EXPLORING THE HEALTH CONCERNS OF PEOPLE TAKING METHADONE

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHORS Philip James, MSc, BSc, DipN, Dip REBT, RN, is clinical nurse specialist in child and adolescent substance misuse, YoDA Service; David Spiro, RPN, is staff nurse, both at HSE Addiction Services, Dublin; Noreen Geoghegan, BSc, RM, RGN, HDip, is assistant director of nursing; Anita Connor, RGN, is staff nurse; Gail Hawthorne, BSc, RGN, is clinical nurse specialist in hepatitis C liaison; all at HSE Addiction Services, Cherry Orchard Hospital, Dublin.

Exploring the health concerns of people taking methadone. Nursing Times; 104: 35, 26–27.
This article reports on a study to uncover the health concerns of clients attending a methadone maintenance programme provided by an addiction service in Ireland. The Health Concerns Questionnaire 3 was completed by 261 clients attending methadone maintenance clinics.

The most endorsed items tended to be psychosocial health concerns, particularly mood-related items. Additional comments highlighted various health issues including hepatitis C, diet, and sexual and mental health. Clients on methadone maintenance demonstrated a high level of health-related concerns. In particular, they were most concerned about mood and hepatitis C; these topics therefore merit attention from staff in addiction services.

INTRODUCTION
Our service provides addiction treatment to approximately 1,200 clients on methadone maintenance. We noted a deficit in health promotion information addressing the health problems associated with illicit drug use, and members of the nursing team formed a health promotion committee to promote healthier lifestyle choices among clients.

We decided to consult clients to ensure we were addressing issues of concern to them. For this reason we chose to investigate their subjective health concerns rather than their objective health status or needs. We carried out a literature review – for details see nursingtimes.net.

AIM AND METHOD
The aim of the study was to understand the health concerns of clients attending the methadone maintenance clinics. The study design was quantitative using a questionnaire survey. All participants were aged 18 years or over and on a methadone maintenance programme for treatment of opiates.

Questionnaires were distributed to clients in the clinics throughout November 2006 with a return envelope and a letter explaining the study. The HCQ-3 assesses respondents’ degrees of concern on 66 health-related issues using a four-point Likert-type scale ranging from mild concern to very serious concern. If they are not concerned about an item, they leave it blank.

The 66 ratings can be added together to give a total distress score (TDS) plus two sub-scales for psychosocial and somatic symptoms. It is possible to work out a somatisation ratio, which is the percentage of the TDS attributable to physical complaints. The psychosocial scale contains 35 items and the somatic scale the remaining 31.

The ethics committee of the Drug Treatment Centre Board in Dublin granted ethical approval. Participants received written information about the study plus a copy of the questionnaire and were able to ask the clinic nurse questions. Anonymity was assured.

RESULTS
Demographic statistics
Women accounted for 38.3% of our sample. Participants’ ages were 18–56 (mean 30.21), with no significant difference between genders. Almost 70% of participants had children, with women (83%) more likely to report this than men (60.4%). Over 52% said they were in a long-term relationship (60.6% of women and 45.9% of men). The average age of first heroin use was 17.95 years, with little gender difference.

Levels of health concern
For the entire sample (n=261) TDS was 83.62, with considerable variance between genders. Women showed a much higher mean TDS (93.03) than men (78.12).

When the TDS is broken into its two broad categories, the psychosocial symptom index (PSI) and somatic symptom index (SSI), the means were 48.05 and 35.57 respectively. The somatisation ratio (SR) is the percentage of the respondents’ TDS which is accounted for by their score on the SSI. The SR reported was 43.54% and it is interesting to note the SR for men and women was almost identical (43.30% and 43.68% respectively). These scores indicate both genders were equally concerned about psychosocial items. There was no statistically significant relationship between age and level of health concern.

The most commonly reported concerns were: worrying about health; being troubled by the past; finding it hard to trust anyone;
and poor sleep. Of the 10 most endorsed health concerns only two – poor sleep and sweating – were physical. There was little difference between concerns reported by men and women but men consistently scored them lower than women.

