Title:
Cognitive Behavioral Therapy's Impact on Relapse Rates in Opioid Use Disorder Patients Receiving Medication-Assisted Treatment

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ACCEPTED

Session Title:
Rising Stars of Research and Scholarship Invited Student Posters

Slot:
RS PST1: Sunday, 17 November 2019: 11:45 AM-12:15 PM

Applicable Category:
Clinical, Academic, Students, Leaders, Researchers

Keywords:
cognitive behavioral therapy, opioid use disorder and relapse

References:


**Abstract Summary:**

This integrative review examines the impact of cognitive behavioral therapy on relapse rates in patients enrolled in medication-assisted treatment for opioid use disorder, highlighting the need for additional research to understand the efficacy of CBT-based combination therapy in addressing the opioid epidemic.

**Content Outline:**

I. Introduction

- Opioid use disorders (OUDs) are very prevalent in the United States, where they send an estimated 1,000 Americans to the emergency room each day and caused approximately 33,091 fatal overdoses in 2015 (Mumba, Findlay, & Snow, 2018; Seth, Scholl, Rudd, & Bacon, 2018).

- Medication-assisted treatment (e.g., using methadone or buprenorphine) is an evidence-based approach to helping opioid-dependent individuals reduce their withdrawal symptoms and cravings for opioids, however relapse or program dropout is very common among these patients (Feelemyer, Jarlais, Arasteh, Abdul-Quader, & Hagan, 2013).

- To produce better outcomes, some researchers suggest employing combination therapy, which incorporates psychotherapy alongside pharmacotherapy (Mumba et al., 2018). Cognitive behavioral therapy (CBT) is one option for psychotherapy that has already proven successful in treating substance use disorders (SUDs) by changing patterns of thinking and thereby prompting behavioral changes (Mumba et al., 2018).

- By examining the results from a number of randomized control trials from around the world, this integrative review aims to evaluate CBT’s impact (if any) on relapse rates in OUD patients receiving medication-assisted treatment.

II. Design & Methods
To identify relevant literature, searches were completed between September 2018 and April 2019, using the following databases: Ovid, PubMed, and CINAHL. The search was limited to articles published in English within the last seven years in peer-reviewed journals. Key search terms included *cognitive behavioral therapy* and *opioid*.

Many of these articles focused on independent or dependent variables that were not the focus of this review (e.g., impact of HIV counseling on reducing risky behaviors in OUD patients) and were therefore eliminated.

### III. Results & Discussion

- The specific format, content, and length of the CBT interventions used in the RCTs examined varied.
- The studies also varied in whether CBT was administered in individual therapy sessions, group therapy sessions, or both, and whether the CBT was delivered in-person or online.
- Several studies analyzed for this integrative review found a statistically significant difference between the rate of relapse in control groups that received only medication-assisted treatment (MAT), versus experimental groups that received MAT with some form of CBT. Pan et al. (2015) found that CBT participants had a higher rate of opiate-negative urine tests than their control group counterparts, both at week 12 (69% vs. 59%, p=0.02) and week 26 (73% vs. 63%, p=0.02). This positive association between CBT and reduced relapse rates is consistent with the results from the Pashaei et al. (2013) study, which found that relapse rates in the CBT group were 48% less than the control group at the 30-day mark (OR: 0.48, 95% CI: 0.20-11.46, p=0.03), 32% less at the 90-day mark (OR: 0.32, 95% CI: 0.105-0.953, p=0.02), and 13% less at the 195-day mark (OR: 0.13, 95% CI: 0.07-0.459, p=0.02).

### IV. Conclusions

- The analysis from this integrative review illustrates the potential that CBT holds to reduce relapse rates in opioid-dependent patients receiving MAT. This research could inform the referral of patients to treatment for opioid use disorder, with preference given to combination programs that involve MAT and CBT. Nurses throughout the country are on the frontlines of the opioid epidemic and are well-positioned to combat this epidemic through proper assessment, referral, and management of patients, relying on evidence such as the studies examined in this integrative review.

- However, further research is needed to replicate results from these studies in different and larger populations, particularly in the United States, where opioid misuse has reached epidemic levels. Researchers may wish to: (1) compare the efficacy of group versus individual CBT sessions; (2) evaluate the impact of CBT manuals designed specifically for OUD versus more general CBT; (3) understand any differences in efficacy of CBT for patients medicated with methadone versus buprenorphine; and (4) provide longer-term follow-up to allow for better assessment of CBT’s impact on sustained drug abstinence.

**Topic Selection:**

Rising Stars of Research and Scholarship Invited Student Posters (25201)
Abstract Text:

Opioid use disorder (OUD) sends an estimated 1,000 Americans to the emergency room each day and costs the United States $600 billion each year in healthcare expenses, lost productivity at work, and costs related to the criminal justice system. The U.S. government declared the opioid epidemic a national crisis in 2017 and highlighted the need to provide “appropriate treatment for individuals experiencing OUD,” but the question of what constitutes “appropriate treatment” remains. Medication-assisted treatment (e.g., using methadone or buprenorphine) is an evidence-based approach to helping opioid-dependent individuals reduce their withdrawal symptoms and cravings for opioids; however, relapse or program dropout is still very common among these patients. To produce better outcomes, some researchers suggest employing combination therapy, which incorporates psychotherapy alongside pharmacotherapy. Cognitive behavioral therapy (CBT) is one option for psychotherapy that has proven successful in treating substance use disorders by changing patterns of thinking and thereby prompting behavioral changes.

The purpose of this poster is to present an integrative review of the recent evidence-based literature concerning the research question. The research question investigated is: What are the relapse rates in opioid-dependent patients receiving medication-assisted treatment (MAT) who participate in CBT compared to opioid-dependent patients receiving MAT without CBT?

To identify relevant literature, searches were completed between September 2018 and April 2019, using the following databases: Ovid, PubMed, and Cinahl. The search was limited to articles published in English within the last seven years in peer-reviewed journals. Key search terms included cognitive behavioral therapy and opioid. Many of the initial results focused on independent or dependent variables that were not the focus of this review (e.g., impact of HIV counseling on reducing risky behaviors in OUD patients) and were therefore eliminated.

Research findings suggest a statistically significant reduction in relapse rates among patients enrolled in MAT with CBT, compared to those enrolled in MAT alone. Future studies are needed to replicate results from the studies examined in this integrative review, as well as to: (1) compare the efficacy of group versus individual CBT sessions; (2) evaluate the impact of CBT manuals designed specifically for OUD versus more general CBT; (3) understand any differences in efficacy of CBT for patients medicated with methadone versus buprenorphine; and (4) provide longer-term follow-up to allow for better assessment of CBT’s impact on sustained drug abstinence.

It is hoped that this research can inform the referral and management of patients with OUD, as well as spark more discussion and research on developing evidence-based treatments for OUD.