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Quality of life and relapse of Opioid Use Disorder: a scoping review protocol

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ABSTRACT

Introduction Quality of life (QoL) greatly influences the outcomes of patients with mental illnesses and there is evidence that there is an association between QoL and the relapse of Opioid Use Disorder (OUD). However, no reviews elucidate the relationship between QoL and the relapse of OUD. This document provides a scoping review protocol that aims to systematically chart and synthesise the published, unpublished and grey literature about the relationship between QoL and relapse of OUD.

Methods and analysis The enhanced six-stage methodological framework for scoping reviews of Arksey and O'Malley will be used. The main research question guiding the review will be: What is the relationship between QoL and relapse of OUD? Peer-reviewed and non-peer-reviewed articles, reports, and policy documents will be eligible to be included in the review with no limits on publication date. PubMed, PsycINFO, Google Scholar, Scopus, OVID and Cochrane Library will be among the databases searched. We shall identify grey literature from Google Scholar, ProQuest database, Grey Source Index, Open Grey and OpenDOAR. The reporting of the review will follow the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews. Criteria for evidence inclusion and exclusion will be used during literature screening and mapping.

Ethics and dissemination Patients and the public will not be involved in the interpretations of the findings, therefore, we shall not seek approval from an ethics committee. Results will be disseminated through publication in a peer-reviewed, scientific journal, conference presentations.

INTRODUCTION

Quality of life (QoL) refers to an individual's subjective perception of their life status, which involves the domains of physical health, psychological state, social relations and living conditions.[1] Standard indicators of QoL include wealth, employment, the environment, physical and mental health, education, recreation and leisure time, social belonging, religious beliefs, safety, security and freedom.[2 3] In the past decade, psychiatrists have given QoL more attention because of its importance for outcomes for patients with mental illnesses, especially schizophrenia, major depression and bipolar disorder.[4] Although, a more insidious condition—substance use disorders (SUDs), has

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STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ This will be the first scoping review to assess the relationship between Quality of life and relapse of Opioid Use Disorder.
⇒ The search strategy includes six electronic databases with peer-reviewed literature, including article bibliographies and numerous conference proceedings, as well as a broad range of grey literature sources, including government and other organisation websites including quality improvement documents.
⇒ This study will include both published and unpublished literature.
⇒ There will be no formal assessment of study quality.

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received relatively little attention in QoL from clinicians and researchers.[4] About 5.5% of the global population aged 15–64 used substances of abuse at least once in 2019, about 62 million people used opioids, and approximately 36.3 million people suffered from SUD in 2019.[5] Most people dependent on opioids, use illicitly cultivated and manufactured heroin, but the proportion of those using prescription opioids is growing.[6 7] In 2019, an estimated 10.1 million people aged 12 or older misused opioids in the past year.[8] Specifically, 9.7 million people misused prescription pain relievers, and 745 000 people used heroin.[8] The number of US adolescents and adults with Opioid Use Disorder (OUD) in 2019 was estimated to be between 6.7 and 7.6 million.[9]

Very high rates of postremittance relapse have multiple psychological disorders and problem behaviours; relapse rates remain incredibly high, with data suggesting that more than two-thirds of individuals return to substance use within a year of treatment.[10] OUD is a chronic relapsing disorder associated with younger age, male gender, lower income levels and fewer years of education.[11–14] These factors are indicators of poor QoL.[15 16] A study done in India shows that patients with a history of police cases/involvement and incarceration were found to be significantly associated with a high risk of

relapse.[17] Another study done in Canada indicated that use of other substances, early onset of opioid use, unemployment, having an opioid prescription, and diseases like hepatitis C and diabetes are high-risk factors for relapse of OUD.[18] Studies have reported a relationship between OUD treatment outcomes such as relapse and QoL. Individuals with greater improvements in QoL's health, substance use and emotional health domains were less likely to relapse.[19] A study conducted in 2022 reports that people who relapsed during treatment of OUD experienced minor increases in QoL, and participants who attended professional counselling experienced the largest increases in QoL compared with those who did not.[20] There is a lot of literature about OUD and QoL; however, no review elucidates the relationship between QoL and the relapse of OUD. Therefore, the purpose of this study is to review findings about the relationship between QoL and relapse of OUD.