The least commonly reported concerns were: excess pain, hearing problems and swelling. In contrast to the most endorsed concerns, eight were somatic in nature. Too much alcohol and work or school problems are the only psychosocial symptoms in the 10 least endorsed concerns. For the results in full, see nkontimes.net.

Additional comments
Some 37% of the questionnaires (n=97) contained additional comments. This qualitative data was analysed to identify six broad themes: physical health; mental health; sexual health; service comments; drug comments; and stigma.

Physical health: This section contained the most comments (n=58), which were divided into four subcategories. The first, viral infections, contained 17 comments, ranging from requests for more literature and information on HIV and the hepatitis C virus (HCV) to statements that the participant was worried about these viruses and about side-effects of HCV treatments.

The second subcategory, comprising eight comments, related to diet, nutrition and weight management, including weight gain or loss and stomach problems. The third, with six comments, related to dental care. A miscellaneous subcategory was used for the other comments, which highlighted concerns about blood pressure, deep vein thrombosis, asthma, sweating, and aches and pains.

Mental health: This category contained 14 comments, half of which related to feelings of low mood and depression, with two participants mentioning suicidal thoughts. Related to feelings of low mood was evidence of guilt, shame and low self-esteem for becoming an addict in the first place.

Sexual health: This category contained seven comments, four of which related to the ability to have children and cope with parenthood. A particular concern appeared to be the effects of HCV and other viruses on the health of participants’ children. Concerns were also raised about various sexually transmitted infections.

Service comments: Seventeen comments related to the service; these covered a range of topics. Four pointed out good aspects including improved buildings or clinic accommodation and finding particular staff helpful. However, a number of shortfalls were highlighted, including the need for more counselling and for both male and female counsellors to be made available.

Drug comments: Eleven comments were related to drugs. While one related to the harm caused by heroin, methadone was also cited as a problem by three participants who were concerned they would be on it for the rest of their lives. A variety of other drugs were mentioned as causing problems.

Stigma: Three participants stated they are treated with less respect than other members of society because of their status as a drug user or addict.

DISCUSSION
Two broad health concerns emerged from this study: mood/psychosocial concerns and HCV. The top 10 concerns reported can all be closely related to depression and mood.

Five of these top concerns – feeling depressed, reduced interest in things, poor sleep, feeling guilty and memory problems – relate closely to five of the nine symptoms of depression in the Diagnostic and Statistical Manual IV (DSM-IV) (American Psychiatric Association, 2000). However, four of the five remaining concerns – worrying about health, being troubled by the past, finding it hard to trust anyone and dwelling on problems – are also commonly found in people with mood or depression problems.

The idea that many clients on methadone maintenance are experiencing some form of depression seems likely, as numerous studies have identified depressive symptoms among this population (for example, MacManus and Fitzpatrick, 2007). Rates of depression vary from 31% to 83% of clients, depending on the study, and it has been recommended that clients receiving methadone maintenance should have their mood assessed routinely.

The importance of identifying those with mental health problems is emphasised by the finding that mental health symptoms are positively correlated with engaging in high-risk sexual behaviours (Lundgren et al, 2005).

Injecting drug users are at high risk of acquiring HCV and HIV. Despite the increasing availability of harm reduction interventions, recent studies have estimated that 52%–80% of injecting opiate users are infected with HCV. Injecting drug users are the group most at risk of contracting HCV, so the virus will have a considerable impact on this group for the foreseeable future.

One of the biggest factors leading to unsuccessful treatment outcomes is a lack of baseline education (Corbett, 2007).

Clients may choose not to change their behaviours but this education will help them to make informed decisions.

CONCLUSION
This study has shown that clients on a methadone maintenance programme have numerous health-related worries, particularly related to mood. A considerable number of participants made additional comments about HCV. This research confirms that clients on methadone maintenance require regular screening and follow-up in relation to mood disorders and hepatitis C.