Comparing Engagement in Clinical Research Between Youth in Behavioral Health and SUD Treatment

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INTRO

- Several clinical characteristics of youth with substance use disorders (SUD) have been identified as barriers to recruiting these youth for clinical research¹
- However, little work exists assessing recruitment in this group^{1,2}
- This study aimed to compare rates of engagement between youth in behavioral health treatment and youth in SUD treatment in a longitudinal observational study.

METHODS

- Patients 16-30 years old in one outpatient behavioral health clinic and two outpatient SUD clinics were contacted by phone about a longitudinal observational research study.
- Study staff maintained a log of calls and rates of interest in participation, screens, and enrollment.
- Pearson's chi-square tests were performed to compare patient engagement across clinics.

RESULTS

- Of 558 patients contacted, 246 (44%) picked up the phone There were no significant differences in the percentage of youth who answered the phone between the behavioral health and SUD clinics (47% vs. 41%, p>0.05) (Table 1).
- There was no significant difference between clinics in the percentage of youth who expressed interest in participating (58% vs 64%, p>0.05), rates of phone screen completion (55% versus 57%, p>0.05), or study enrollment (34% versus 34%, p>0.05) (Table 2).



Youth in substance use disorder clinics are as responsive to research recruitment as youth in behavioral health clinics.



