Exposure to childhood trauma and opioid use disorder among people prescribed opioids for chronic pain: a latent class and discrete-time analysis

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Introduction and Aims: Little is known about the relationship between exposure to CT and development of OUD among people prescribed opioids for CNCP. We examine whether exposure to CT is an independent risk factor for OUD among people prescribed opioids for CNCP.

Design and Methods: We recruited a sample of 1,514 people prescribed opioids for CNCP in Australia. People prescribed opioids solely for OUD (e.g. opioid agonist therapy) were excluded. We performed a latent class analysis incorporating five types of CT exposure. We examined participant characteristics by latent class group using logistic regression. Finally, we used discrete-time survival analysis to examine the relationship between latent class of CT exposure and development of OUD, using adjusted odds ratios (AOR).

Key Findings: The best-fitting latent class model included 3 classes: a low CT exposure class (n=714; 50.4%), a moderate CT exposure class (n=341; 24.1%) and high CT exposure class (n=363; 25.6%). Compared to the low CT exposure, participants in moderate and high CT exposure classes were more likely to have OUD, mental disorders, and substance use disorders at baseline. Participants in the moderate CT exposure class (AOR 1.56; 95%CI 1.08-2.25) and high CT exposure (AOR 2.04; 95%CI 1.41-2.96) class were at higher risk of developing and more rapid transition to OUD, after adjusting for comorbidities.

Discussions and Conclusions: Among people prescribed opioids for CNCP, exposure to CT increases risk of OUD. Trauma-informed care and related interventions for people prescribed opioids for CNCP may reduce rates of OUD among this population.

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