

Background

- According to MayoClinic opioid use disorder defined as physical and psychological reliance on opioids, a substance found in certain prescription pain medications and illegal drugs like heroin(Mayo Clinic. 2019).
- The Center for Disease and Control Prevention(CDC) raised an alarm of the increased death from an opioid overdose in the United States and estimated from 1999 to 2017, more than 700,000 people have died from a drug overdose(CDC. 2018).
- The CDC also estimates 68% more than 70200 drug overdose death occurs in 2017 alone(CDC. 2018).
- The CDC indicated that the increase of death in 2017 it goes back to the nature of the opioid available in the market which was fentanyl which is six times higher than in 1999(CDC. 2018).

Purpose

To identify effective interventions in maintaining long-term recovery from opioid dependency.

Methods

Conceptual Framework:

Health Promotion Model.
The HPM will lead to a course of actions likely will lead to the desired outcome, and these desired outcomes will be a positive personal value.

Inclusion criteria:

full text only, 2018-2019, Randomized clinical trial.

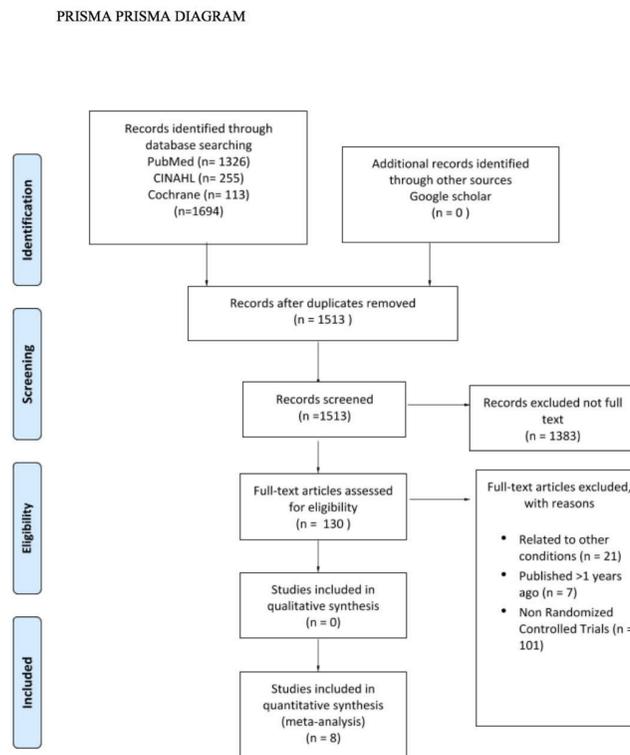
Exclusion criteria:

More than 1 year, non randomized control trials, substance abuse other than opioid

Search Keywords:

Interventions for opioid addiction

PRISMA FLOW DIAGRAM

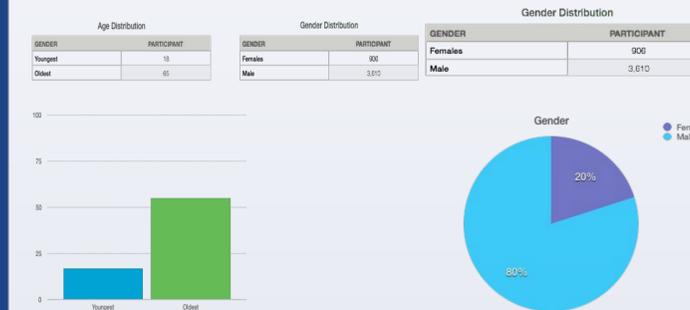


Data analysis

Data were analyzed through a Numbers program to obtain the mean and the mode.

Descriptive statistic was utilized.

Result



Table

Methods & Sample size	Data Quality and Strength	Most important significant findings	Author(s) /year
NTX/BUP N=653	RCT Strength Level: 1 Quality: A	NTX/BUP decreased opioid use with a P value 0.009.	Bisaga, et al, 2018.
Extended-release Naltrexone N=100	RCT Strength Level: 1 Quality: A	Decreased opioid related behavior with a P value of 0.05.	Coffin, et al, 2018.
Behavioral activation treatment N=263	RCT Strength Level: 1 Quality: A	Significantly higher abstinence rates at three months with 95% confidence interval.	Daughters, et al, 2018
Social network-focused intervention. N=83	RCT Strength Level: 1 Quality: A	Abstinence from heroin confidence interval CI(0.96).	Day, et al,2018
Extended release Naltrexone N=52	RCT Strength Level: 1 Quality: A	Naltrexone group and a significant connectivity was significantly reduced over time in the participant randomized to Naltrexone but unchanged to the placebo group with the P value of 0.05.	Kohno, et al, 2018
Extended-release Naltrexone vs Buprenorphine-naloxone. N=570	RCT Strength Level: 1 Quality: A	The study finding concludes participants who receive extended-release NTX-BUP were more successfully induced than in the extended release Naltrexone group with a P value of 0.001.	Lee, et al, 2018.
Collaborative care interventions. N=261	RCT Strength Level: 1 Quality: A	Collaborative care increase both Initiation and Engagement among the full sample with a P value 0.001	Setodji, et al, 2108.
Family support N=2446	RCT Strength Level: 1 Quality: A	Less opioid use with family support with a P value of 0.002	Feng, et al, 2018.

Interventions

Behavioral Activation Treatment.
Brief Social Behavior, and Network Therapy.
Collaborative Care Interventions.
Pharmacological Management with Extended-release Naltrexone and Buprenorphine.
Family support.

Discussion

The total of 8 articles from quantitative RCT.
The total sample size for all eight studies participants (N=3903).
Women (n=906) and 3,610 are men (n=2997).
The average age is 41.5 ranging from 18-65 years old.
The research studies conduction sites: United States (n=6) United Kingdom (n=1), China (n=1).

Strengths: This systematic review utilized the John Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal to evaluate the eight studies of randomized clinical trials and determine the strength and quality of each study. Evidence strengths: level 1 and quality A.

Limitations: The research studies used different instruments to measure the effectiveness of opioid use disorder prevention which leads to lack of the inconsistency of the outcome

Conclusion

The literature reveals that pharmacological intervention is effective in reducing the relapse rate among opioid addiction disorder. Non-Pharmacological interventions include: cognitive behavior, social networking therapy, and collaborative intervention. Better outcome if combined

Reference

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