METHODOLOGY AND ANALYSIS
The reporting of the review will follow the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews checklist.[21] For details see online supplemental file 1. Based on a literature search on most open sources, no review protocol for a similar study has been conducted or registered.

The enhanced six-stage methodological framework for scoping reviews of Arksey and O'Malley will be used.[22] The steps involved are given in the following sections.

Identifying the research question
The research question guiding this review is, 'What is the relationship between QoL and the relapse of Opioid Use Disorder?'.

Identifying relevant studies
Peer-reviewed and non-peer-reviewed articles, reports, treatment guidelines and policy documents will be eligible for the review with no limits on publication date. Electronic searches of PubMed, PsycINFO, Google Scholar, Scopus, OVID and Cochrane Library will be conducted to identify relevant academic publications. We will use keywords; Opioid Use Disorder, Relapse, Quality of Life, list of commonly abused opioids (Fentanyl, Oxycodone, Hydrocodone, Morphine, Codeine, Tramadol, Pethidine and Methadone) and Medical Subject Heading (MeSH) terms; for PubMed to develop our search terms under the guidance of university librarians and experts of QoL and OUD. We shall identify grey literature from Google Scholar, ProQuest database, GreySource Index, OpenGrey and OpenDOAR. Identified literature will be exported to the EndNote X9 version reference management software for the removal of duplicates. A sample of the search string is presented in online supplemental file 2. This search will involve studies published until December 2023 and the search will be conducted in the first month of 2024.

The process of identification of relevant studies will be displayed using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram.[21 23]

Study selection
The review process will consist of two levels of screening: (1) a title and/or abstract review; (2) full-text review. For the first level of screening, two investigators will independently screen the title and/or abstract of all retrieved citations for inclusion against a set of minimum inclusion criteria. In case of any disagreement, this will be settled by the content expert on the team. In the second step, the two investigators will then independently assess the full-text articles to determine if they meet the inclusion/exclusion criteria.

Eligibility criteria
Only papers about the relationships between QoL and relapse of OUD will be included in this review. Relevant studies will be included if (1) they describe relapse of OUD in relation to QoL. (2) Peer-reviewed and non-peer-reviewed articles (eg, policy documents, conference abstracts. (3) Original research study designs including randomised control trials, case–control studies, prospective or retrospective cohort studies, quasi-experimental and qualitative studies. (4) No limits on publication date and language. For articles that will not be in English, we shall use both Google Translate and AI programs to translate the sections into English. The team will also contact researchers fluent in the languages to confirm the translated materials. We shall exclude animal studies, systematic reviews, opinion pieces, case reports and editorials.

Charting the data
A researcher designed data entry tool will be designed using Google Forms. The tool will capture the following information: (1) first author and publication year, (2) sample size, (3) sampling procedure, (4) sample characteristics, (5) assessment tool, (6) correlation between QoL and relapse of OUD, (7) ORs for relapse and non-relapse for the different indicators of QoL. The data will be captured by two pairs of members of the research team independently, of which will be later verified by a content expert.

Collating, summarising and reporting the results
For the synthesis of the results, a descriptive summary of the studies will be provided. We will use a narrative synthesis to describe the captured results. Tables and charts will be used to summarise the methods available and proposed from the various literature.

Patient and public involvement
Patients and the public will not be involved in the interpretations of the findings, however, a follow-up study will be conducted to understand their perceptions.

ETHICS AND DISSEMINATION

Our results will be presented at conferences and published in open-access peer-reviewed journals following the PRISMA extension for Scoping Reviews.

Due to the scoping review relying on mainly secondary data we shall not seek ethical approval.

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