

Use of Reminder Messages to Improve Utilization of an Automated Telephone-Based Treatment for Methadone Patients

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Funded by:
NIDA R01 DA034678 and R01 DA034678 -02S1



Opioid Use Disorder

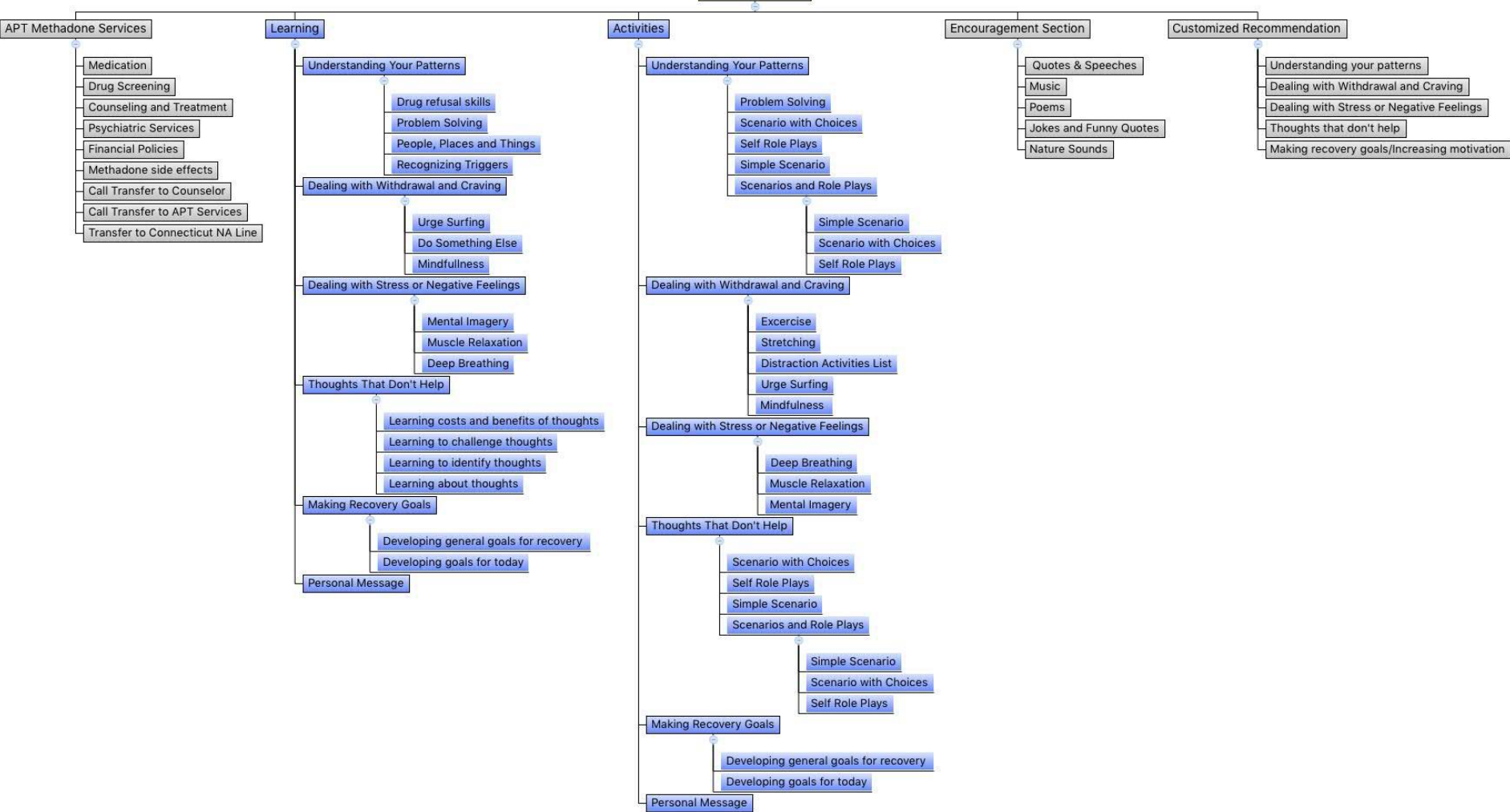
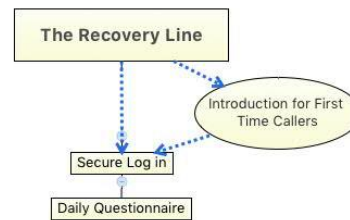
- From 2002-2013, there was an increase in heroin addiction among 18-25 year olds and the number of people who started to use heroin in the past year increased (CDC, 2014).
- In 2014, 1.9 million Americans had prescription opioid use disorder and 586,000 had heroin use disorder (SAMHSA, 2015).
- The rate of overdose deaths involving opioids has almost quadrupled since 1999 (CDC, 2015).
 - More deaths in 2014 were due to drug overdoses than any other year on record, with the majority of overdose deaths involving opioids (CDC, 2015).
 - 78 deaths in America per day (CDC, 2015).
 - Heroin overdose deaths among women have tripled in the last few years (Hedegaard et al., 2015).

