

Physical and Mental Health of People who Use Drugs in Oslo, Norway

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BACKGROUND AND AIMS

- People with mental disorders and/or substance use disorders are estimated to have a 15-20 years shorter life expectancy compared to the general population.
- The excess mortality is found to be high in all categories of medical conditions, in addition to accidents and overdoses.
- People who use drugs' (PWUD) health is characterised as a complex combination of physical and psychiatric conditions, as well as altered cognitive functioning.
- The conditions often go unrecognized, resulting in delayed treatment and premature deaths.
- **Aims:** To uncover the specific illnesses and comorbidities prevalent among PWUD by conducting substantial assessment of mental and physical health, as well as cognitive function.

MATERIALS AND METHODS

DESIGN AND MATERIALS:

- A cross-sectional study. Participants (N = 171) were recruited from municipal housing facilities and specialty health services for PWUD.
- Fifty of these participants were assessed with physical health examinations.

BASELINE ASSESSMENT (N = 171):

- Substance use, functional assessment (COOP/WONCA¹), mental health (SCL-5², Dual-diagnosis screening tool³; ADHD, PTSD), and cognitive function (MOCA⁴) were mapped.

PHYSICAL HEALTH EXAMINATIONS (N = 50):

- Blood samples, urine sample, lung function (spirometry), dental assessment (OHIP-5⁵), and (mal)nutrition (BMI⁶).

RESULTS

DEMOGRAPHICS

- 171 PWUD (120:51, M:F) were included in the baseline assessments with a mean age of 39.9 years (SD:10.5).
- The 50 participants (40:10, M:F) that contributed to the physical assessments had a mean age of 41.0 years (SD: 10.4).
- The primary substances used were heroin (54%), cannabis (13%) and amphetamine (13%).
- 81% of the total sample injected drugs.

COGNITIVE FUNCTION

- 75% of the total sample had a MOCA score below 26⁴.

CONCLUSIONS

- We found that 3/4 of the total sample had a possible cognitive dysfunction, that 2/3 scored above the threshold for the PTSD-screen and that more than half scored above the threshold for the ADHD-screen.
- Further, we found that between 1/2 and 2/3 of the total sample scored "problematic" or "very problematic" towards Emotional problems, Daily activities, Social activities and Health condition on the COOP/WONCA.
- Additionally, we found that 1/3 of cases showed a possible or certain obstruction on the lung function examination, and that, on average, study participants lacked about 40% of their teeth

MENTAL HEALTH

- The mean SCL-5² score was 2.8 (SD: 0.8).
- 65% of the total sample scored above the threshold for the PTSD-screen.
- 56% scored above the threshold for the ADHD-screen³.

PHYSICAL HEALTH

On the functional assessment tool, COOP/WONCA¹, (N=171) the percentage of the total sample that scored "problematic" or "very problematic" on the following items were: Physical fitness (15%), Emotional problems (66%), Daily activities (50%), Social activities (62%), Health condition (50%), Change in health (30%).

The body mass index (BMI) (N=50) showed normal weight in 62% and overweight in 32% of the sample.

The blood- and urine samples (N=50) showed positive results of HCV-PCR (6%), HIV (0%), Albuminuria (10%), Hb1ac below reference level (4%), Hb1ac above reference level (4%).

The lung function examination (spirometry) (N=50) showed a possible or certain obstruction in 30% of cases.

Oral health (N=50): The participants had a mean of 16.7 (SD: 10.1) out of 28 remaining teeth and a mean OHIP-5⁵ score of 8.7 (SD: 5.4).

Our findings underscore the importance of conducting comprehensive assessments of both mental and physical health, as well as cognitive functioning, to ensure timely and appropriate treatment and address the gap in life expectancy between this group and the general population.

¹COOP/WONCA: A functional assessment tool with 6 domains, it is scored on a scale from 1 (not problematic) to 5 (very problematic). (Van Weel C. Disability and rehabilitation. 1993;15(2):96-101)

²SCL-5: Symptom Check List (5 items), assesses psychological distress, and symptoms of anxiety and depression. It is scored on a scale from 1 (not at all) to 4 (very much). (Tambs K, Moum T. Acta Psychiatr Scand. 1993;87(5):364-7)

³Dual diagnosis screening tool (the PTSD and ADHD parts). (Mestre-Pinto JI, et.al. European Addiction Research. 2014;20(1):41-8)

⁴MOCA: Montreal Cognitive Assessment. A MOCA-score of < 26 suggests possible cognitive dysfunction and indicates that the patient needs to be further assessed for cognitive dysfunction. (Nasreddine ZS, et. Al. Journal of the American Geriatrics Society. 2005;53(4):695-9)

⁵OHIP-5: Oral Health Impact Profile (5 item) assesses oral health related quality of life on a scale from 1 to 20, with a higher score indicating worse quality of life (Naik A, et.al. J Prosthodont Res. 2016 Apr;60(2):85-91)

⁶BMI: Body Mass Index.