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Title

Baseline Treatment burden in people experiencing homelessness with a recent non-fatal overdose: Findings from PHOENIx Trial

Priority 1 (Research Category)

Multimorbidity

Presenters

Caitlin Jones, BSc, MBChB, Frances Mair, MD, FRCGP, Andrea Williamson, David Eton, PhD, Richard Lowrie, PhD, Andrew McPherson, PhD, RN

Abstract

Context: People experiencing homelessness (PEH) who also experience problem drug use, have complex medical and social needs, with barriers to accessing services and treatments. Their treatment burden (the workload of self-management and impact on well-being) has not been described. Objective: The aim of this sub study is to use a validated questionnaire, the Patient Experience with Treatment and Self-management (PETS), to investigate perceived treatment burden in PEH. Study Design: Baseline data from the Pharmacist Homeless Outreach Engagement Non medical Independent prescribing Rx (PHOENIx) Trial. Setting/Population: Study undertaken in Scotland. Participants were homeless adults age 18 years or older, who had at least one non-fatal drug related overdose in the preceding 6 months. Results: 123/128 (96%) of participants completed PETS at baseline interview; mean age 42.1 (SD 8.6); 71.5 % male, and 99.2% white ethnicity. 91.2% had more than 5 chronic health conditions with mean of 8.5/participant. Scores range from 0-100, with higher score indicating higher burden of treatment. Mean PETS scores were highest in the domains indicating the impact of self-management on well-being: physical/mental exhaustion (Mean=79.54, SD=3.26); and role-social activity limitations (Mean=64, SD=3.48). Impact summary score; aggregated mean scores of domains indicating the impact of the self management of well being ,was higher (71.8 SD 10.99) than the work load summary score; aggregated mean score of domains indicating the work a patient has to do to maintain health (45.77 SD 12.46). Conclusions : In a socially vulnerable chronologically young group of patients with high risk of overdose, PETS can be used to measure treatment burden. This study identified a profound impact of self-management on well-being and daily activities in a population at high risk with few resources. Scores were markedly higher than those observed in studies of non-homeless patient samples, despite this population being a younger cohort. Measuring PETs for this patient group should help with future resource allocation, service planning and patient care