

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6168

### **Title**

*From Success Stories to Best Practices: A Qualitative Study of Medication Transitions for People with Opioid Use Disorders*

### **Priority 1 (Research Category)**

Qualitative research

### **Presenters**

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### **Abstract**

Context: Medication for opioid use disorder (MOUD) is an evidence-based, effective treatment that reduces the risk of both overdose deaths and all-cause mortality. There is little guidance for length of medication treatment for patients with OUD in addition to appropriate tapering or medication transitions while patients move through the recovery process.

Objective: To determine the patient-reported factors associated with successful transition from agonist (buprenorphine) to antagonist (naltrexone) OUD medications.

Study design and analysis: Qualitative study with conventional content analysis.

Setting and population: Fourteen men who had transitioned from agonist to antagonist medications for treatment of OUD.

Instrument: Semi-structured interviews assessed drug use history and treatment experience. Interviews were audio recorded and transcribed verbatim.

Outcome measures: Conventional content analysis included identifying themes, selecting the units of analyses, creating codes, and applying these codes to the units. The final coding scheme included four themes related to successful transition, 86% intercoder agreement was achieved, and differences were resolved by consensus.

Results: Themes associated with successful transition from agonist to antagonist medication were 1) properties of extended-release naltrexone, 2) readiness to transition medications, 3) messages and behaviors of peers, 4) and messages and behaviors of providers.

Conclusions: All participants who successfully transitioned from agonist to antagonist medication for OUD mentioned properties of extended-release naltrexone, such having no cravings and not having to remember daily medication, and a personal sense of being ready to transition from agonist and antagonist therapy. Most said seeing others who were on extended-release naltrexone who were successful in their recovery motivated participants to transition, but few found providers to be helpful due to an unwillingness to taper from agonist therapy. Prescribing providers may need additional skills to assess readiness for change for patients seeking a medication transition.

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