

Integrating buprenorphine into an urban HIV primary practice: Outcomes on viral load suppression and opioid use

Scott Fabricant, Christine Martino, Amesika Nyaku MD MS, Michelle Dalla-Piazza MD

Background

- Opioid use disorder (OUD) is a correlate of poorer HIV outcomes among people with HIV (PWH).
- Research has shown promising results for buprenorphine (BUP), a medication for OUD, integrated into HIV primary care.
- In this study, we explored the effect of BUP on HIV outcomes in a cohort of PWH with OUD in Newark, New Jersey.
- We also explored correlates of lower BUP adherence and continued opioid use.

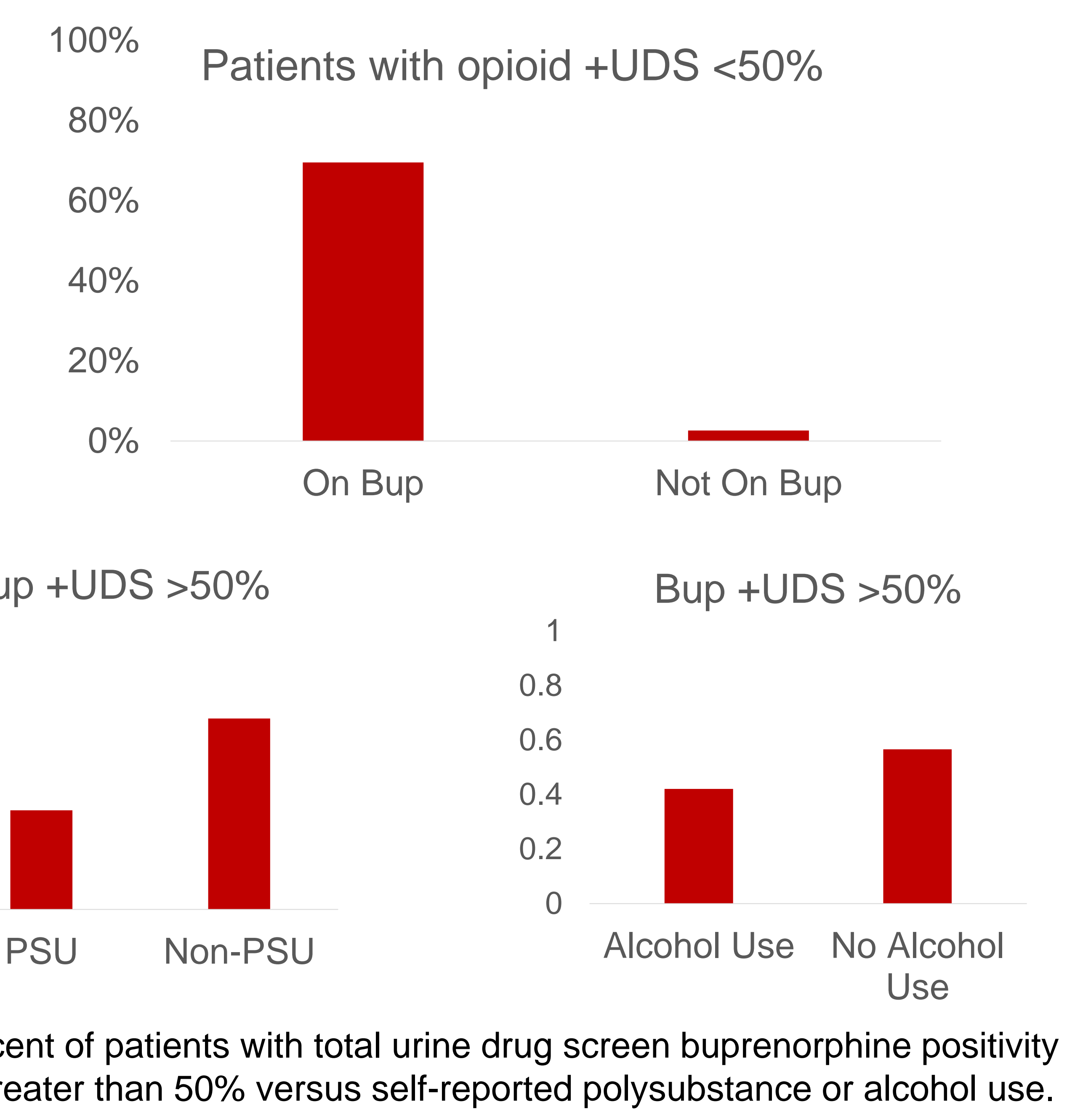
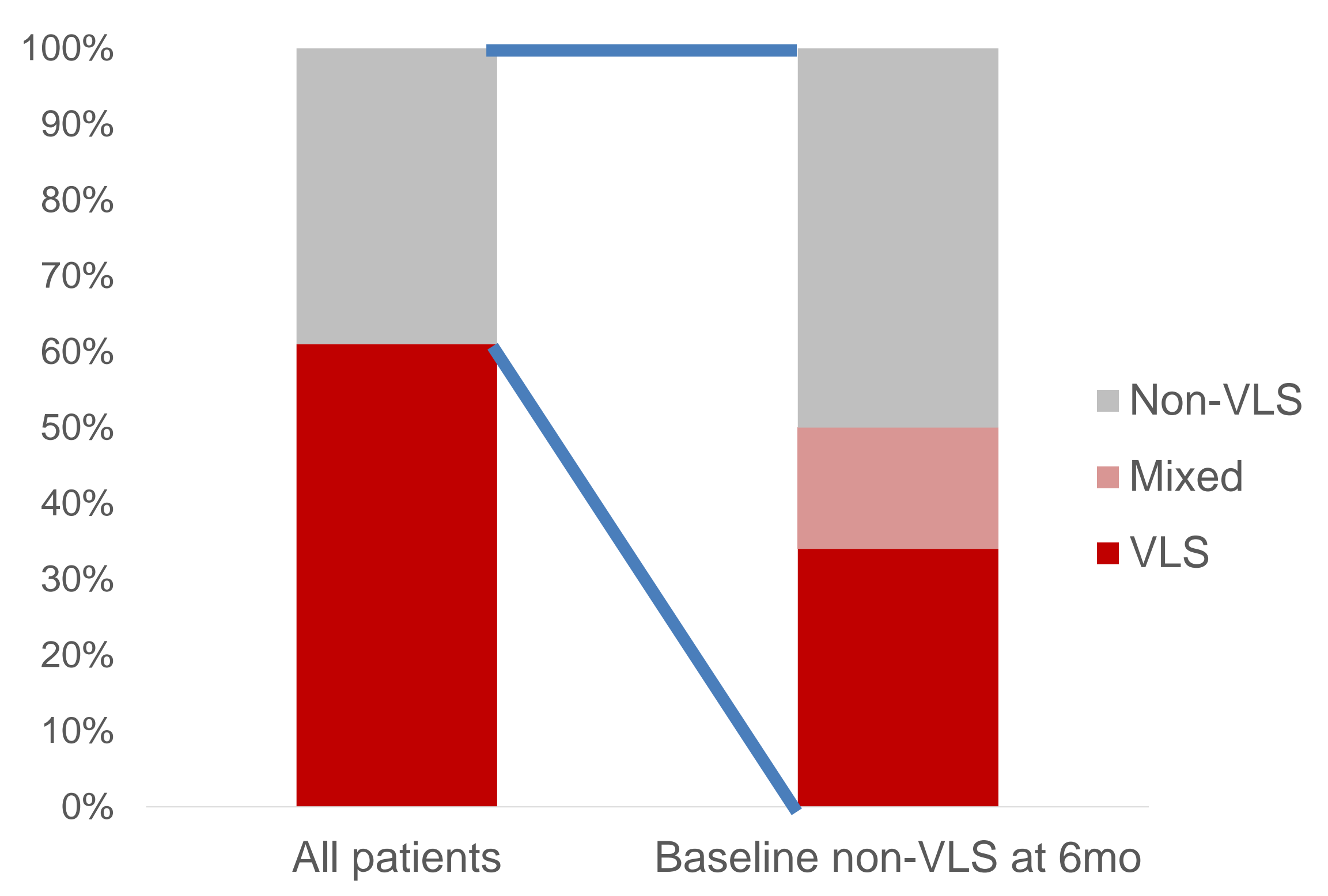
Methods

