

Is improved Quality of Life (QoL) associated with AOD treatment response?



MONASH
University

Victoria Manning^{1,2}, Joshua B. B. Garfield^{1,2}, Tina Lam¹, Steve Allsop³, Lynda Berends^{4,5}, David Best⁶, Penny Buykx⁷, Robin Room^{8,9} and Dan I. Lubman^{1,2}

¹ Monash Addiction Research Centre, Eastern Health Clinical School, Monash University. ² Turning Point, Eastern Health, 110 Church Street, Richmond, Victoria 3121, Australia. ³ National Drug Research Institute, Curtin University, 2 Building 609, Curtin University, 7 Parker Place, Bentley 6102, Australia. ⁴ TRACE Research, 1/209 Nicholson St, Footscray, Victoria 3011, Australia. ⁵ National Drug and Alcohol Research Centre, University of New South Wales, Sydney 2052, Australia. ⁶ Department of Law, Criminology, and Community Justice, Sheeld Hallam University, Howard St, Sheeld S1 1WB, UK. ⁷ School of Humanities and Social Science, University of Newcastle, University Drive, Callaghan 2308, Australia. ⁸ Centre for Alcohol Policy Research, La Trobe University, Bundoora, Victoria 3086 Australia. ⁹ Centre for Social Research on Alcohol & Drugs, Department of Public Health Sciences, Stockholm University, SE - 106 91 Stockholm, Sweden.

Background

People seeking treatment for substance use disorders (SUD) ultimately aspire to improve their quality of life (QoL) through reducing or ceasing their substance use, however the association between these treatment outcomes has received scant research attention.

Methods

Participants	Key variables	Analyses
<ul style="list-style-type: none"> 796 clients from 21 publicly funded addiction treatment services in Victoria and Western Australia 555 (70%) were followed-up 12 months later 	<ul style="list-style-type: none"> Quality of Life (QoL) at baseline and follow-up using the WHOQOL-BREF (physical, psychological, social and environmental domains) "SUD treatment success" (past-month abstinence or a statistically reliable reduction in substance use) 	<ul style="list-style-type: none"> Mixed effects linear regression was undertaken separately for each WHOQOL-BREF domain, assessing the time x treatment success interaction. Follow-up t-tests.

Results

Reduction or cessation of substance use is associated with a greater improvement in all four QoL domains

- Mixed effects linear regression analyses indicated that people who achieved SUD treatment success also achieved significantly greater improvements in QoL, relative to treatment non-responders (all four domains $p < 0.001$).
- Paired t-tests indicated that non-responders significantly improved their social ($p = 0.007$) and environmental ($p = 0.033$) QoL; however, their psychological ($p = 0.088$) and physical ($p = 0.841$) QoL did not significantly improve.

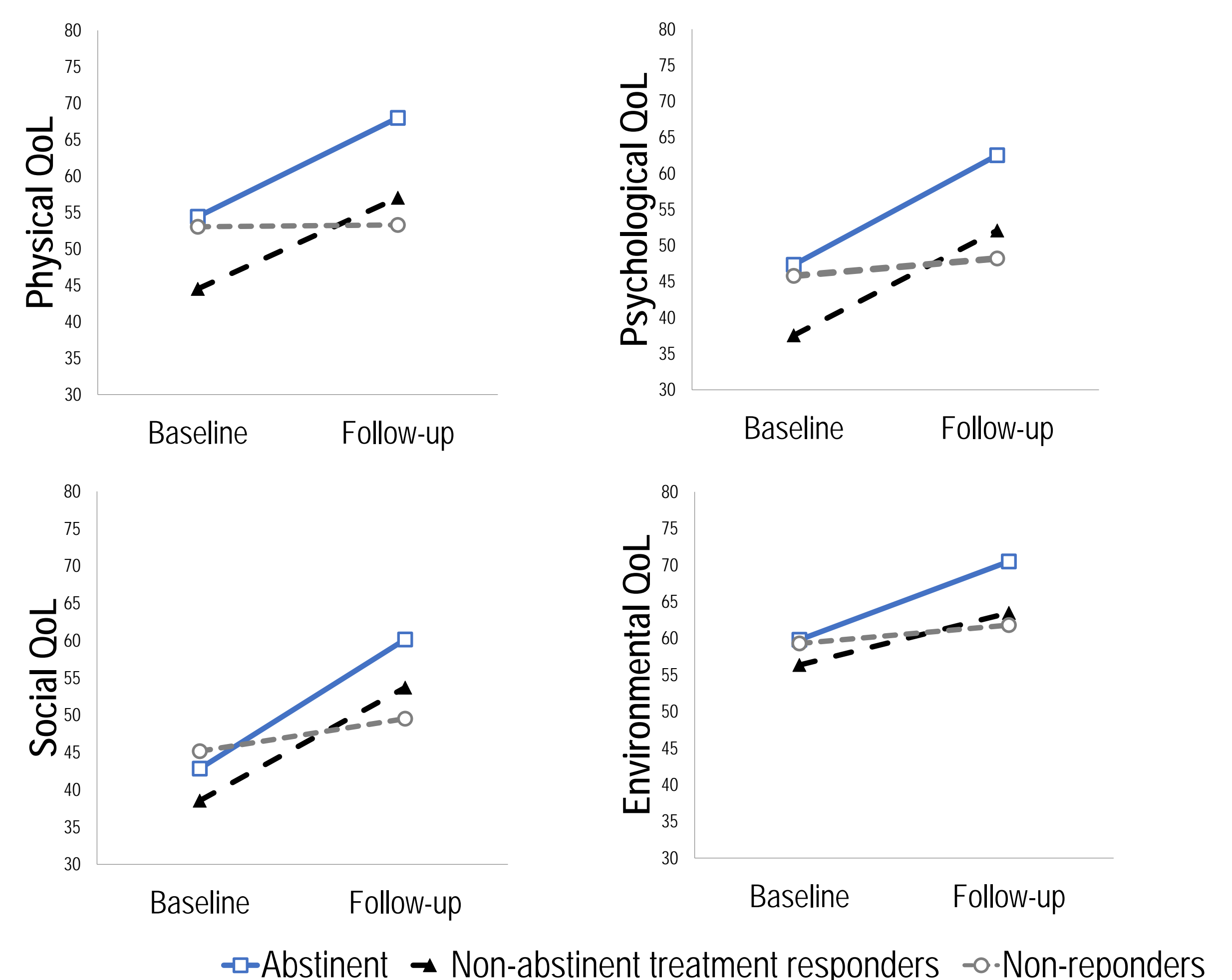


Figure 1. Scores on each WHOQOL-BREF domain at baseline and follow-up among those who were abstinent at follow-up; those who reliably reduced use of their primary drug of concern (PDOC), but were not abstinent at follow-up; and those who did not reliably reduce the frequency of use of their PDOC.

Discussion

- Improved QoL may be contingent on reduced substance use, or QoL improvements may be required to facilitate substance use reductions.
- Addressing physical and psychological co-morbidities during treatment may facilitate reductions in substance use.



More details:
Manning V, Garfield J, Lam T, Allsop S, Berends L, Best D, Buykx P, Room R, Lubman D (2019) Improved Quality of Life Following Addiction Treatment Is Associated with Reductions in Substance Use. *Journal of Clinical Medicine*, 8 (1407). DOI: 10.3390/jcm8091407

