

Satisfaction with Life among Recipients of Opiate Substitution Treatment

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Abstract

Objective: Opiate substitution treatment aims at restoring an adequate satisfaction in life. We evaluated to what extent chronic pain and concurrent substance abuse interfere with this goal.

Method: Sixty patients (mean age 37.9, SD=9.3; 32 males, 28 females) underwent urine tests for cocaine, benzodiazepines, oxycodone, and for other opiates, and completed Pavot's Temporal Satisfaction With Life Scale (TSWLS). This scale consists of 15 items of which 5 assess the satisfaction with one's past, 5 with the present, and another 5 with the future. The patients also completed 3 items from the Brief Pain Inventory (scales from 0 = no pain to 10 = extreme pain) to assess their average level of pain, the worst pain, and the least pain.

Results: Only 4 patients (6.7%) rated their worst pain at zero, i.e., as absent. The average pain in this sample was 4.2 (SD=2.7), the worst pain 6.3 (SD=3.2), and the least pain 2.6 (SD=2.3). Our patients' average satisfaction score (59.8, SD=19.6) was significantly lower than in Pavot's normative sample of 294 adults (70.8, SD=14.8, $t=4.1$, $df=72.8$, $p<.001$). A significant inverse correlation ($r=-.31$, $p=.008$) was found between the total satisfaction score and the sum of all pain ratings. About a third of the patients (34.5%) still abused illicit drugs. The satisfaction score was not significantly related to concurrent substance abuse determined by urine toxicology tests ($p>.05$). These patients' satisfaction with current life was significantly higher than with their past ($t=2.4$; $df=59$; $p=.020$).

Discussion: Although our patients' satisfaction with their current life was higher than in the past, their satisfaction with current life remains significantly below normal, i.e., below data from Pavot's normative sample. Almost all patients (93.3%) reported the presence of pain as shown by the rating above zero on the "worst pain" scale of Cleeland's Brief Pain Inventory.

Conclusions: Pain is prevalent among our patients and its management remains an important clinical issue. The pain has a significant impact on the patients' well-being by reducing their overall satisfaction with life.

Keywords: pain, addiction, opiates, methadone, urine toxicology, satisfaction with life

INTRODUCTION

In some persons, opiate abuse may start as an effort to cope with acute or chronic pain or as a misguided attempt to improve satisfaction with life. A systematic review by Feelemyer et al. in 2014 [1] of 13 studies of changes in the Quality of Life (QOL) in 1801 patients from five countries as a result of their participation in opiate substitution programs found statistically significant changes in all four WHOQOL-BREF domain scores. Dosage of pharmacologic medication and

length of follow-up did not affect the changes in domain scores. While the opiate substitution is shown to improve the quality of life, the patients often continue suffering from chronic pain. We evaluated to what extent chronic pain and concurrent substance abuse interfere with their satisfaction with life.

METHOD

Sixty patients (age 20 to 59 years, mean age 37.9, SD=9.3; 32 males, 28 females) participated in our study. The great majority were on methadone

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(N=53). The remaining seven were on suboxone. All patients underwent random urine tests for cocaine, benzodiazepines, oxycodone, and for other opiates. The patients completed 3 items from the Brief Pain Inventory [2] to rate their pain on scales from 0 = no pain to 10 = extreme pain: they separately rated their average level of pain, the worst pain, and the least pain. All patients completed Pavot's Temporal Satisfaction With Life Scale (TSWLS) [3]. This scale consists of 15 items of which 5 assess the satisfaction with one's past, 5 with the present, and another 5 with the future. The participants were to indicate for each of the items if they "Strongly Agree, Agree, Slightly

Agree, Neither Agree/Nor Disagree, Slightly Disagree, Disagree, or Strongly Disagree." For example, to assess the patient's satisfaction with the present, Pavot's scale [3] includes items such as "I would change nothing about my current life" and "The current conditions of my life are excellent."

RESULTS

Only 4 patients (6.7%) rated their worst pain at zero, i.e., as absent. The average scores on measures of satisfaction with life and pain measures are listed in Table 1.

