

Is Craving a Better Endpoint than Abstinence to Assess Patient improvement in Addiction Treatment?

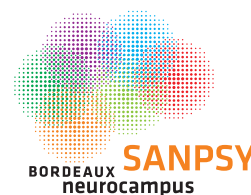
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INTRODUCTION

Abstinence is the current **gold standard** for assessing treatment success in Substance Use Disorders (SUD)

Yet, abstinence is not always necessary to achieve optimal quality of life (QoL), and conversely, abstinence alone does not guarantee improved QoL

→ Craving: a clinically relevant endpoint alternative?

Craving is strongly associated with use and relapse.

The presence of craving at baseline predicts greater addiction severity over time

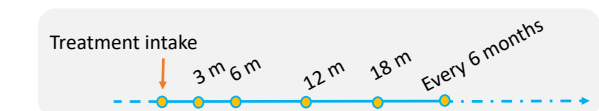
OBJECTIVE

To explore how **craving versus substance use** at follow-up (1-year+) relate to **perceived & diagnostic addiction severity** in outpatient SUD treatment

METHODS

ADDICTAQUI Cohort

Open prospective cohort, initiated in 1994, including **subjects beginning treatment** in **outpatient addiction clinics** in Aquitaine, France



ASI: Addiction Severity Index (McLellan et al., 1992, Denis, et al. 2016)
MINI: Mini International Neuropsychiatric Interview (Sheehan et al., 1998)
Craving scale: Nb of days, Mean and Max intensity in the past 30 days

Inclusion criteria for this analysis

- DSM SUD diagnosis at inclusion for primary substance : alcohol, tobacco, cannabis, opiates, stimulants, or sedatives
- Follow-up at 1-year+ with ASI, MINI and Craving scale completed
- When multiple, most recent follow-up (far from inclusion) was retained

Statistical analyses

Linear regression, ROC analysis

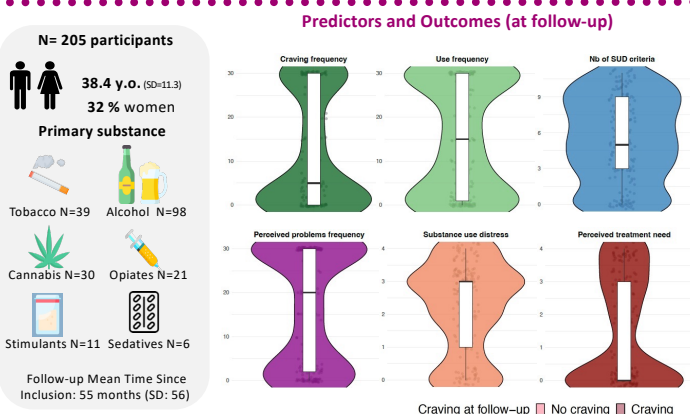
Predictors at follow-up:

- **Craving frequency:** nb of days with craving in the past 30 days
- **Use frequency:** nb of days with primary substance use in the past 30 days

Outcomes at follow-up:

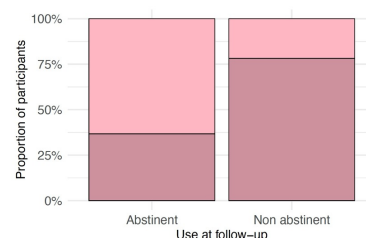
- **Nb of SUD DSM diagnostic criteria** (MINI)
- **Perceived problems frequency:** How many days in the past 30 days have you experienced **primary substance* problems* (ASI D26/27)
- **Substance use distress:** How troubled or bothered have you been in the past 30 days by these **primary substance* problems* (ASI D28/29)
- **Perceived treatment need:** How important to you now is treatment for these **primary substance* problems* (ASI D30/31)

RESULTS

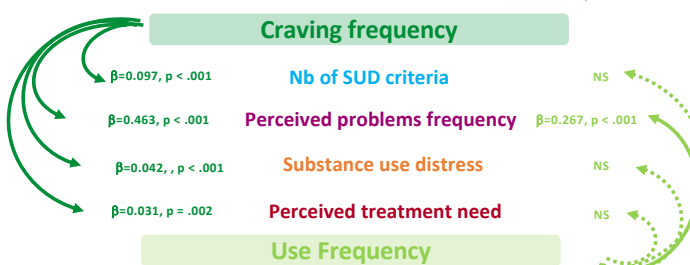


At follow-up:

- 23.9% (N=49) abstinent
- 31.7% (N=65) with no craving
- 15.1% (N=31) abstinent with no craving



Linear regression



ROC analysis

Compare the discriminant value of binary follow-up predictors (Use (y/n) and Craving (y/n) on the different continuous outcomes

	AUC	
Outcomes	Craving (y/n)	Use (y/n)
Nb of SUD diagnostic criteria	0.5381	0.8452
Perceived problems frequency	0.6686	0.7674
Substance use distress	0.8063	0.5993
Perceived treatment need	0.6872	0.5032

DISCUSSION

- **Craving frequency** at follow-up is a better predictor of **perceived & diagnostic addiction severity** than primary substance use frequency
- **Absence of craving** better discriminates individuals with lower *substance use distress* and a lower *perceived need for treatment* at follow up
- **Abstinence** better discriminates those with less *Nb of SUD diagnostic criteria* and less *perceived problems frequency* at follow up
- As an etiological marker of loss of control, craving is associated to persistent addiction severity and distress, supporting its use as a clinical endpoint**

