



# Stimulant Prescribing Among Homeless vs. Housed U.S. Veterans



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## INTRODUCTION

- Stimulant prescribing has not been examined for the homeless population, who are at high risk for substance use disorders and adverse outcomes.
- This study examined frequency of stimulant prescriptions and risky and potentially inappropriate prescribing (RPIP) in a national sample of homeless veterans with mental illness compared to those of housed veterans with mental illness in the Veterans Affairs (VA) health care system, the largest provider of homeless services in the US.

## METHODS

- Using 2018-2019 national VA administrative data, we compared frequency of stimulant prescriptions using logistic regression and indicators of RPIP of stimulants using t tests between homeless veterans with mental illness (n = 309,526) and housed veterans (n = 2,804,447) with mental illness.

## RESULTS

Multivariable Analysis of Sociodemographic and Clinical Characteristics Associated with a Prescription for any Stimulant or Non-Stimulant Medication

Variable	Any stimulant			Amphetamines			Methylphenidates			Non-stimulant (excluding bupropion)		
	OR	99% CI	p	OR	99% CI	p	OR	99% CI	p	OR	99% CI	p
Homeless	0.78	(0.76-0.80)	<.001	0.68	(0.65-0.71)	<.001	0.62	(0.58-0.67)	<.001	0.95	(0.92-0.99)	.009
Age (ref 60+)												
17-29	3.58	(3.47-3.69)	<.001	15.77	(14.96-16.62)	<.001	4.04	(3.77-4.33)	<.001	1.26	(1.19-1.32)	<.001
30-39	3.68	(3.60-3.76)	<.001	15.16	(14.50-15.86)	<.001	4.24	(4.03-4.46)	<.001	1.45	(1.41-1.50)	<.001
40-49	2.72	(2.65-2.78)	<.001	9.05	(8.63-9.48)	<.001	3.48	(3.30-3.67)	<.001	1.44	(1.40-1.49)	<.001
50-59	1.83	(1.79-1.87)	<.001	4.19	(3.98-4.41)	<.001	2.30	(2.17-2.43)	<.001	1.30	(1.26-1.34)	<.001
Race/ethnicity (ref non-Hispanic white)												
Non-Hispanic black	0.61	(0.60-0.62)	<.001	0.32	(0.30-0.33)	<.001	0.33	(0.31-0.35)	<.001	0.97	(0.95-1.00)	.021
Hispanic	0.65	(0.63-0.66)	<.001	0.60	(0.57-0.62)	<.001	0.62	(0.58-0.66)	<.001	0.71	(0.68-0.74)	<.001
Mixed race/other	0.78	(0.75-0.81)	<.001	0.73	(0.70-0.78)	<.001	0.71	(0.65-0.77)	<.001	0.86	(0.81-0.91)	<.001
Marital status (ref married)												
Single/never married	1.06	(1.04-1.08)	<.001	1.16	(1.13-1.19)	<.001	1.12	(1.07-1.17)	<.001	0.92	(0.90-0.95)	<.001
Divorced/separated	1.08	(1.06-1.10)	<.001	1.17	(1.14-1.21)	<.001	1.02	(0.98-1.06)	.305	1.02	(0.99-1.04)	.166
Widowed	0.86	(0.81-0.91)	<.001	0.71	(0.61-0.82)	<.001	0.61	(0.52-0.71)	<.001	0.96	(0.90-1.03)	.243
Percent service-connected (ref none/0%)												
10-40%	1.03	(1.00-1.06)	.042	1.05	(1.01-1.10)	.013	1.09	(1.03-1.16)	.004	0.96	(0.93-1.00)	.049
50-100%	1.11	(1.08-1.13)	<.001	0.98	(0.94-1.01)	.170	1.08	(1.03-1.13)	.003	1.24	(1.21-1.28)	<.001
Combat exposure	0.96	(0.94-0.98)	<.001	0.96	(0.93-0.99)	.008	0.95	(0.90-0.99)	.019	0.95	(0.93-0.98)	.001
PTSD	1.09	(1.07-1.11)	<.001	1.06	(1.03-1.10)	<.001	1.01	(0.96-1.06)	.713	1.12	(1.08-1.15)	<.001
Anxiety disorder	1.35	(1.33-1.38)	<.001	1.33	(1.29-1.37)	<.001	1.50	(1.43-1.57)	<.001	1.35	(1.31-1.40)	<.001
Alcohol use disorder	0.77	(0.75-0.79)	<.001	0.60	(0.57-0.63)	<.001	0.67	(0.63-0.72)	<.001	0.96	(0.93-0.99)	.020
Drug use disorder	1.38	(1.34-1.42)	<.001	0.85	(0.80-0.89)	<.001	0.81	(0.74-0.88)	<.001	2.04	(1.97-2.12)	<.001
MH outpatient visits	1.01	(1.01-1.01)	<.001	1.02	(1.02-1.02)	<.001	1.01	(1.01-1.02)	<.001	1.01	(1.01-1.01)	<.001
SA outpatient visits	1.00	(1.00-1.00)	<.001	1.00	(1.00-1.00)	<.001	1.00	(1.00-1.00)	.209	1.00	(1.00-1.01)	<.001
Medical outpatient visits	1.00	(1.00-1.00)	<.001	1.00	(1.00-1.00)	<.001	1.00	(1.00-1.00)	<.001	1.00	(1.00-1.00)	<.001
MH inpatient days	0.98	(0.98-0.98)	<.001	0.97	(0.97-0.97)	<.001	0.97	(0.97-0.98)	<.001	0.99	(0.99-0.99)	<.001
SA inpatient days	1.00	(0.99-1.00)	<.001	1.00	(0.99-1.00)	.047	0.99	(0.99-1.00)	.031	1.00	(0.99-1.00)	<.001
Medical inpatient days	1.00	(0.99-1.00)	<.001	0.99	(0.99-1.00)	<.001	0.99	(0.99-0.99)	<.001	1.00	(0.99-1.00)	<.001

