Inpatient versus other settings for detoxification for opioid dependence

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Authors' objectives

Background: There are a complex range of variables that can influence the course and subjective severity of opioid withdrawal. There is a growing evidence for the effectiveness of a range of medically-supported detoxification strategies, but little attention has been paid to the influence of the setting in which the process takes place. Objectives: To evaluate the effectiveness of any inpatient opioid detoxification programme when compared with all other time-limited detoxification programmes on the level of completion of detoxification, the intensity and duration of withdrawal symptoms, the nature and incidence of adverse effects, the level of engagement in further treatment post-detoxification, and the rates of relapse post-detoxification.

Search methods: Electronic databases: the Cochrane Central Register of Controlled Trials (CENTRAL - The Cochrane Library Issue 2, 2008); MEDLINE (January 1966-May 2008); EMBASE (January 1988-May 2008); PsycInfo (January 1967-May 2008); CINAHL (January 1982-May 2008). In addition the Current Contents, Biological Abstracts, Science Citation Index and Social Sciences Index were searched.

Selection criteria: Randomised controlled clinical trials comparing inpatient opioid detoxification (any drug or psychosocial therapy) with other time-limited detoxification programmes (including residential units that are not staffed 24 hours per day, day-care facilities where the patient is not resident for 24 hours per day, and outpatient or ambulatory programmes, and using any drug or psychosocial therapy). Data collection and analysis: All abstracts were independently inspected by two reviewers (ED & JI) and relevant papers were retrieved and assessed for methodological quality using Cochrane Reviewers' Handbook criteria. Main results: Only one study met the inclusion criteria. This did not explicitly report the number of participants in each group that successfully completed the detoxification process, but the published data allowed us to deduce that 7 out of 10 (70%) in the inpatient detoxification group were opioid-free on discharge, compared with 11 out of 30 (37%) in the outpatient group. There was very limited data about the other outcomes of interest. Authors' conclusions: This review demonstrates that there is no good available research to guide the clinician about the outcomes or cost-effectiveness of inpatient or outpatient approaches to opioid detoxification.


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