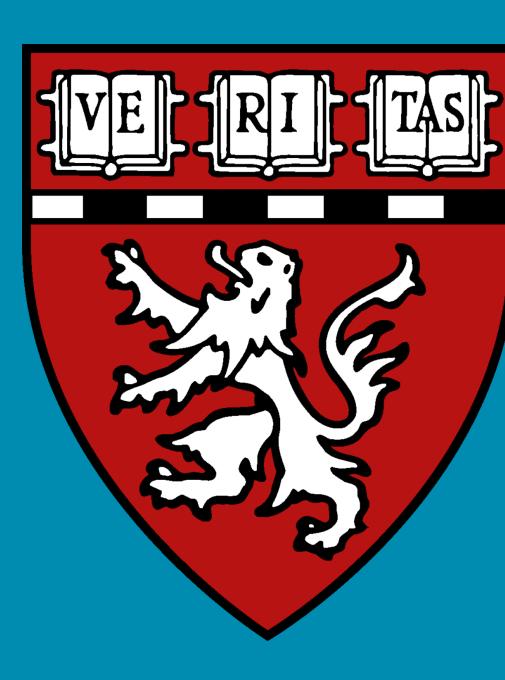


Table 1. Rates of Answering the Phone Across Clinics

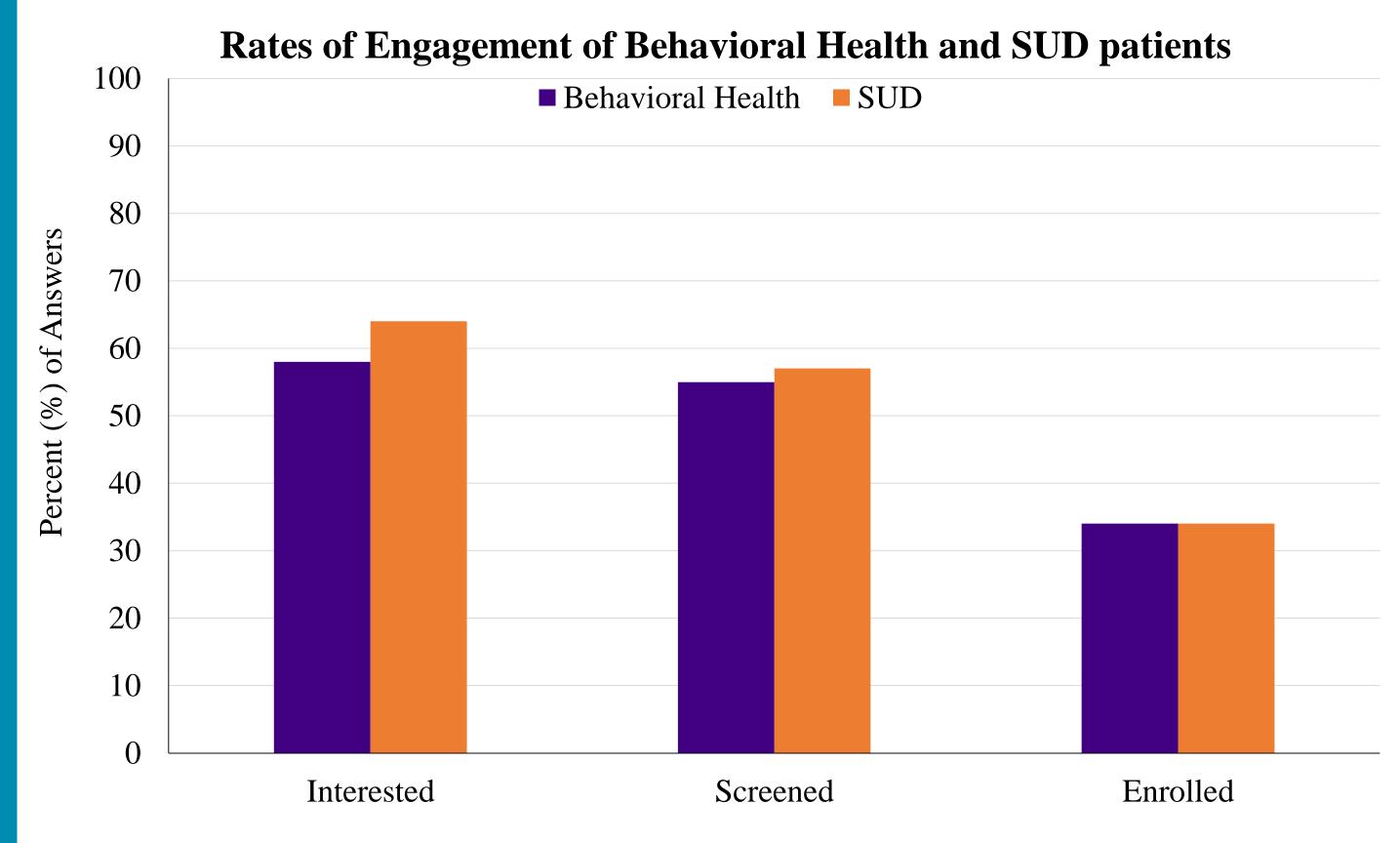
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	Behavioral Health	SUD
	N=318	N = 240
	N (%)	N (%)
Answered	148 (47)	98 (41)
No Answer	170 (53)	142 (59)

No significant differences were found between groups, p > 0.05

Table 2. Interest, Screening, and Enrollment Rates Among Answers Across Clinics

	Behavioral Health N= 148	SUD N= 98	
	1N— 140	11- 90	
	N (%)	N (%)	
Interested	86 (58)	63 (64)	
Screened	82 (55)	56 (57)	
Enrolled	51 (34)	33 (34)	

No significant differences were found between groups, p > 0.05



DISCUSSION

- Youth receiving treatment at specialty SUD clinics were as engaged in study recruitment as youth receiving treatment in general outpatient psychiatry.
- The findings of this study support the feasibility of simultaneously recruiting SUD and general psychiatry patients.

REFERENCES

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DISCLOSURES

Dr. Timothy Wilens receives or has received grant support from the following sources: NIH(NIDA). Dr. Timothy Wilens is or has been a consultant for Arbor, Otsuka, Ironshore, KemPharm and Vallon. Dr. Timothy Wilens has published books: Straight Talk About Psychiatric Medications for Kids (Guilford Press); and co/edited books ADHD in Adults and Children (Cambridge University Press), Massachusetts General Hospital Comprehensive Clinical Psychiatry (Elsevier) and Massachusetts General Hospital Psychopharmacology and Neurotherapeutics (Elsevier). Dr. Wilens is co/owner of a copyrighted diagnostic questionnaire (Before School Functioning Questionnaire). Dr. Wilens has a licensing agreement with Ironshore (BSFQ Questionnaire). Dr. Wilens is Chief, Division of Child and Adolescent Psychiatry and (Co) Director of the Center for Addiction Medicine at Massachusetts General Hospital. He serves as a clinical consultant to the US National Football League (ERM Associates), U.S. Minor/Major League Baseball; Gavin Foundation and Bay Cove Human Services. Dr. Amy Yule is currently receiving funding through the American Academy of Child and Adolescent Psychiatry Physician Scientist Program in Substance Abuse K12DA000357-17 and NIH(NIDA). Dr. Yule is a consultant to Bay Cove Human Services (clinical consultation) and Gavin Foundation (clinical consultation). She also receives research and travel support through the Provider Clinical Support System. Daria Taubin, Diana Woodward, Elizabeth Firmin, and Julia Greenbaum have no disclosures.

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