

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

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Question: In adults aged 18-65 years with dual diagnosis, how effective is methadone replacement for heroine users?

Clarification of question: Patients = adult heroin users with dual diagnosis, aged 18-65 years; Intervention = methadone; Comparison = any other pharmacological or psychosocial treatment for heroine use, Outcome = reduction or cessation of heroine use; improved mental health.

What does the evidence say?

The BEST in MH search strategy did not identify any randomised controlled trials of methadone replacement in adults with dual diagnosis. Four well conducted Cochrane reviews, which searched for trials of methadone replacement in adults with or without mental illness also did not identify any trials in people with dual diagnosis. It appears that there is insufficient evidence to determine the effectiveness of methadone replacement for adult heroine users with dual diagnosis.

This answer is a brief summary of the available evidence, if there is anything else you would like to know, please contact me on: contact@bestinmh.org.uk. This answer will shortly be posted on our website: www.bestinmh.org.uk.

This question was received on 23.01.2008; the answer was completed on 06.02.2008 by Elizabeth A Barley PhD CPsychol.

METHODS

Search date: 4.02.2008

Source of Evidence	Search Terms	Search Results	Evidence Identified
NLH guideline finder	methadone	4 guidelines – text searched for ‘dual’ OR ‘psychiatric’	1 guideline (RCGP, 2005)
CDSR	methadone AND dual; methadone AND mental; methadone AND psychiatric (all text)	6; 41; 37	None – 4 SRs (Smith et al 2006, Amato et al 2004, Amator et al 2004b, Mattick et al, 2003) which could have identified relevant trials, but none found.
DARE		1; 5; 7	none
Clinical Evidence	methadone (search)	opioid dependence section text searched for ‘dual’ or ‘psychiatric’	none
PsiTri	methadone AND dual; methadone AND mental; methadone AND psychiatric (intervention AND health condition searches) methadone (intervention search)	0; 0; 0; 0; 172 (records screened for participants with mental health problems – none found)	none

SR = systematic review

EVIDENCE SUMMARY

The BEST in MH search strategy did not identify any randomised controlled trials of methadone in adults with dual diagnosis. There were four well conducted Cochrane reviews (Smith et al 2006, Amato et al 2004, Amator et al 2004b, Mattick et al, 2003) of methadone (or other pharmacological treatment) *versus* a range of interventions for opioid dependence. All of these reviews searched for trials in adults with or without concurrent mental illness, but none identified any trials in people with dual diagnosis (in fact, several of the identified trials had specifically excluded participants with mental illness).

I found one guideline (RCGP, 2005) which considered dual diagnosis, but the advice appears to be based on expert opinion as opposed to trial evidence. The advice is:

“2. Dual diagnosis (co-morbidity of substance misuse and psychiatric illness)

- Methadone can be used in severe, moderate and mild psychiatric illness if the patient is opioid dependent and understands the treatment.
- About a third of opioid users suffer from mild to severe mental health problems, including anxiety and depression.
- A minority (about 10%) have severe enduring mental health problems that usually require joint working with psychiatric services.
- Entry into methadone treatment has a significant positive effect on their psychological well-being.
- A proportion of opioid users presenting at services have suicidal or self-harm risks.
- The risks of accidental or deliberate overdose, and of intimidation or exploitation should be carefully considered when deciding dispensing arrangements.
- Many of the patients with mental health problems will require joint working with psychiatric services and others.
- Drug interactions with psychotropics should be remembered.”

In summary, there is a lack of high quality evidence to determine the effectiveness of methadone for adult heroin users with dual diagnosis.

EVIDENCE DETAILS

Systematic reviews:

author, date	source, type	search date	comparisons	comments
Smith et al 2006	Cochrane	2005	Therapeutic communities for substance related disorder	identified 1 trial (Bale et al, 1980) of therapeutic community <i>versus</i> methadone maintenance, but this trial was excluded from the review due to its poor methodological quality. <i>overall conclusion (evidence from people without dual diagnosis):</i> insufficient evidence to determine effectiveness of therapeutic communities.

Amato et al 2004	Cochrane	2003	Psychosocial plus agonist maintenance treatments vs agonist maintenance treatments alone	no trials identified in dual diagnosis <i>overall conclusion (evidence from people without dual diagnosis):</i> “The present evidence suggests that adding any psychosocial support to Standard MMT significantly improves the non-use of heroin during treatment.”
Amato et al 2004b	Cochrane 2003		Psychosocial & pharmacological treatments vs pharmacolog cal treatments	no trials identified in dual diagnosis <i>overall conclusion (evidence from people without dual diagnosis):</i> “Psychosocial treatments offered in addition to pharmacological detoxification treatments are effective in terms of completion of treatment, results at follow-up and compliance.”
Mattick et al 2003	Cochrane	2001	Methadone maintenance therapy vs no opioid replacement therapy	no trials identified in dual diagnosis <i>overall conclusion (evidence from people without dual diagnosis):</i> “Methadone is an effective maintenance therapy intervention for the treatment of heroin dependence as it retains patients in treatment and decreases heroin use better than treatments that do not utilise opioid replacement therapy. It does not show a statistically significant superior effect on criminal activity.”

References

Amato L, Minozzi S, Davoli M, Vecchi S, Ferri M, Mayet S. Psychosocial combined with agonist maintenance treatments versus agonist maintenance treatments alone for treatment of opioid dependence. *Cochrane Database of Systematic Reviews* 2004, Issue 4. Art. No.: CD004147. DOI: 10.1002/14651858.CD004147.pub2

Amato L, Minozzi S, Davoli M, Vecchi S, Ferri M, Mayet S. Psychosocial and pharmacological treatments versus pharmacological treatments for opioid detoxification. *Cochrane Database of Systematic Reviews* 2004, Issue 4. Art. No.: CD005031. DOI: 10.1002/14651858.CD005031. (b)

Bale RN, Van Stone WW, Kuldu JM, Engelsing TMJ, Elashoff RM, Zarcone VP. Therapeutic communities vs methadone maintenance: A prospective controlled study of narcotic addiction treatment: Design and one-year follow-up. *Archives of General Psychiatry* 1980;**37**(2):179–93

Mattick RP, Breen C, Kimber J, Davoli M. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database of Systematic Reviews* 2003, Issue 2. Art. No.: CD002209. DOI: 10.1002/14651858.CD002209. Royal College of General Practitioners (RCGP) Guidance for the use of methadone for the treatment of opioid dependence in primary care. Care Guideline 2005. Available at www.library.nhs.uk/guidelinesfinder/

Smith LA, Gates S, Foxcroft D. Therapeutic communities for substance related disorder. *Cochrane Database of Systematic Reviews* 2006, Issue 1. Art. No.: CD005338. DOI: 10.1002/14651858.CD005338.pub2

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