Table 1. Average satisfaction and pain scores

	all patients (N=60)	methadone (N=53)	suboxone (N=7)
Total Satisfaction score	59.8, SD=19.6	60.5, SD=19.7	54.4, SD=19.3
Satisfaction with the past	17.7, SD=6.9	18.1, SD=6.7	15.0, SD=8.3
Satisfaction with the present	19.8, SD=8.5	20.1, SD=8.7	17.6, SD=7.5
Satisfaction with the future	22.2, SD=7.0	22.3, SD=7.1	21.9, SD=6.4
Total pain score	13.1, SD=7.5	13.3, SD=7.5	11.9, SD=8.2
Average pain (scale from 0 to 10)	4.2, SD=2.7	4.3, SD=2.7	3.7, SD=2.8
Worst pain (scale from 0 to 10)	6.3, SD=3.2	6.3, SD=3.1	6.0, SD=3.7
Least pain (scale from 0 to 10)	2.6, SD=2.3	2.7, SD=2.4	2.1, SD=2.7

The means for the average level of pain (4.2) and for the worst level (6.2) seem to fall within the moderate range. The least level (2.6) could be described as mild. We were unable to statistically compare the differences between patients on methadone and those on suboxone: the suboxone sample is too small (N=7) for statistical procedures and generalizations.

These patients' satisfaction with their present life was significantly higher than with their past life situation ($t=2.4$; $df=59$; $p=.020$), presumably due to their participation in our treatment. However, the average satisfaction score (59.8, SD=19.6) of our patients was significantly lower than in Pavot's normative sample of 294 adults (70.8, SD=14.8, $t=4.1$, $df=72.8$, $p<.001$). A significant inverse correlation ($r= -.31$, $p=.008$) was found between the total satisfaction score and the sum of all pain ratings.

The size of this effect is weak to moderate. Significant inverse correlations ($p<.05$, 1-tailed) were also observed between worst pain ratings and overall level of satisfaction ($r= -.32$), satisfaction with the present ($r= -.32$) and the future ($r= -.27$). The ratings of average level of pain were also significantly correlated

with overall level of satisfaction ($r= -.32$), satisfaction with the present ($r= -.29$) and the future ($r= -.36$). The ratings of least level of pain were significantly correlated with satisfaction with the future ($r= -.31$). The scores for satisfaction with the past were not significantly correlated with any of the pain variables.

The urine toxicology tests were positive for illicit drugs in 34.5% of our patients. Most frequently, their urine tests were positive for non-prescribed opiates (21.7%), particularly for oxycodone (10.0%).

The urine tests were positive in 10.0% of patients for cocaine and in 6.7% for benzodiazepines.

The total satisfaction score was not significantly related to concurrent substance abuse ($p>.05$, 2-tailed) as monitored for cocaine, benzodiazepines, oxycodone, and for other opiates.

DISCUSSION AND CONCLUSIONS

The average satisfaction of our patients with their current life was significantly higher than in the past. However, their current satisfaction with life was significantly below normal, i.e., lower than in Pavot's

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normative sample of 294 adults [3]. About a third of them (34.5%) still abused illicit drugs.

Almost all patients (93.3%) reported the presence of pain as shown by the rating above zero on the “worst pain” scale of Cleeland’s Brief Pain Inventory [2]. The pain has a mild to moderate impact on their well-being by reducing their overall satisfaction with life. Pain is prevalent among our patients and its management remains an important clinical issue.

ACKNOWLEDGEMENT

Based on a paper we presented in the annual congress of the International Society of Addiction Medicine (ISAM) in Montreal, Canada, October 20-22, 2016.

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Citation: Paul Istasy, Zack Cernovsky, Gamal Sadek, James Mendonça, Yves Bureau, Simon Chiu. *Satisfaction with Life among Recipients of Opiate Substitution Treatment. Archives of Psychiatry and Behavioral Sciences*. 2019; 2(2): 27-29.

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