

PATIENTS' PERCEPTION OF NEW BUPRENORPHINE FORMULATIONS IN OPIOID DEPENDENCE TREATMENT: RESULTS FROM THE PREDEPO STUDY

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INTRODUCTION

- Poor adherence to treatment, along with barriers such as stigma associated with the existing opioid dependence treatment (ODTs), has led to a growing interest in new types of treatments.
- Prolonged-release buprenorphine (PRB) formulations – implants or subcutaneous injections – provide a prolonged release of buprenorphine over weeks or months, depending on the type of formulation.
- PRB-BUP avoids the need for daily dosing, thus allowing for overcoming the burden of daily treatment for both patients and the healthcare system, and improves patient adherence¹⁻³.

AIMS

- This study's aim was to evaluate the opinions of patients currently treated with buprenorphine/naloxone (B/N) or methadone about a PRB subcutaneous injection as an ODT.
 - The primary endpoint was to determine the proportion of patients in each treatment group (B/N or methadone) who would switch to XR-BUP.
 - Secondary objectives were to determine – also by treatment group – the sociodemographic characteristics, the rating of the XR-BUP product, the characteristics of PRB injection for which they would choose it as their ODT, and the reasons why they would or would not switch to it.

METHODS

- The PREDEPO study was an observational, retrospective/cross-sectional, multicentre study of adult patients diagnosed with opioid dependence (OD) and receiving ODT.
- The study was performed in 6 addiction care centres of the Spanish National Health System located in 6 autonomous communities.
- Data collection (recruitment period) took place between September and October 2020.
- The materials used for study data collection were a case report form (CRF) and a patient diary, both in paper format:
 - The patient diary included questions to know the interest and opinion of patients on a weekly or monthly PRB subcutaneous injection.
 - Before completing the diary, patients were given information on the route of administration, efficacy, and safety of this new formulation of PRB injection to know their opinion on this product, which was defined as “product X”.
- This data was analysed to assess their interest and opinion on a PRB injection. Questions with fixed response options were included and several Likert scales were used.

RESULTS

- Ninety-eight patients were enrolled (B/N: 50.0%, methadone: 50.0%). Mean age was 46.9 ± 8.43 years and 79.6% were males (Table 1).

Table 1. Sociodemographic and clinical characteristics

Variable	Total (n = 98)	Methadone (n = 49)	B/N (n = 49)	p-value
Age, years				
Mean (SD)	46.9 (8.4)	46.7 (7.7)	47.0 (9.2)	0.873
Sex, n (%)				
Male	78 (79.6)	40 (81.6)	38 (7.6)	0.616
Female	20 (21.4)	9 (18.4)	11 (24.4)	
Stable family situation, n (%)				
Has children	37 (37.8)	13 (26.5)	24 (49.0)	0.022
Stable home situation	70 (71.4)	36 (73.5)	34 (69.4)	0.655
Organic disease, n (%)^a				
HIV	19 (19.3)	9 (18.4)	10 (20.4)	0.798
HCV	12 (12.2)	11 (22.5)	1 (2.0)	0.002
Pulmonary disorder	9 (9.2)	5 (10.2)	4 (8.2)	1.000
HBV	6 (6.1)	5 (10.2)	1 (2.0)	0.111
Heart disease	1 (1.0)	0 (0.0)	1 (2.0)	1.000
Other	10 (10.2)	4 (8.2)	6 (12.2)	0.487
Psychiatric comorbidities, n (%)^a				
Personality disorder	26 (26.5)	13 (26.5)	13 (26.5)	1.000
Major depression	18 (18.4)	6 (12.2)	12 (24.5)	0.118
Psychosis/schizophrenia	14 (14.3)	5 (10.2)	9 (18.4)	0.248
ADHD	5 (5.1)	4 (8.2)	1 (2.0)	0.362
Other	7 (7.1)	4 (8.2)	3 (6.1)	1.000
Time since start of the first ODT, years				
Mean (SD)	13.5 (9.0)	16.7 (9.3)	10.4 (7.6)	< 0.001
Time since start of current ODT, years				
Mean (SD)	7.3 (7.2)	9.7 (8.6)	4.6 (4.2)	< 0.001
Current phase of ODT, n (%)				
Maintenance	87 (88.8)	45 (91.8)	42 (85.7)	0.337
Reduction	11 (11.2)	4 (8.2)	7 (14.3)	

