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**PSYCHIATRIC COMORBIDITY AMONG PATIENTS ON METHADONE MAINTENANCE THERAPY**

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**Objective:** Although methadone maintenance therapy has benefited individuals with opioid dependence, a substantial proportion of patients still experience psychiatric symptoms which may affect treatment outcome. As the methadone maintenance therapy reaches its first decade in Malaysia since its implementation in 2005, this study aims to examine the association between psychiatric comorbidity and quality of life.

**Method:** A total of 225 male patients who were on methadone maintenance therapy completed the study underwent the Mini International Neuropsychiatric Interview, Opiate Treatment Index, and World Health Organization Quality of Life-BREF Scale. The association between different variables and quality of life scores was tested using t-test for categorical variables and Pearson's correlation for continuous variables. Multiple regression analysis was then performed for the significant variables.

**Results:** 14.2% and 15.6% of patients on methadone maintenance therapy had a current and lifetime non-substance use Axis I psychiatric disorder respectively, with major depressive disorder being the most prevalent Axis I disorder. The analysis showed that patients with a non-substance use Axis I psychiatric disorder were significantly more likely to use psychiatric medications (OR = 11.92, 95% CI 3.42-41.51,  $p < 0.001$ ), have an antisocial personality disorder (OR = 5.07, 95% CI 1.83-14.10,  $p = 0.002$ ) and had higher scores for physical health on OTI, indicating poorer physical health (OR = 1.41, 95% CI 1.02-1.96,  $p=0.041$ ). In multiple linear regression analysis, having a non-substance Axis I disorder was the only factor which significantly predicted the quality of life in all 4 domains and in the combined quality of life and general health.

**Conclusions:** Patients on methadone maintenance therapy with a non-substance use Axis I comorbidity have a poorer quality of life in all domains than those without the comorbidity. The impact of psychiatric comorbidity on quality of life calls for attention to detect psychiatric comorbidity and provide adequate treatment to patients on methadone maintenance therapy to improve their quality of life.

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