Treatment for Opioid Use Disorder

- Continued drug use among agonist-maintained patients is common and associated with high rates of relapse and treatment drop-out (Sullivan et al., 2010; Maremmani et al., 2007).
- Counseling has been shown to be effective but it is costly and requires additional patient involvement (O'Brien et al., 1995).
- Some patients dislike counseling, while others have responsibilities that make attendance difficult (Connors et al., 2001).
- There is a clear need to develop additional acceptable and cost-effective treatments.
- Women seeking treatment were more likely than men to engage in electronic-based, supplemental treatments, and commonly cited 24-hour access and privacy as reasons for engagement (VanDeMark et al., 2010; White et al., 2010).

Therapeutic Interactive Voice Response (TIVR)

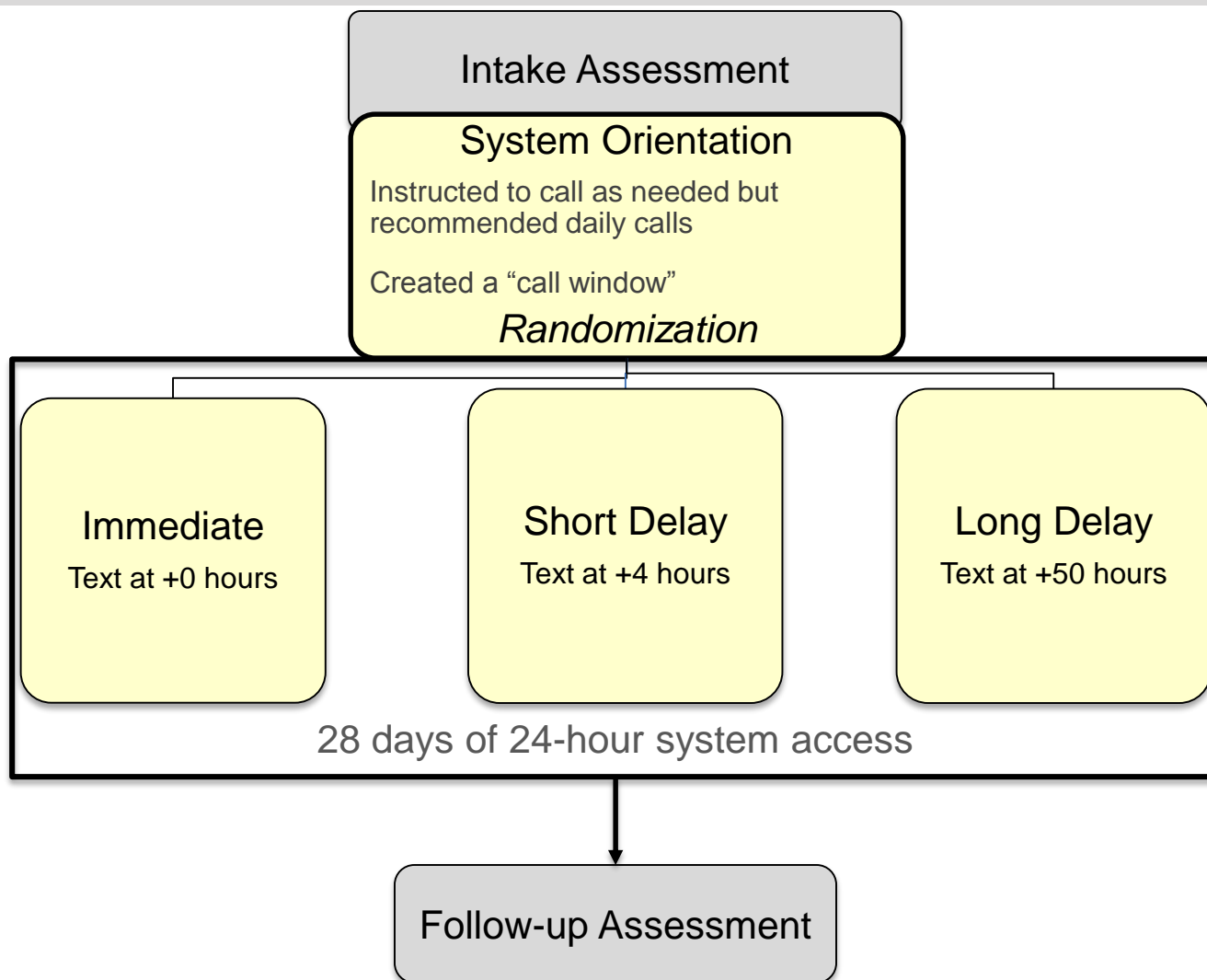
- Low Cost
- Mobile - highly flexible and convenient
 - Available 24 hours/day
 - Available for any phone anywhere
 - In patient's natural environment
- High accessibility
 - Rural areas and places with low access to treatment or few trained providers.
- Low “high tech”
 - Can be utilized by participants of all ages without training
 - More secure and less open to attacks than web or mobile web systems
- Easy to adapt and change content based on feedback and updates in the science.



