

Craving change at beginning of treatment as a predictor of 5 years outcome

E. Baillet^{1,2,4}, F. Serre^{1,2,4}, J. Swendsen^{1,3}, M. Fatséas^{1,3,4}, M. Auriacombe^{1,2,4,5}

¹University of Bordeaux, Bordeaux, France

²Addiction Team, SANPSY USR CNRS 3413, Bordeaux, France

³INCIA, CNRS UMR 5231, Bordeaux, France

⁴Inter-institutional centre for addictology, CH Ch. Perrens and CHU of Bordeaux, Bordeaux, France

⁵Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, USA

INTRODUCTION

Management of addiction requires long-term treatment (5–10 years) and is marked by high rates of relapse (40–90%) (Back et al., 2014) that could be precipitated by craving (= intense desire of use) (Auriacombe et al., 2018).

Craving change at the beginning of treatment is associated with treatment outcome after 1 month to 2 years but there is a lack of studies more long term (Peles et al., 2010), while the effective treatments for addiction are long term (5 to 10 years).

Craving is a dynamic phenomenon that fluctuates over periods of several hours and subjects describe “peaks” of craving during the same day (Drummond et al., 2008; Tiffany et al., 2008). Craving and its fluctuations can be assessed in real-time by Ecological Momentary Assessment (EMA) (Serre et al., 2015).

Hypothesis: Slower decrease in craving at the beginning of treatment is associated with non-abstinence at 5 years.

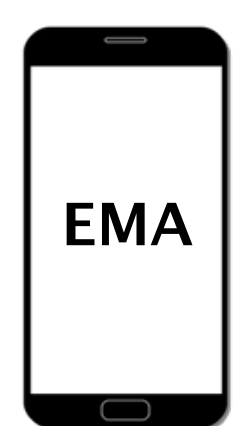
Objective: To examine whether craving change at the initiation of treatment is associated with long-term outcome (abstinence/non-abstinence).

METHOD

Population: ADDICTAQUI Cohort Data: patients seeking substance use disorder treatment in outpatient clinic, Bordeaux, France.

Ecological Momentary Assessment (EMA) (Serre et al., 2012) :

- Real-time collected data
- Evaluation in subjects’ natural environment
- Repeated assessments across the day



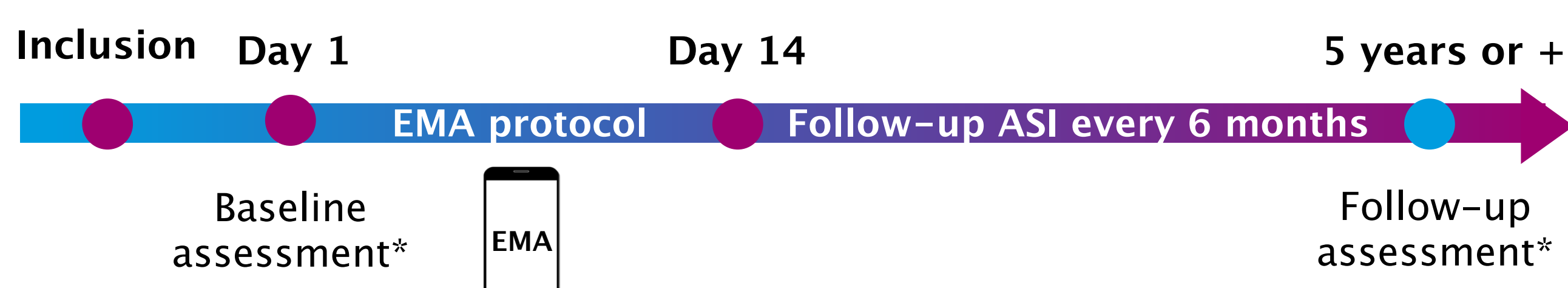
Electronic interviews (4/day):

Substance use: Substance that initiated treatment

Times: Day 1 - Day 14

Craving intensity: Maximum level since the last assessment (1–7)

Procedure:



*Addiction Severity Index (ASI) (Denis et al., 2016)

*Mini International Neuropsychiatric Interview (MINI) (Sheehan et al., 1998)

Data Analysis: Hierarchical Linear and non-linear Model (HLM)

