Keywords: Positive Aspects of Caregiving Experience; Family Burden; Caregivers; Opioid; Substance.

**Disclosure of Interest:** None Declared

## EPP0914

### Pragmatic Clinical Trial to Improve Screening and Treatment for Opioid Use Disorder in Primary Care

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**Introduction:** Opioid-related deaths continue to rise in the U.S. A clinical decision support (CDS) system to help primary care clinicians (PCCs) identify and treat patients with opioid use disorder (OUD) could help address this crisis.
**Objectives:** To implement and test an OUD-CDS system in three health systems for the diagnosis and treatment of OUD in 90 primary care clinics.
**Methods:** In this cluster-randomized trial, primary care clinics in three healthcare systems were randomized to receive or not receive access to an OUD-CDS system. The OUD-CDS system alerts PCCs and patients to elevated risk of OUD and supports OUD screening and treatment. It includes guidance on OUD screening and diagnosis, treatment selection, starting and maintaining patients on buprenorphine for waivered clinicians, and screening for common comorbid conditions. The primary study outcome is, of patients at high risk for OUD, the percentage receiving an OUD diagnosis within 30 days of index visit. Additional outcomes are, of patients at high risk for or with a diagnosis of OUD, (a) the percentage receiving a naloxone prescription, or (b) the percentage receiving a medication for OUD (MOUD) prescription or referral to specialty care within 30 days of an index visit, and (c) total days covered by a MOUD prescription within 90 days of an index visit.
**Results:** The intervention started in April 2021 and continues through December 2023, with successful implementatio and uptake. PCCs and patients in 90 clinics are included; study results are expected in 2024.
**Image:**

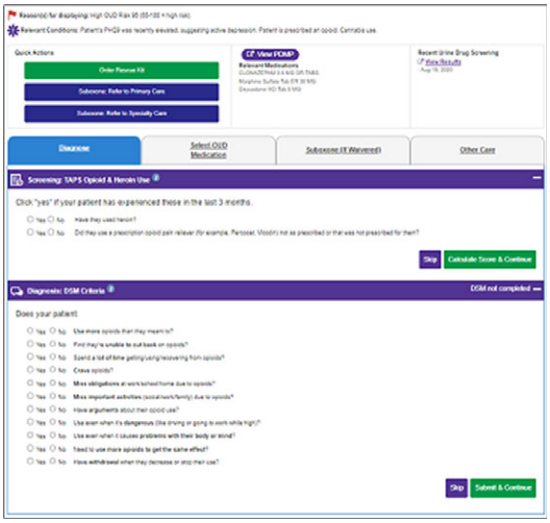



**Image 2:**

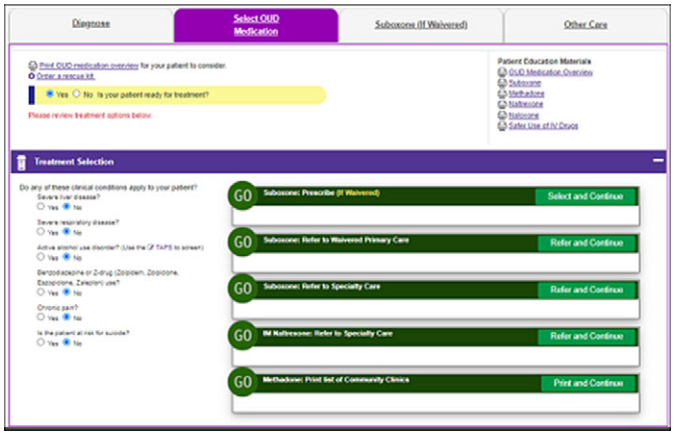
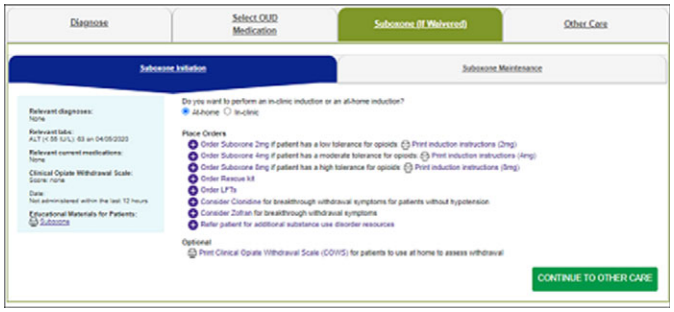



**Image 3:**




**Conclusions:** If effective, this OUD-CDS intervention could improve screening of at-risk patients and rates of OUD treatment for people with OUD, a significant step in decreasing the morbidity and mortality associated with OUD.