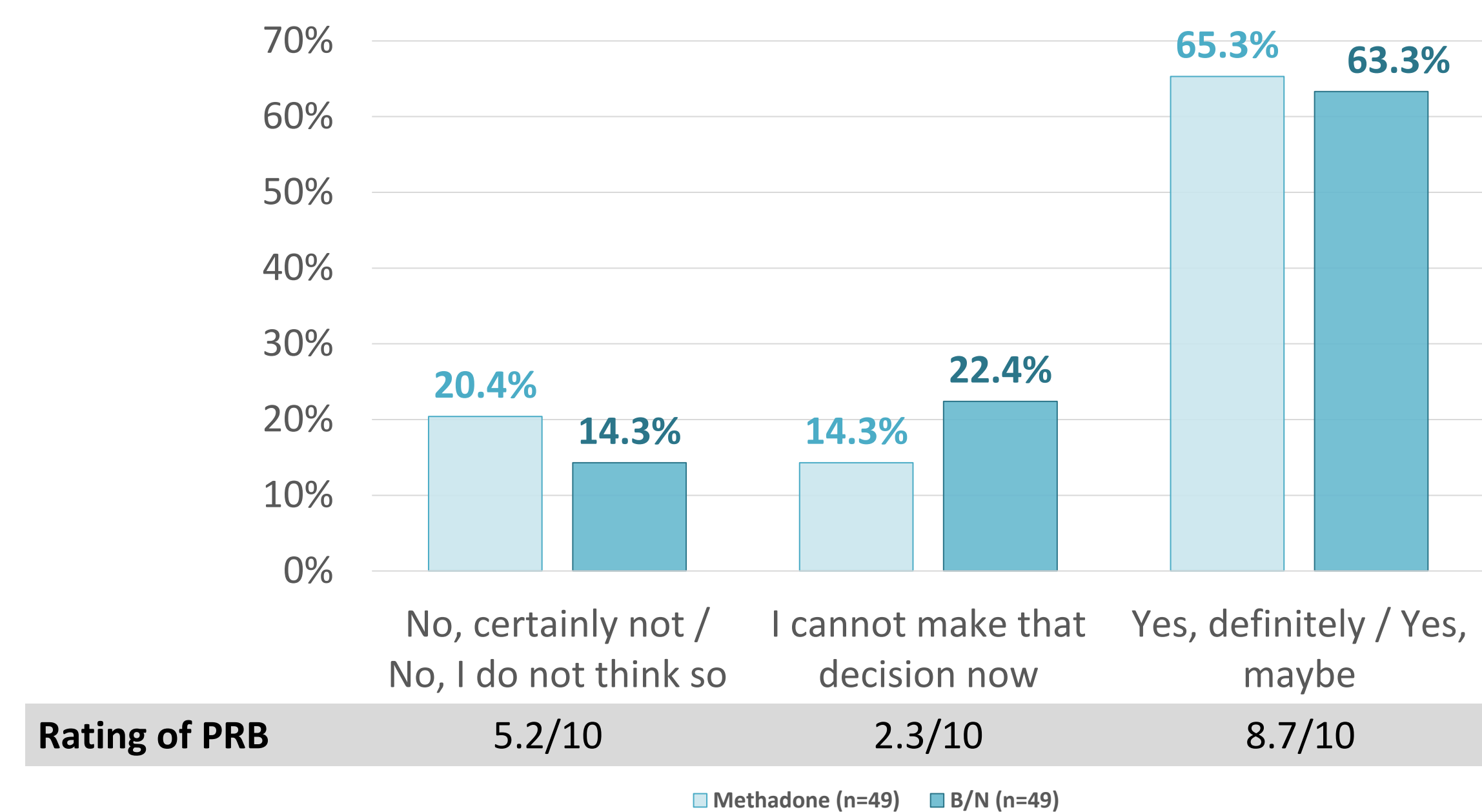
^a Patients could have more than one. Attributes with p<0.05 are shown in bold

B/N: buprenorphine/naloxone; SD: standard deviation; HBV: hepatitis B virus; HCV: hepatitis C virus; HIV: human immunodeficiency virus; ADHD, attention deficit hyperactivity disorder; ODT: opioid dependence treatment.

Perception of a PRB injection

- PRB was similarly perceived by both groups in most variables analysed, receiving a mean score of 7.2/10 (B/N: 7.4, methadone: 7.0; p=0.520).
- Approximately 65% of patients were willing to switch to PRB (B/N: 63.3%, methadone: 65.3%; p=0.833) (Figure 1).
 - Of these, a significantly higher proportion of patients in the B/N group considered that switching to PRB would be easy or very easy as compared to patients in the methadone group (90.3% vs 46.9% respectively; p < 0.001).

