Assessment of rationale in refusal of take-home naloxone by Veterans at risk for opioid overdose in the primary care setting

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BACKGROUND

• Over the past few decades, the United States has experienced a 400% increase in rates of opioid prescribing and a parallel increase in prescription opioid overdose.

• Utah Veterans have the highest prescription opioid overdose mortality rate in the nation.

• Several risk factors for accidental opioid overdose have been identified, including:
  - History of a previous opioid overdose
  - Opioid use disorder
  - Opioid + CNS depressants
  - History of substance use disorder
  - History of use within past 30 days
  - History of behavioral health treatment

• Overdose education and naloxone distribution (OEND) has been demonstrated to save lives through education about:
  - Opioid safety
  - Risks of overdose
  - Recognition and response
  - Take-home naloxone (THN)

• Significant stigma surrounds both naloxone and chronic pain, limiting the likelihood that patients receive adequate resources to reduce their risk of accidental overdose.

• Stigma, defined by Merriam-Webster as "a set of negative and unfair beliefs that a society or group of people have about something", has been shown to reduce patients' desire to access care and worsen outcomes.

• Sufficient data exists describing the attitudes of providers regarding THN.

• However, data on perceptions of naloxone is lacking in patients prescribed chronic opioid therapy for pain who are appropriate for THN.

OBJECTIVES

1. Examine Veterans' reasons for refusal of take-home naloxone in the primary care setting, with specific interest in stigma-related responses.
2. Determine whether an association exists between patient characteristics and reason for refusal.
3. Develop strategies to further encourage appropriate patients to accept take-home naloxone.

METHODS

• Consulted local experts on common reasons for refusal of THN.
• Collaborated with local information-technology personnel to update Medication Risk Assessment note template (Figure 2).
• Informed providers of new update to ensure proper documentation.

Data Collection

• Retrospective chart review
• October 1, 2015 – February 28, 2016

Inclusion Criteria: Patients on chronic opioid therapy refusing THN

Exclusion Criteria: Patients refusing THN offered outside of primary care

Outcomes

• Primary: Most common reason for patient refusal of take-home naloxone
• Secondary: Correlation between reason for refusal and patient characteristics

Patient Characteristics (n=12)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Average</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>59.3</td>
<td>67</td>
</tr>
<tr>
<td>Male</td>
<td>6 (50%)</td>
<td></td>
</tr>
<tr>
<td>Male vs. Female</td>
<td>5 (83.3%) vs. 3 (50%)</td>
<td>6 (100%) vs. 1 (66.7%)</td>
</tr>
<tr>
<td>Depression</td>
<td>11 (91.7%)</td>
<td>8 (66.7%)</td>
</tr>
<tr>
<td>Substance use d/o PTSD</td>
<td>3 (25%)</td>
<td>5 (41.7%)</td>
</tr>
<tr>
<td>Sleep apnea</td>
<td>6 (50%)</td>
<td></td>
</tr>
</tbody>
</table>

Medication Use

<table>
<thead>
<tr>
<th>Medication Use</th>
<th>Average</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Morphine equivalent</td>
<td>77.2mg</td>
<td>5 – 188mg</td>
</tr>
<tr>
<td>Daily dose (MEDD)</td>
<td></td>
<td>8 (66.7%)</td>
</tr>
<tr>
<td>Average</td>
<td>50mg</td>
<td></td>
</tr>
<tr>
<td>(past 30 days – 2/26/16)</td>
<td></td>
<td>6 (41.7%)</td>
</tr>
<tr>
<td>Range</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients with ≥50mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active benzo diazepine</td>
<td>4 (33.3%)</td>
<td></td>
</tr>
</tbody>
</table>

RESULTS (cont.)

Note Update

• Consulted local experts on common reasons for refusal of THN.
• Collaborated with local information-technology personnel to update Medication Risk Assessment note template (Figure 2).
• Informed providers of new update to ensure proper documentation.

FUTURE APPLICATIONS

• Determine method of more effectively explaining patient's personal risk of accidental overdose.
• Identify appropriate recommendations for Veterans who live alone.
• Continue to provide education to healthcare providers about OEND to help reduce patient-experienced stigma.

REFERENCES