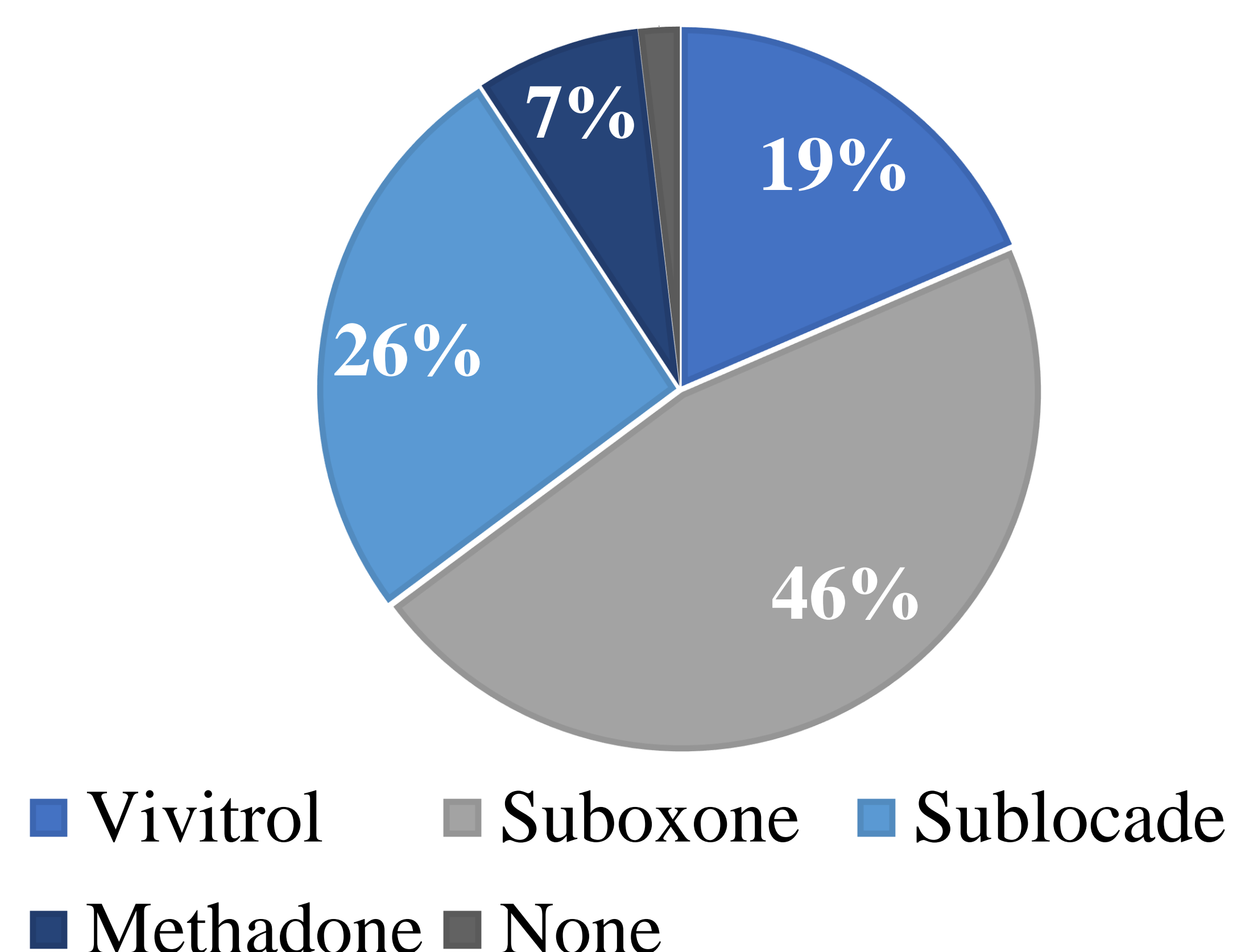
Demographics (N = 53)	
Age at Entry (M)	M = 24.5, SD = 2.6
Male (%)	66%
Length of Stay (Days) (M)	M = 135.1, SD = 109.5
Age of 1 st Opioid Use (M)	M = 17.8, SD = 3.8
Primary Route of Administration (Nasal) (%)	66%

Mental Health Scores at Baseline

GAD-7	M = 12.5, SD = 6.2
PHQ-9	M = 14.3, SD = 7.4

Note. A score of 10 or more on the questionnaires indicates moderate to severe anxiety or depression

Medication-Assisted Treatment (MAT)



Hypothesis Tests

Symptom Severity	Successful Completion	Fisher's Exact Test
GAD-7		$p = 1.00$
Severe (n=23)	3 (13%)	
Mild/Moderate (n=24)	4 (17%)	
PHQ-9		$p = 0.45$
Severe (n=28)	6 (21%)	
Mild/Moderate (n=19)	2 (11%)	

Very few residents had a successful completion discharge status ($n = 8$). Discharge status (successful vs. unsuccessful) did not significantly vary by mental health symptoms ($ps > .05$).

CONCLUSIONS

This pilot analysis showed that YAs with OUD in this sample have high rates of comorbid mental health symptoms, which is consistent with prior literature. This analysis represents an important step in the treatment refinements of YAs with OUD. Sample size restrictions limited the ability to test the study's hypothesis. Future analyses with a larger sample size should focus on predictors of treatment outcomes, retention, and relapse.