Figure 1. Percentage of patients who would switch from their current ODT to PRB

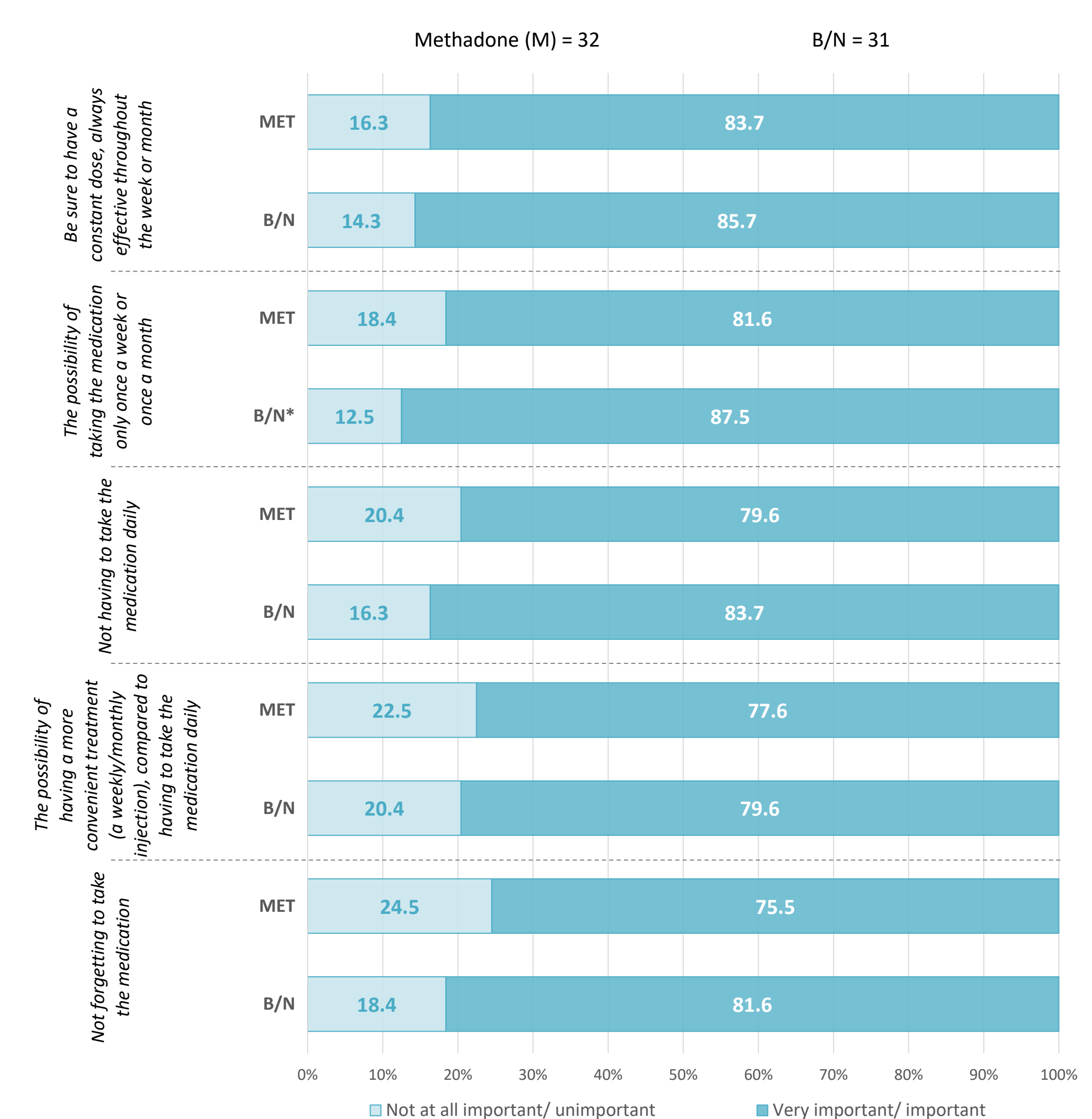


B/N: buprenorphine/naloxone; ODT: opioid dependence treatment; PRB: prolonged-release buprenorphine

Characteristics of PRB injection that could lead patients to choose it as their OST

- The 5 characteristics identified by a greater proportion of patients as “important” or “very important” were found to be the same for both treatment groups:
 - “Be sure to have a constant dose, always effective throughout the week or month” (B/N: 85.7%, methadone: 83.7%), “the possibility of taking the medicine only once a week or once a month” (B/N: 87.5%, methadone: 81.6%), “not having to take the medicine daily” (B/N:83.7%, methadone: 79.6%), “the possibility of having a more convenient treatment (weekly/monthly injection), compared to having to take the medication daily” (B/N: 79.6, methadone: 77.6%), and “not forgetting to take the medication” (B/N: 81.6%, methadone: 75.5%) (Figure 2).

Figure 2. Main characteristics of PRB that could lead to choosing it as ODT



*1 missing value.

MET: methadone; B/N: buprenorphine/naloxone; ODT: opioid dependence therapy; PRB: prolonged release buprenorphine

- One third of patients in both groups were unsure/would not switch their ODT to PRB (B/N: 36.7%, methadone: 34.7%; p=0.833). The main reason was administration by injection.
- More than 90% of the total respondents from both groups would prefer a monthly injection over a weekly injection (B/N: 93.6%, methadone: 100%; p=0.514).

CONCLUSIONS

- Two thirds of patients would switch their treatment for prolonged-release buprenorphine
- Reasons to switch to this formulation were being able to take a medicine at a constant dose and with sustained efficacy, taking the medication once monthly or weekly instead of daily, and not forgetting to take the medication. PRB could be a suitable alternative for OD management

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DISCLOSURES

- Álvaro Muñoz Cuadrado, Manuel Gómez Barrera, and Miguel Ángel Casado are employed by PORIB, a consultant company specializing in the economic evaluation of health interventions, which received financial support from Camurus S. L. for the development of the study design, data analysis, and drafting of the manuscript.
- Rodrigo Oraa Gil, Gerardo Flórez Menéndez, Pilar Notario Povos, Pedro Seijo Ceballos, Begoña Gonzalvo Cirac, and Francisco Pascual Pastor declare that they have no conflicts of interest.
- Margaux Kosim is employed by Camurus SAS, France.