Taking buprenorphine for opioid use disorder may up other med compliance

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(OR, 1.22), and antidepressants (OR, 1.42) when adjusting for demographics, morbidity, and baseline adherence.

"Using buprenorphine to treat OUD may increase adherence to treatments for chronic unrelated conditions, a finding of particular importance given high rates of mental illness and other comorbidities among many individuals with OUD," the authors write.

One author disclosed financial ties to health information technology companies.

More information: Abstract/Full Text

(HealthDay)—Using buprenorphine to treat opioid use disorder (OUD) may increase adherence to treatments for other chronic conditions, according to a study published in the September issue of *Medical Care*.

Hsien-Yen Chang, Ph.D., from Johns Hopkins University in Baltimore, and colleagues used Truven Health's MarketScan data to identify 12,719 commercially insured individuals with a diagnosis of OUD and buprenorphine initiation between January 2011 and June 2015. The authors assessed the effect of buprenorphine treatment on patient adherence to five therapeutic classes: antilipids, antipsychotics, antiepileptics, antidiabetics, and antidepressants.

The researchers found that across the five therapeutic classes, the probability a given treatment was on hand was always higher on days when buprenorphine was on hand. Buprenorphine was associated with a greater odds of adherence to antilipids (odds ratio [OR], 1.27), antiepileptics

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