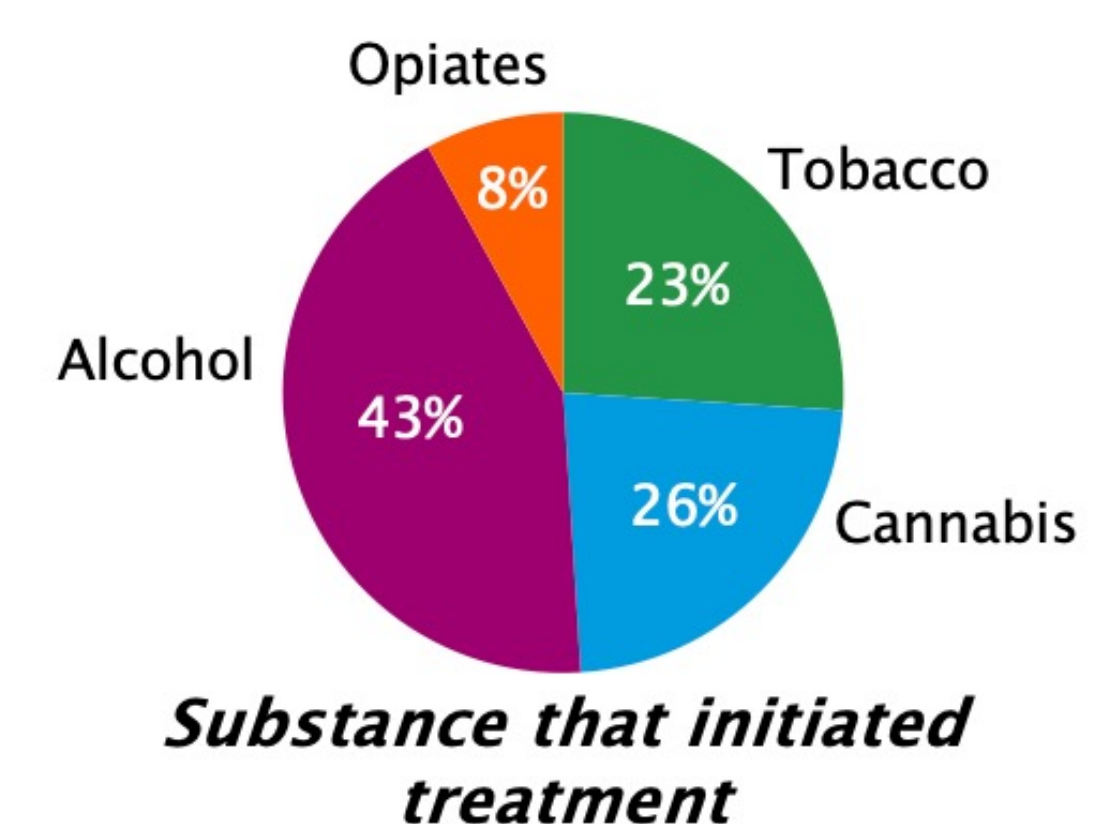
Non-abstinent at 5 years or more: At least 1 day of use of any substance that initiated treatment in the past 30 days (as determined by ASI)

- Influence of time (Days in EMA study) on craving intensity
- Influence of status at 5 years (non-abstinent) on the link between time and intensity of craving

RESULTS

Sample Characteristics

N= 39, 36 y.o., 69% Males
31% current polyaddiction
38.5% anxious disorders
38.5% mood disorders
Median of ASI= 7 [5–7]

