SY37
PREGNANCIES WITH OPIOID MAINTENANCE TREATMENT (OMT): SHORT AND LONG TERM CONSEQUENCES

SY37-1
LESSONS LEARNED FROM A COMPARISON OF EVIDENCE-BASED RESEARCH IN PREGNANT OPIOID-DEPENDENT WOMEN

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Objectives. Lessons learned in research and treatment of opioid dependence demonstrate the need to include pregnant women in clinical trials.

Methods. Two double-blind, double-dummy, randomized controlled trials comparing buprenorphine and methadone in opioid-dependent pregnant women were conducted. In both studies, participants received voucher-based incentives for attendance and completion of study assessments. In the MOTHER trial, participants additionally received escalating voucher incentives for drug-free urine samples. Neonatal abstinence syndrome was treated with oral morphine solution based on standardized modified Finnegan scores.

Results. After a mean treatment period of 13.79 weeks in the Pilot study (PS, n = 18) and 20.78 weeks in the MOTHER-trial (MT, n = 41), respectively (p < 0.001), PS patients delivered at mean doses of 14.00mg buprenorphine/52.50mg methadone and MT participants at 13.44mg buprenorphine/63.68mg methadone. Nonsignificant differences regarding dropout rates were found (22% in PS versus 10% in MT), but dropout was significantly earlier in the MT (p = 0.013). Significantly higher rates of concomitant consumption of opioids and benzodiazepines occurred in the PS compared with the MT (p < 0.001), however, with no significant differences in neonatal data between both settings.

Conclusions. Early treatment enrolment combined with contingency management contributes to reduced illicit drug use throughout pregnancy, surprisingly without influencing neonatal outcome parameters.