

Outcomes of patients with Cocaine Use Disorder after admission to treatment

R. Muga¹, S. Galan¹, D. Fuster¹, M. Farré¹, P. Zuluaga¹, E. Papaseit¹, I. Rivas², A. Sanvisens¹

(1) Hospital Universitari Germans Trias i Pujol, Badalona, Spain; (2) SMIAD, Badalona Serveis Assistencials, Badalona, Spain

Background: Cocaine Use Disorder (CUD) has been associated with cardiovascular, neurological and mental health comorbidities, as well as with increased risk of accidents and premature death. We aimed to analyze incidence of complications, health care utilization and long-term outcomes of patients seeking treatment of CUD.

Methods: longitudinal study among patients starting treatment of CUD in an Addiction Unit between 2001 and 2018. Drug use characteristics, clinical and laboratory parameters were collected at admission. Follow-up was ascertained through regular visits, electronic medical records and the national mortality register until December 31, 2018. Mortality rates were calculated in person-years (p-y) and survival estimates were analyzed using Kaplan-Meier methods.

Results:

A total of 175 patients (78% M) were included. Median age at admission was 35 years [IQR: 30-41 years] and median age at starting cocaine use was 20 years IQR 17-26 yrs; 53% snorted, 36% injected, and 11% inhaled the drug. Almost 39% were cannabis users and 9% opiate users. Socio-demographic and drug use characteristics are shown in Table. Prevalence of HIV infection and hepatitis C virus infection was 26% and 47%, respectively.

Median follow-up after discharge was 12.1 years (IQR: 8.6-15.1 years) (total follow-up 1973.1 p-y). At the end of the study (December 2018), 27 patients (15.4%) died with a mortality rate of 1,4 x 100 person-years. Figure 1 shows the survival estimates of patients after admission to treatment of CUD. During follow-up, there were 1.481 episodes of admissions to hospital units (median 8 episodes per patients [IQR: 3-12]) and distribution of admissions by units/departments is shown in Figure 2.

Table. Socio-demographic and substance use characteristics in 175 patients admitted to CUD treatment in Badalona, Spain, between 2001 and 2018.

| | N=175 n (%) |
|---|----------------|
| Men | 136 (77.7) |
| Age, median [IQR] | 35 [30-41] |
| Age at starting cocaine use, median [IQR] | 20 [17-26] |
| Main route of cocaine consumption (n=161) | |
| Injected | 57 (35.4) |
| Snorted | 85 (52.8) |
| Inhaled | 18 (11.2) |
| Other | 1 (0.6) |
| Duration of CUD (months) (n=164), median [IQR] | 111 [36-180] |
| Alcohol consumption | 40 (22.9) |
| Urine screening at admission | |
| Opiates (n=158) | 14 (8.9) |
| Benzodiazepines (n=156) | 96 (61.5) |
| Cannabis (n=160) | 63 (39.4) |
| Antecedent of injection drug use (n=172) | 82 (47.7) |
| Treated with methadone (n=174) | 63 (36.2) |

Figure 1. K-M survival estimates of patients with CUD.

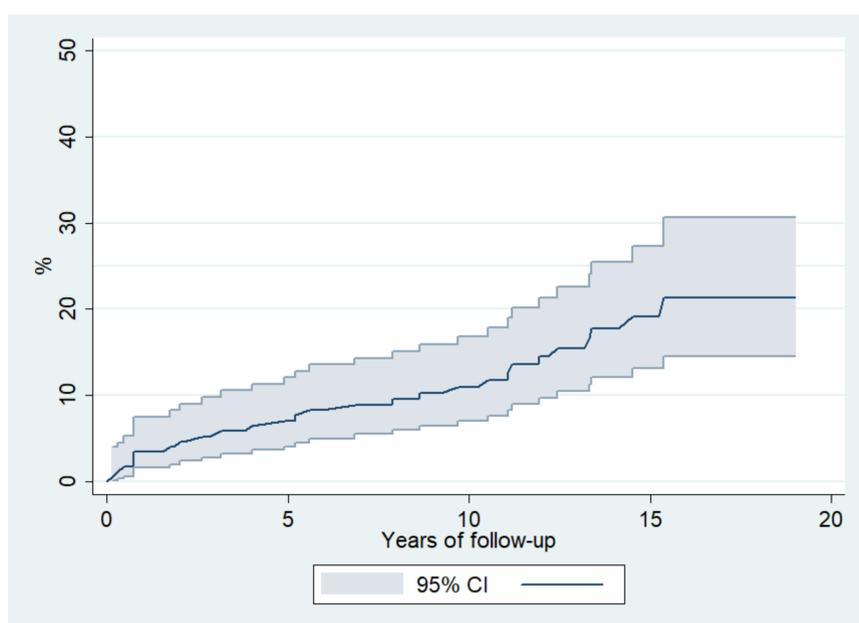
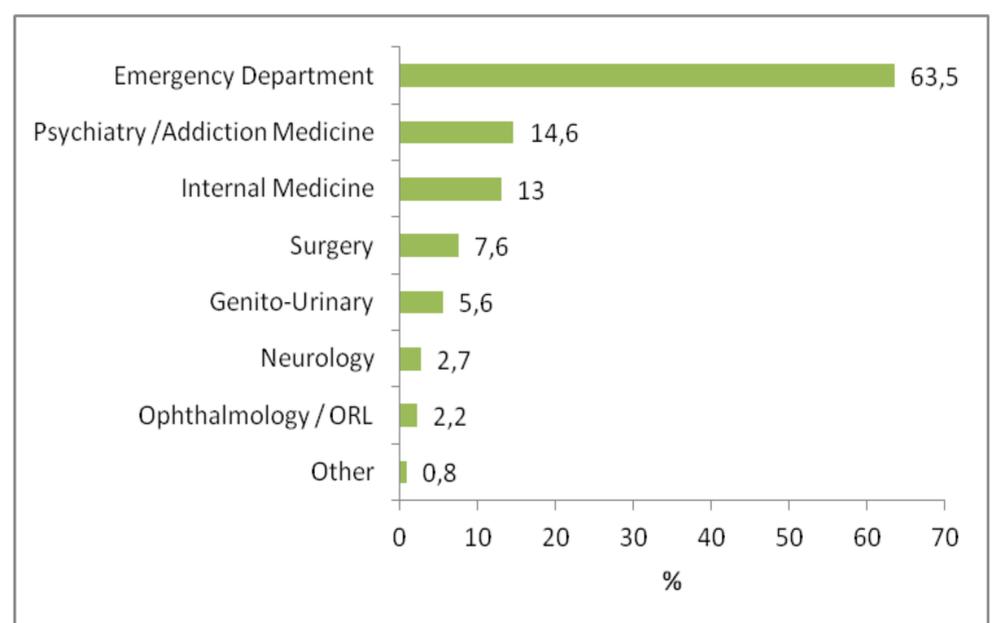


Figure 2. Distribution of 1.481 hospitalizations in 175 patients previously admitted to CUD treatment.



Conclusion: Following admissions to CUD treatment, patients are frequently re-admitted to multiple health care facilities, which suggest relapsing disease, co-morbidity and/or poor retention in the continuum of care.