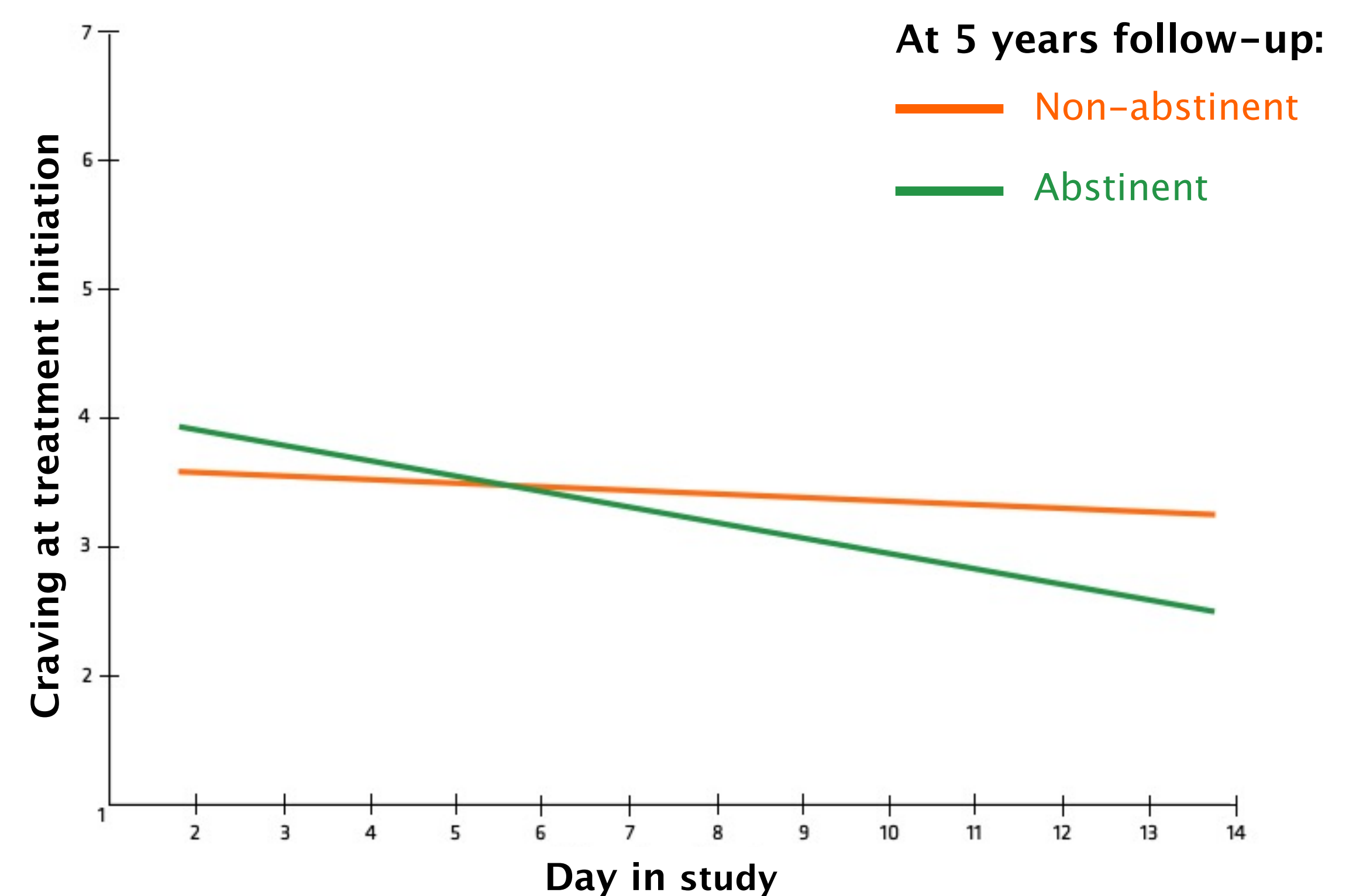


Follow-up assessment:

78 months after inclusion (SD=12.71)
Use in past 30 days= 8.4 days (SD= 12.1)
51% currently in treatment
51% non-abstinent
Median of ISR= 2 [0–6]

EMA: Daily life evaluations

Response rate= 80% (n=1497)
Craving episodes= 67.4% (n=1009)
Craving intensity during episodes= 3.4 (SD= 2.1)
Use of substance that initiated treatment= 34% (n=509)



Analysis:

- Craving intensity decrease with time (n= 39; b=-0.05; p=0.013).
- Non-abstinent patients at 5 years or more showed a slower decrease in craving intensity at the beginning of treatment than abstinent patients (n=39; b=0.08; p=0.043).

DISCUSSION

Decrease in craving at the beginning of treatment that is less important among non-abstinent individuals at 5 years, than among those still abstinent.

Limitation: Difficulty in assess relapse because no information on periods of use or abstinence between treatment initiation and follow-up at 5 years or more.

CONCLUSION

Non-abstinent patients at 5 years or more showed a slower decrease of craving intensity at the beginning of treatment than abstinent patients.

Variations in craving at the beginning of treatment could be a **prognostic marker of long-term** patient outcome.

PARTENAIRES