- Adjusted for sociodemographic and clinical characteristics, homeless individuals were less likely to be prescribed any stimulant (OR = 0.78, CI = 0.76-0.80) or non-stimulant (OR = 0.95, CI = 0.92-0.99) relative to housed individuals.
- However, among veterans prescribed stimulants, homeless veterans had more indicators of RPIP relative to the housed group, including being prescribed stimulants in the presence of a psychotic disorder (3.4% vs. 0.7%, p <.001), anxiety disorder (41.8% vs. 37.3, p <.001), cocaine use (16.5% vs. 2.1, p <.001), and other stimulant use (16.2% vs. 1.9%, p <.001).

Prescriptions for Stimulants among Homeless Veterans with Complicating Factors

Variable	Housed (N=125,942)		Homeless (N=13,299)		Chi-square	p
	N	%	N	%		
Psychotic disorder	899	0.7%	447	3.4%	880.60	<.001
Anxiety disorder	46,910	37.3%	5,558	41.8%	105.83	<.001
Cocaine abuse	2,676	2.1%	2,194	16.5%	7362.05	<.001
Other stimulant abuse	2,421	1.9%	2,151	16.2%	7693.51	<.001
Hyperthyroid	383	0.3%	49	0.4%	1.61	.204
Glaucoma	7,348	5.8%	772	5.8%	0.02	.890
Cardiac condition	51,636	41.0%	5,551	41.7%	2.72	.099
Pregnancy	976	0.8%	73	0.6%	8.22	.004

## CONCLUSIONS

- Although homeless veterans with mental illness were less likely to be prescribed stimulants relative to housed veterans, stimulant prescriptions for homeless veterans exhibited more characteristics of risky and potentially inappropriate prescribing relative to housed veterans.
- Attention to more prudent prescribing of stimulants in the homeless veteran population is warranted.

## REFERENCES

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