Reminder Text Messages

- In the pilot trial, participants made fewer calls than expected and noted that they often forgot to call. Reminder messages may increase Recovery Line use and thus, efficacy.
- Optimal reminder message latency has not been previously evaluated.
 - We chose to evaluate 3 levels of latency (immediate, short, and long).
- In addition, some patients find simple reminders undesirable and the effects tend to dissipate over many repetitions (Wise & Operario, 2008).
 - More complex and varied messages may be more sustainable for continued use.
- We chose to evaluate message frame, providing all participants with gain and loss-framed messages.
 - They can be presented briefly and have been evaluated with substance dependent populations (Toll et al., 2007; Fucito et al., 2010; Moorman, van den Putte, 2008).

Study Design



Participants

- 67 participants completed the study
 - Mean age = 41.0 years (11.0)
- Inclusion criteria
 - At least 18 years old
 - Currently receiving methadone maintenance treatment
 - Illicit drug use in the past 30 days or have a positive urine screen for any tested illicit drugs
- Exclusion criteria
 - Current suicide or homicide risk
 - Active psychosis
 - Unable to read or understand English

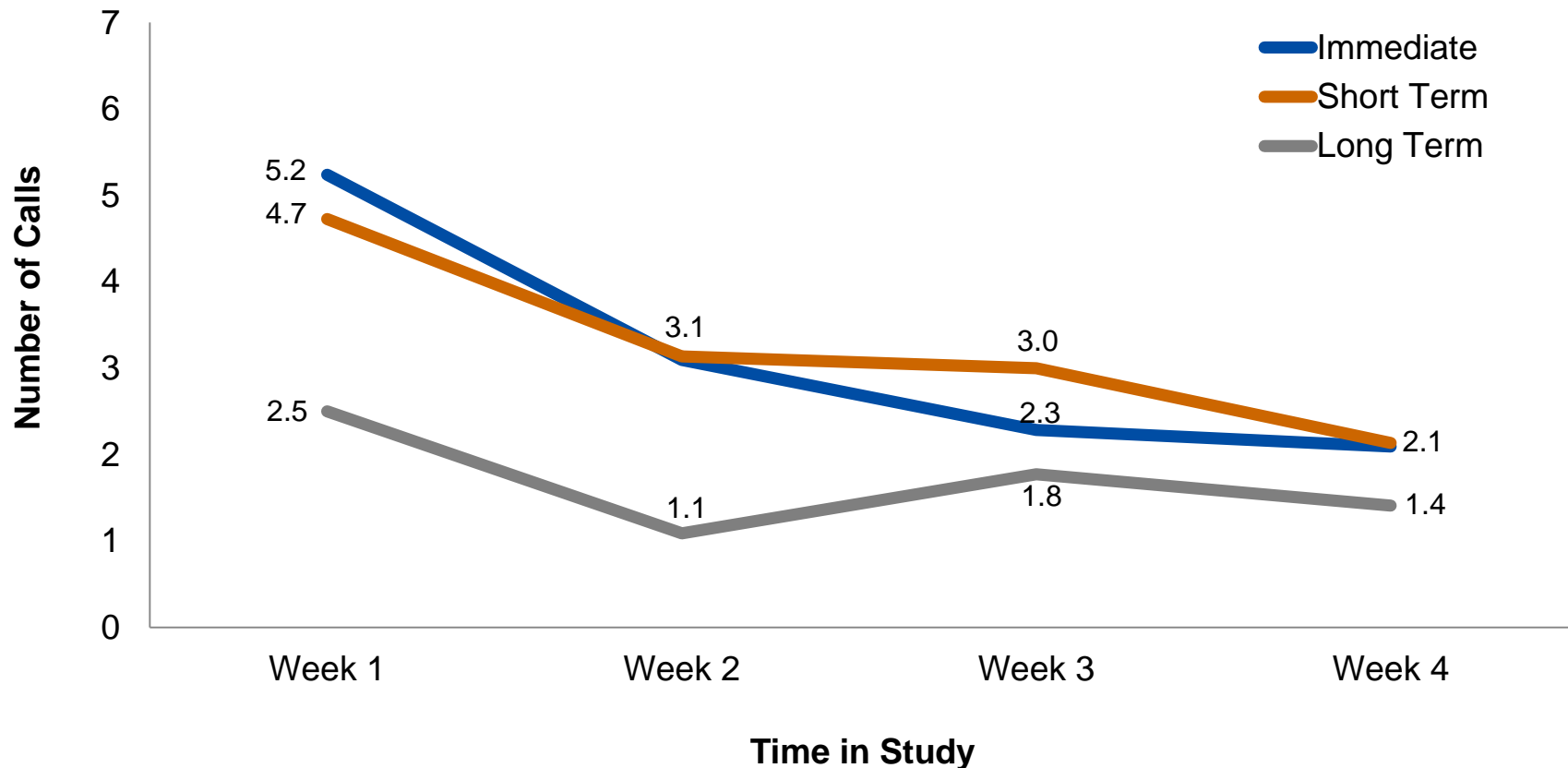
Demographic	Immediate	Short Delay	Long Delay
Gender			
Male	50% (11)	52% (12)	50% (11)
Female	50% (11)	48% (11)	40% (11)
Race			
White: Non-Hispanic	81% (17)	77% (17)	73% (16)
Other	19% (4)	23% (5)	27% (6)

Methods

- Outcome Measures
 - Recovery Line system utilization
 - Number of calls, minutes, calls after a text
 - Substance use
 - Timeline Followback assessment
 - Coping
 - The Effectiveness of Coping Behaviours Inventory
- Data Analysis
 - T-tests and Chi-Square were used to evaluate differences in demographic and clinical characteristics and study outcomes.
 - Mixed factor ANOVA and GLM was used to evaluate outcome variables by gender and assigned condition.

