Cognitive behavioral therapy adds no value to drug treatment for opioid dependence

Yale UniversityYale University

In a surprise finding, Yale researchers report that adding cognitive behavioral therapy to the most commonly used drug treatment for opioid dependence does not further reduce illicit drug use by patients. The study, which could change how such dependence is viewed and treated in the U.S. healthcare system, appears online in the American Journal of Medicine.

The medication, buprenorphine, has been in use for a decade, and is now prescribed to treat opioid dependence more than any other medication of its kind. Prescription by primary care and office-based physicians accounts for much of this increase. Cognitive behavioral therapy (CBT) is an intervention that has demonstrated effectiveness for many psychiatric conditions and substance use disorders, even beyond the period of treatment, but the impact of combining it with buprenorphine has not been clear until now.

To assess the impact, researchers conducted a randomized clinical trial involving 141 opioid-dependent patients in a primary care clinic. The patients were divided into two groups: those who received buprenorphine treatment alone under the care of a physician, and those who received the buprenorphine and professionally administered cognitive behavioral therapy.

The two treatments showed similar effectiveness – a significant reduction in self-reported frequency of opioid use. But the group receiving cognitive behavioral therapy showed no more reduction in use than those receiving buprenorphine and physician care.

This finding contrasts with earlier studies that demonstrated improved outcomes with counseling services in patients receiving medication treatment. But the Yale team notes that the key to success in the non-CBT group was that they were still under a primary physician’s care while receiving buprenorphine – even if there was only a limited amount of counseling provided.

“This study demonstrates that some patients can do very well with buprenorphine and minimal physician support. This treatment represents an important tool to help reduce the adverse impact of addiction, HIV, and overdose due to heroin and prescription opioids,” said lead author Dr. David A. Fiellin, professor of medicine, investigative medicine, and public health at Yale School of Medicine.

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