ABSTRACT

Background: Opiate use is common in hepatitis C (HCV). Education is linked to the opioid epidemic and increased injection drug use. Over 50% of people with HCV also have a mental illness. ENDA/EMDA calls for the integration of infectious diseases, addiction medicine, and mental health as key to addressing the opioid epidemic. Barriers identified include limited physician education and stigma. This study examined medical trainees’ gaps in training and attitudes toward HCV, drug use, and mental illness.

Methods: To see if trainees have no questionnaires designed to measure stigma, attitudes, knowledge, and training related to HCV, drug use, and mental illness among healthcare providers. We developed a 36-item questionnaire rated on a 5-point scale which was based on a literature review and consultations with experts in the fields of HCV, substance use, and mental health. Medical students and residents (n = 90) at a large Canadian university completed this questionnaire. The following analyses are run on responses to published forms.

Results: Most participants are medical students (79%). Within-subject ANOVAs showed that trainees worked with more patients with mental illness (55%) than drug use (59%) or HCV (52%) (p < 0.001). Trainees reported less frequent experience with patients with drug use (19%) and HCV (30%) compared to those with mental illness (55%) (p < 0.001). They reported that injection drug use (40%), prescription drug use (24%), and heroin use (7%) were the most challenging substance use problems (p < 0.001). They were less experienced with patients with drug use (48%) or HCV (18%) than with mental illness (54%) (p < 0.001). Trainees reported they were more often able to help patients with mental illness (55%) than drug use (40%) or HCV (30%) (p < 0.001). They were more interested in training in drug use (70%) and mental illness (75%) than HCV (43%) (p < 0.001). They were more interested in training in drug use (70%) and mental illness (75%) than HCV (43%) (p < 0.001). They were more interested in training in drug use (70%) and mental illness (75%) than HCV (43%) (p < 0.001).

Conclusions: Medical trainees report being ill-equipped to treat patients with HCV and drug use specifically and are not satisfied with this work. Many report attitudes may be viewed by patients as stigmatizing. There is a huge knowledge gap related to the effectiveness of HCV treatment, HCV drug use, and mental illness. Infectious disease specialists can take a leadership role in building capacity to foster integration.

BACKGROUND

• The increase in the incidence of HCV is linked to the opioid epidemic and IV drug use.
• Over 50% of people with HCV also have a mental illness.
• Integrating infectious diseases, addiction medicine, and mental health is key to addressing the opioid epidemic.
• Barriers include limited physician education and stigma.
• We examined medical trainees’ gaps in training and attitudes toward HCV, drug use, and mental illness.

METHODS

• A 36-item questionnaire rated on a 5-point scale was developed to measure stigma, attitudes, knowledge, and training related to HCV, drug use, and mental illness.
• This was developed based on a literature review of stigma, existing questionnaires, and consultations with experts in the fields of HCV, substance use, and mental health.
• N = 99 medical students and residents at a large Canadian university completed the questionnaire.
• Within-subject ANOVAs and pairwise comparisons were used to examine mean differences in participant ratings.

RESULTS

GENDER AND AGE

• Male: 45.5%
• Female: 55.5%
• Mean age: 28.5
• SD: 4.5

PHARMACOLOGICAL PROBLEMS (DU)

• A 36-item questionnaire rated on a 5-point scale was developed to measure stigma, attitudes, knowledge, and training related to HCV, drug use, and mental illness.
• This was developed based on a literature review of stigma, existing questionnaires, and consultations with experts in the fields of HCV, substance use, and mental health.
• N = 99 medical students and residents at a large Canadian university completed the questionnaire.
• Within-subject ANOVAs and pairwise comparisons were used to examine mean differences in participant ratings.

CONCLUSION

• Medical trainees report being ill-equipped to treat patients with HCV and drug use (specifically opioids) and are less satisfied with this work.
• Many report attitudes that may be viewed by patients as stigmatizing.
• There is a large knowledge gap related to the effectiveness of HCV treatment.
• Addressing the opioid crisis requires physicians to integrate treatment for HCV, drug use, and mental illness.
• Infectious disease specialists can take a leadership role in building capacity to foster integration.

MIND THE GAP: MEDICAL TRAINEES REQUIRE TRAINING IN HEPATITIS C, DRUG USE, AND MENTAL HEALTH TO HELP ADDRESS THE OPIOID CRISIS

Kimberly M Corace, PhD
Isabelle Ares, PhD
Nick Schubert, MA
Jason Altenberg, MSW
Melanie Willows, MD
Mark Kaluzienski, MD
Gary E Garber, MD

University of Ottawa
University of Ottawa Institute of Mental Health Research
The Royal Ottawa Mental Health Centre
South Riverdale Community Health Centre
The Ottawa Hospital
Public Health Ontario
University of Toronto

Corresponding Author
Kimberly M Corace
kim.corace@theroyal.ca

Substance Use and Concurrent Disorders
The Royal Ottawa Mental Health Centre
145 Carling Avenue
Ottawa, Ontario, Canada
K1Z 7K4