- Retrospective chart review of PWH on BUP attending the Rutgers NJMS Infectious Diseases Practice from January 2017 to June 2019
- n=91, median age 56, 59% male, 84% Black, median follow-up 1.5 years
- Outcomes were suppressed HIV viral load measurements (VLS) or urine drug screening results (UDS).
- For data analysis we employed descriptive statistics and multivariate logistic regression
- VLS or UDS were modeled against demographic, comorbid (substance use, chronic pain, HCV, psychiatric diagnosis), and social (insurance, employment, housing) factors.
- Results presented as odds ratio; 95% CI

Results

- 55% (n=46) of patients demonstrated BUP adherence (>50% positivity on serial UDS) and 61% (n=51) had ongoing opioid use.
- At baseline, 39% (n=32) of patients did not have VLS; at 1 year follow-up, one-third (n=11) achieved new-onset suppression.

	Coefficient	CI	p-value
VLS at follow-up			
VLS at baseline	17.0	10.4-27.8	<0.001
BUP adherence >50%	2.9	1.2-7.1	0.02
Housing insecurity	0.28	0.15-0.52	0.04
UDS positivity for opiates >50%			
BUP co-positivity	0.067	0.050-0.088	<0.001
Substance co-positivity	5.4	4.0-7.3	<0.001
Employed	5.4	2.7-10.7	0.01
Medicaid	4.6	2.5-8.5	0.01
UDS positivity for BUP >50%			
Substance co-positivity	0.55	0.44-0.70	0.01
Hx of alcohol use	0.56	0.40-0.79	0.05
Concurrent opiate	Controlled; collinear with above positivity		



Conclusions

- Integration of BUP for OUD into HIV primary care led to a decrease in opioid use and improved outcomes in HIV care.
- Polysubstance use (including alcohol) remains a barrier to both HIV and OUD care.
- Multidisciplinary approaches addressing multiple addictions, social services, and employment/insurance may accelerate progress in ending the dual epidemic in urban cohorts.

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