

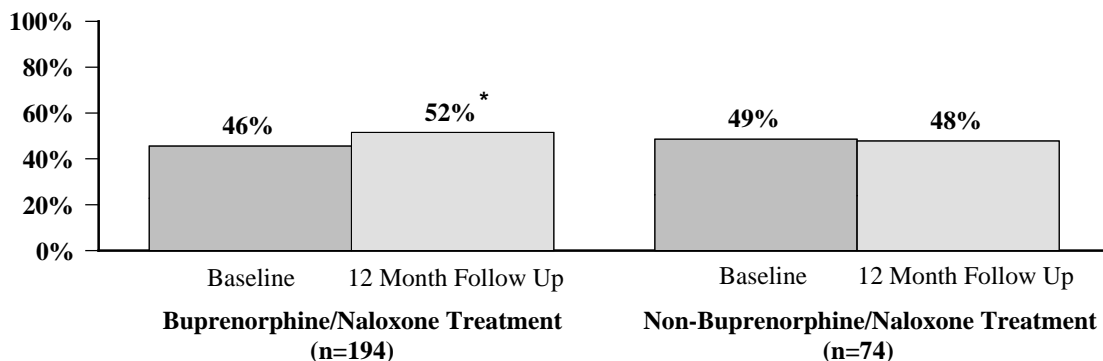
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Buprenorphine/Naloxone Treatment for Opioid Dependence in HIV-Infected Persons Improves Quality of HIV Care Received

A recent multisite study found that buprenorphine can effectively treat opioid dependence in HIV-infected persons (see *CESAR FAX*, Volume 20, Issue 31). This same demonstration project also found that providing buprenorphine treatment for opioid dependence improves the quality of the HIV care received by these individuals. Quality of care indicators (QIs) at nine HIV clinics were evaluated at the initiation of and 12 months after treatment for opioid dependence. The study found that the mean percentage of QIs received (of those that could be received*) increased from 46% to 52% among those being treated with buprenorphine/naloxone (see figure below). Specifically, participants receiving buprenorphine/naloxone increased their receipt of 6 of 16 HIV QIs, including hepatitis A and pneumococcal vaccination, CD4 and viral load monitoring, injection drug use risk reduction counseling, and HIV clinic visits. No differences were seen from baseline to follow up among those referred for other treatments** and those receiving other treatments experienced increased receipt of only 3 of the 16 HIV QIs. Receiving buprenorphine/naloxone treatment was the only variable associated with improvement in quality of HIV care; other variables, such as age, race/ethnicity, gender, and opiate of choice, were not associated with changes in quality of care (data not shown). According to the authors, “integration of office-based [buprenorphine/naloxone] into HIV practices represents one innovation for closing this gap in the quality of HIV care by increasing engagement in and receipt of recommended HIV care” (p. 7).

Mean Percentage of HIV Quality of Care Indicators Received at Baseline and 12 Month Follow Up in Nine U.S. HIV Clinics, by Type of Opioid Treatment, 2005-2007



* $p < 0.001$

*The mean percentage of QIs received was generated by dividing the number of instances in which recommended care was delivered by the number of times participants were eligible to receive recommended care multiplied by 100 and expressed as a percentage. For example, if a person was eligible to receive 10 HIV quality of care indicators over the 12-month period, yet received only 8, the summary quality score for that person was 80%.

**Those who did not receive buprenorphine/naloxone treatment either chose or were assigned off-site methadone maintenance therapy or other treatment based on local site protocols.

SOURCE: Adapted by CESAR from data from Korthuis, P.T., et al., “Improving Adherence to HIV Quality of Care Indicators in Persons with Opioid Dependence: The Role of Buprenorphine,” *Journal of Acquired Immune Deficiency Syndromes*, 56(S1):S83-S90, 2011. For more information, contact Dr. P. Todd Korthuis at korthuis@ohsu.edu.