

Factors Influencing the Health-Related Quality of Life among Perinatal Women with Opioid Use Disorder

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BACKGROUND

- Opioid use disorders (OUD) affected over 9 million individuals in the US in 2022 alone⁽¹⁾
- OUD is consistently associated with substantial impairments in health-related quality of life ⁽²⁾⁽³⁾
- Factors influencing health-related quality of life (HRQoL) among pregnant, postpartum, and recently miscarried women with opioid use disorder (PPMWOD) are poorly understood.

METHODS

- **Study Design:** Cross-sectional study
- **Sample size:** 198
- **Population:** PPMWOD
- **Setting:** a large healthcare system in a metropolitan area.
- **Recruitment:** Multiple channels including MyChart messages, emails, phone calls, and text-messages
- Participants received a gift card to compensate them for their time and efforts.
- A composite SDoH score was computed to sum up five barriers: lack of housing, transportation, emotional support or employment, and stigma.
- Addiction severity score was calculated by summing binary responses to DSM-5 diagnostic questions.
- Responses to EQ-5D-5L questionnaire were dichotomized into (“no problem” vs “problems”).
- Descriptive statistics summarized self-reported problems for each dimension of the EQ-5D-5L tool.
- Logistic regressions were fitted for each dimension to assess if a combination of SDoH score, addiction severity, and demographic variables predicted self-reported problems.

RESULTS

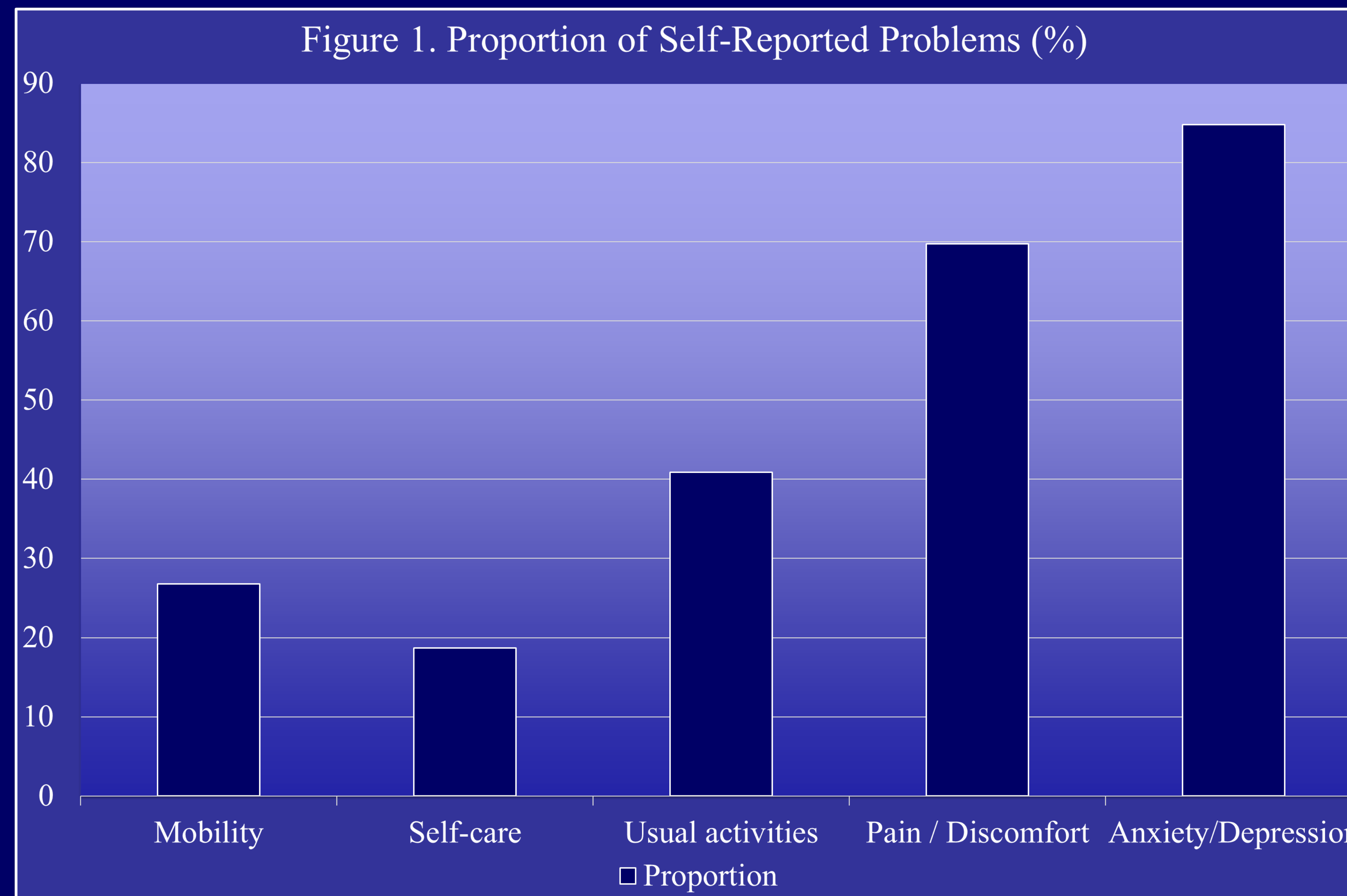


Table 1. Associations with Health-Related Quality of Life (HRQoL) Dimensions (n=198)

Predictors	HRQoL Domain	Odds Ratio	95% Confidence Interval	p-value
Social Determinant of Health	Mobility	1.73	1.29 – 2.31	<0.001
Social Determinant of Health	Self-Care	1.76	1.26-2.45	<0.001
Social Determinant of Health	Usual Activities	1.32	1.03 – 1.68	0.026
Social Determinant of Health	Pain/Discomfort	1.47	1.12 – 1.93	0.006
Addiction Severity	Anxiety/Depression	1.39	1.18 – 1.64	<0.001
Race	Usual Activities	0.48	0.24 - 0.98	0.045

DISCUSSION

Pain/discomfort and anxiety/depression were the most reported problems, highlighting potential areas for targeted interventions.

SDoH barriers are a consistent predictor of physical and functional problems indicating that clinical management should go beyond treating opioid use alone and systematically assess and address SDoH barriers (e.g., housing instability, transportation, food insecurity) to improve mobility, self-care, pain, and daily functioning.

Quality metrics and reimbursement models should incentivize screening for and addressing SDoH, not just clinical outcomes or abstinence measures.

Mental health interventions (e.g., counseling, psychiatric care) may need to be more tightly integrated with addiction treatment, as anxiety and depression appear closely linked to addiction severity rather than social disadvantage alone.

Future interventions addressing SDoH and addiction severity may improve the HRQoL of this patient population.

OBJECTIVES

This study sought to

1. describe the proportion of participants reporting problems in each dimension of the EQ-5D-5L instrument and
2. identify the role of addiction severity and social determinants of health (SDoH) in predicting problems across these dimensions.

LIMITATIONS

As with cross-sectional survey studies, causal relationships cannot be established, and responses may be influenced by recall and social desirability biases

REFERENCES

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