**Disclosure of Interest:** None Declared

## EPP0915

### Characterization of cannabis withdrawal symptoms and serum levels of neurotransmitters among cannabis-dependent smokers during sustained abstinence within a controlled residential environment

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**Introduction:** Cannabis (aka marijuana) is the most frequently consumed illicit substance worldwide, and a subset of frequent cannabis smokers (up to 30%) develop dependence. A less well-known consequence of cannabis dependence is withdrawal syn-

drome, characterized by a time-dependent constellation of symptoms (Lafaye et al. Dialogues Clin Neurosci 2017;19(3), 309-316).
**Objectives:** This study aims to prospectively assess the course of cannabis withdrawal symptoms within a controlled inpatient detoxification setting and to correlate the severity of withdrawal symptoms with the serum levels of neurotransmitters (NT).
**Methods:** N=45 treatment-seeking chronic cannabis dependents (assessed by ICD-10) were enrolled, and their withdrawal symptoms were assessed prospectively from admission (Day-0) to 28 days using Marijuana withdrawal checklist (MWC). Sociodemographic characteristics and self-reported drug use histories were reported. Serum levels of dopamine, serotonin, norepinephrine, epinephrine, and cortisol were measured. Cannabis abstinence symptoms were assessed daily using MWC for 4 weeks, and serum neurotransmitter levels were analyzed at admission (Day 0), 7, 14, 21, and 28. Comparison between groups was done using Friedman's test. Correlation between NT level and MWC scores was performed using linear regression spearman correlation analysis
**Results:** The follow-up NT levels from Day 0 to 28 showed a significant ($p<0.05$) decrease in serotonin and dopamine, whereas epinephrine levels showed a significant increase (Fig 1) with the course of withdrawal. Withdrawal symptoms like decreased appetite, sweating, and craving were significantly and positively correlated with serotonin, dopamine, and epinephrine NT levels (Fig 2).
**Image:**

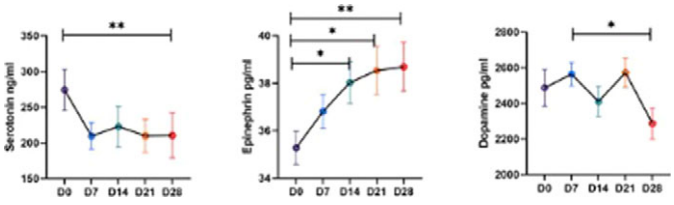
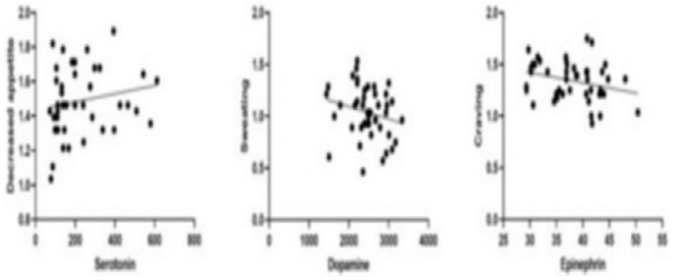



**Image 2:**




**Conclusions:** Findings support the presence of clinically significant cannabis withdrawal symptoms with NT levels in subjects with cannabis dependence seeking substance abuse treatment. The data of this study determine the relationship between observed withdrawal symptoms and changes in brain chemistry and evaluate its possible utility as a predictor of relapse.

**Disclosure of Interest:** None Declared

## EPP0916

## What is the benefit of inconsistent opioid agonist treatment in patients with prescription opioid use disorder?

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**Introduction:** Studies consistently show that patients with prescription opioid use disorder (OUD) respond to buprenorphine treatment. Few studies have followed these patients in the long-term. Our longitudinal research has shown opioid abstinence to be associated most strongly with opioid agonist/partial agonist treatment. We also found that many patients used agonist treatment inconsistently; questions remain about the benefits of intermittent opioid agonist treatment.
**Objectives:** We examined patients during the 3.5 years following their entry into a 3-month trial of treatment for prescription OUD. The current analysis compared opioid use outcomes among patients who reported receipt of agonist treatment consistently, inconsistently, or never.
**Methods:** This secondary analysis (N=309) of a U.S. multi-site randomized controlled trial of treatment for prescription OUD assessed variability in receiving opioid agonist treatment during the 3.5-year follow-up period, and the association between agonist treatment and opioid abstinence. Assessments were collected at months 18, 30, and 42 following treatment entry; patients were asked if they were currently taking agonist treatment and whether they had used other opioids in the previous month. Patients with only one follow-up assessment (n=29) were excluded from this analysis.
**Results:** Most patients reported current opioid abstinence on at least one follow-up visit: 38% were always abstinent, 41% sometimes, and 21% never. Twenty-three percent always reported currently using agonist treatment, 26% sometimes, and 51% never. Patients consistently reporting agonist use were most likely to always be opioid-abstinent in the past month (69%), with 25% sometimes and 6% never abstinent. Patients who never reported agonist use were equally likely to be abstinent never (32%), sometimes (35%), and always (32%). Patients who sometimes reported receiving agonists were most likely to report abstinence sometimes (65%); 14% never reported abstinence, and 21% always did.
Those consistently receiving agonist treatment were more likely to always be opioid-abstinent (69%) than those sometimes (21%) or never (32%) receiving agonists. Those never receiving agonist treatment were more likely to never report opioid abstinence (32%) than were those sometimes (14%) or always (6%) receiving agonists. Interestingly, those who sometimes received agonists were more likely to be abstinent than those who never received agonists: those who sometimes received agonists were more likely to be abstinent sometimes than those who never received agonists (65% vs. 35%) and less likely to never be abstinent than were those who never received agonists (14% vs. 32%).
**Conclusions:** Receiving opioid agonist treatment has been shown to be associated with opioid abstinence during long-term follow-up.