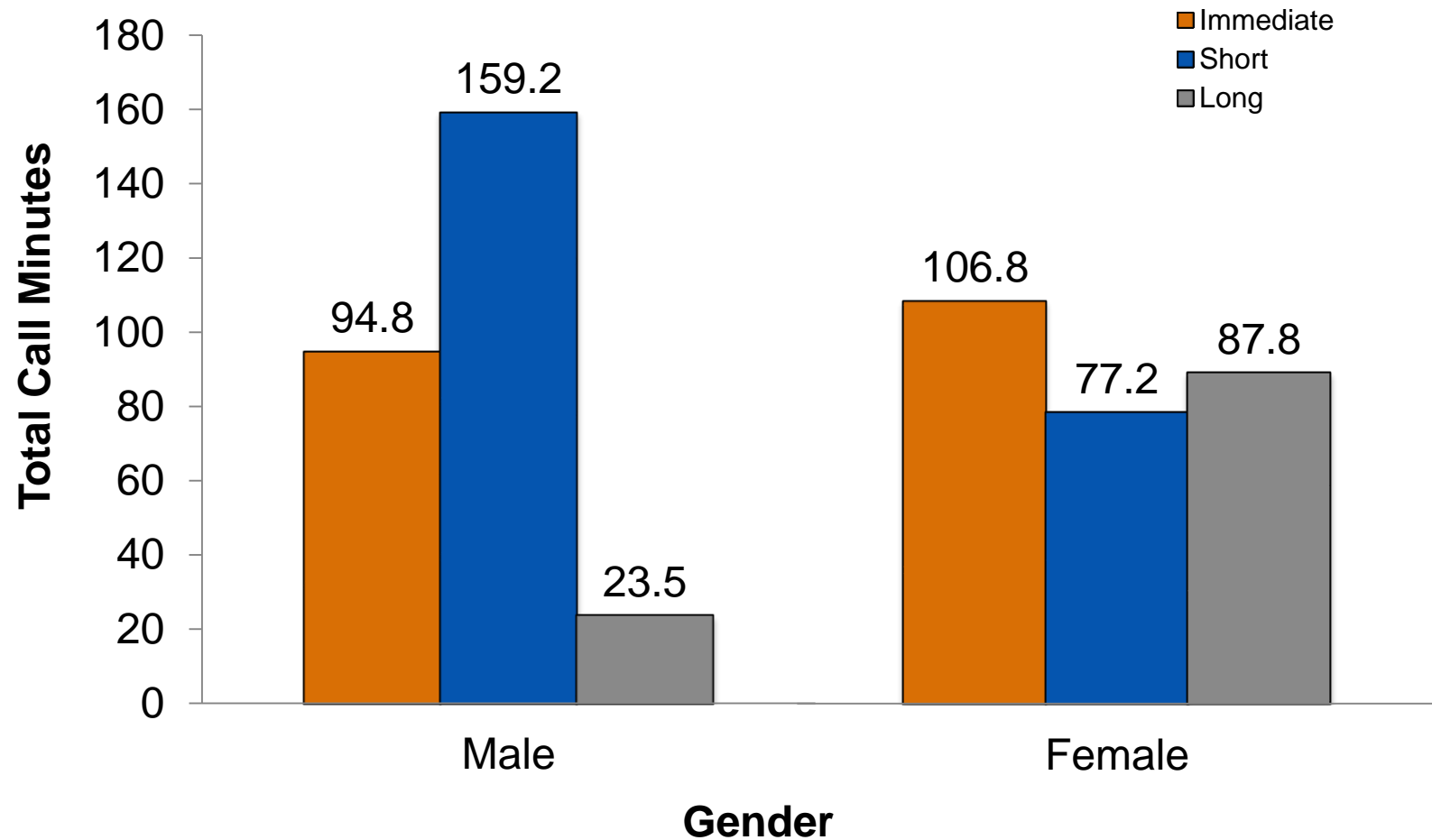
Results: Calls Per Week

- Calls per week across the 4-weeks ($p=.003$).
- In weeks 1 & 2, Immediate and Short Delay conditions had more calls than Long Delay ($p=.005$).



Results: Total Call Minutes

- Call minutes differed for males between Short Delay and Long Delay ($p = <.001$).



Results: Other Outcomes

- No differences in call response for gain- or loss-framed messages.
- No assigned group or gender differences on ratings of interest, perceived efficacy, or ease of use.
- No assigned group differences on self-reported coping skills efficacy or self-reported substance use.
- Coping efficacy increased for men but not women ($p=.04$).
- Weekly days of substance use decreased over time ($p<.001$).
- Mean call length was positively correlated with substance use.

Summary and Conclusions

- Text message reminders may increase utilization of an automated mobile treatment but the effects may dissipate over time.
 - Effects may differ by gender.
- No difference between groups in self reported days of substance use, coping efficacy, or system ratings.
- Future studies:
 - Three-month study period with methadone maintained patients.
 - Five-week treatment extender with a SUD Veteran population.

Acknowledgements

- Richard Schottenfeld, M.D.
- David Fiellin, M.D.
- Declan Barry, Ph.D.
- Christopher Cutter, Ph.D.
- National Institute on Drug Abuse (NIDA)
- The APT Foundation
- MRU staff and all our RA's
- All our patients!

