

**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

***Study Finds Persons Who Fill Buprenorphine Prescriptions Have Higher Rates of Medical Conditions Associated with Pain and Comorbid Psychiatric Disorders***

Patients who fill buprenorphine prescriptions have higher rates of medical conditions associated with acute and chronic pain, according to a study of three large insurance claims databases. The most frequently diagnosed medical disorders among patients who filled buprenorphine prescriptions for Subutex®, Suboxone®, or buprenorphine hydrochloride sublingual were back problems (42%), other connective tissue disease (24%), and other non-traumatic joint disorders (20%), compared to less than 10% for each of these disorders among patients not filling a prescription for buprenorphine. In addition, buprenorphine patients were significantly more likely to fill prescriptions for other opiate agonists, antidepressants, benzodiazepines, muscle relaxants, and non-steroidal anti-inflammatory drugs in the 6 months prior to their buprenorphine initiation and had significantly higher rates of mood and anxiety disorders (see figure below). According to the authors, these findings suggest that “the population currently receiving buprenorphine treatment is complex” and that “these patients would benefit from integrated treatment that addresses their needs in a coordinated and comprehensive manner” (p. 6).

**Editors Note:** *It is unknown how many of the patients prescribed buprenorphine were being treated for opioid dependence, off-label for pain, or for comorbid opioid addiction and pain. However, the study also found that only 53% of buprenorphine recipients had a recorded diagnosis of opioid abuse/dependence in 6 months prior to their buprenorphine initiation, and only 62% had a recorded diagnosis of any substance abuse disorder (alcohol or other drugs). While the authors note that this “most likely reflects concerns about stigma and reimbursement, rather than lack of an actual substance abuse diagnosis” (p. 6), it is also possible that these patients received buprenorphine prescriptions for conditions other than opioid abuse and dependence.*

**Comparison of Patients Who Received and Filled a Buprenorphine Prescription Through Private Insurance or Medicare to Patients Who Did Not Receive and Fill a Buprenorphine Prescription, 2007-2009\***

Most Frequent:		Buprenorphine Prescription (n=8,715)	No Buprenorphine Prescription* (n=23,115)
<b>Medical Diagnoses</b>	Spondylosis, Intervertebral Disc Disorders, Other Back Problems	42%	7%
	Other Connective Tissue Disease	24%	7%
	Other Non-Traumatic Joint Disorders	20%	6%
<b>Other Prescriptions Filled*</b>	Other Opiate Agonists	69%	12%
	Antidepressants	47%	11%
	Benzodiazepines	47%	6%
	Muscle Relaxants (skeletal central)	28%	4%
	Non-Steroidal Anti-Inflammatory Drugs	25%	9%
<b>Psychiatric Diagnoses</b>	Mood Disorders	39%	5%
	Anxiety Disorders	23%	3%

\*Patients with no buprenorphine prescription filled were an age/gender matched random sample. The most frequent prescriptions filled were filled in the six months prior to the date of the first buprenorphine prescription fill or the same time period for the comparison group. Similar results for all data were found for the Medicaid population but are not included in this publication. All differences were significant at  $p < .0001$ .

NOTES: Data were obtained from three insurance databases encompassing private, Medicare, and Medicaid insurance claims from 2007 to 2009. Each database captures all billed services, including prescription drugs, outpatient and inpatient care, and mental health and substance abuse services that are carved out to separate management companies.

SOURCE: Adapted by CESAR from Mark, T. L., Dilonardo, J., Vandivort, R., and Miller, K., “Psychiatric and Medical Comorbidities, Associated Pain, and Health Care Utilization of Patients Prescribed Buprenorphine,” *Journal of Substance Abuse Treatment* (In Press, Corrected Proof), available online 12/20/2012. For more information, contact Dr. Tami Mark at [tami.mark@truvenhealth.com](mailto:tami.mark@truvenhealth.com).