

Le sequenze dei trattamenti nella coorte VEdeTTE

Fabrizio Faggiano

Per il Gruppo di Studio VEdeTTE

Metodi

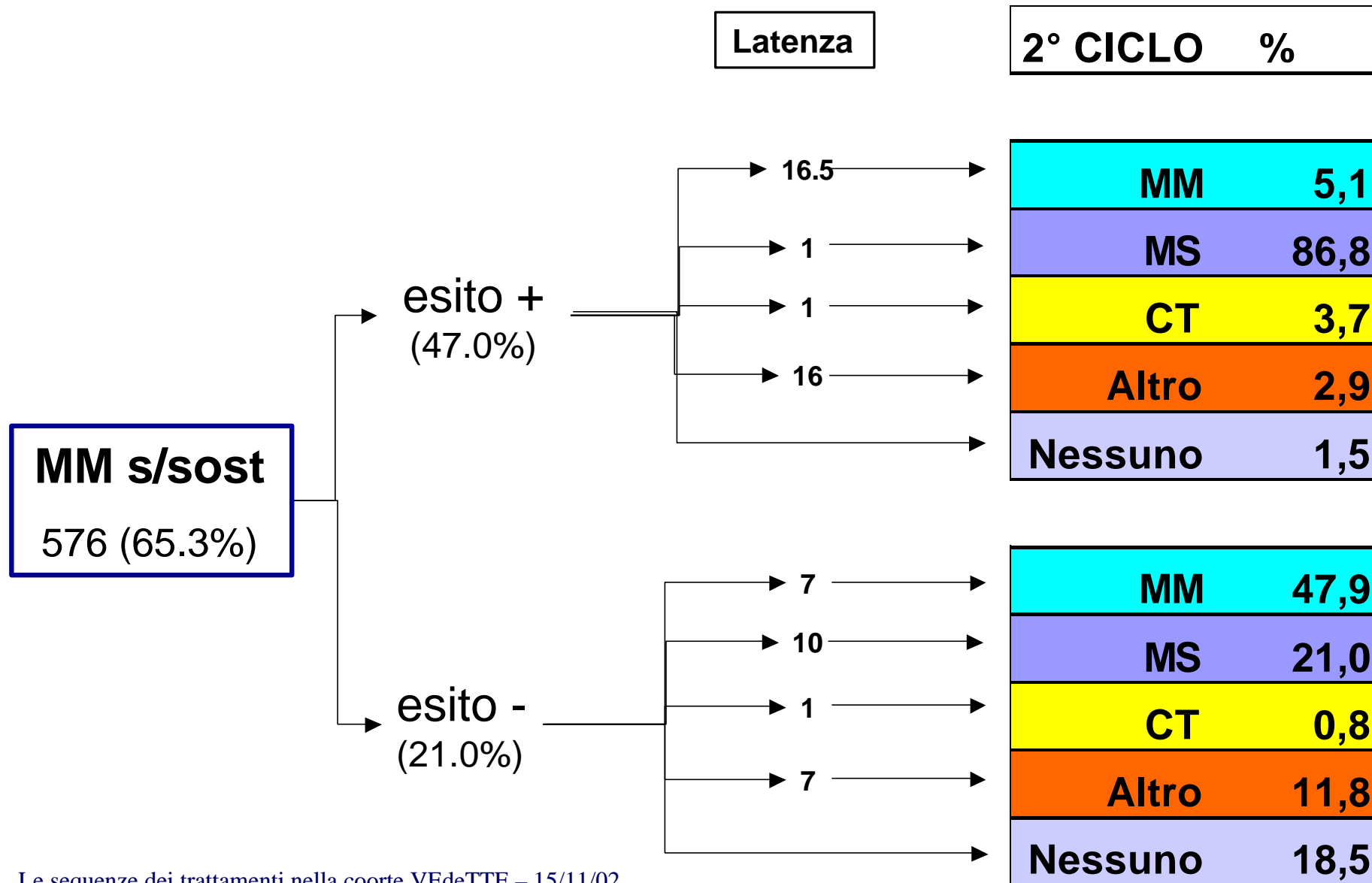
- Sono inclusi nell'analisi i *primi cicli di trattamento* di:
 - MM= metadone a mantenimento
 - MS= metadone a scalare
 - CT= comunità terapeutica
- Stratificati in:
 - s/sost= senza sostegno di altri trattamenti
 - c/psi= con il sostegno di psicoterapia et ev altri tratt
 - c/alt= con il sostegno di qualunque altro trattamento

Metodi

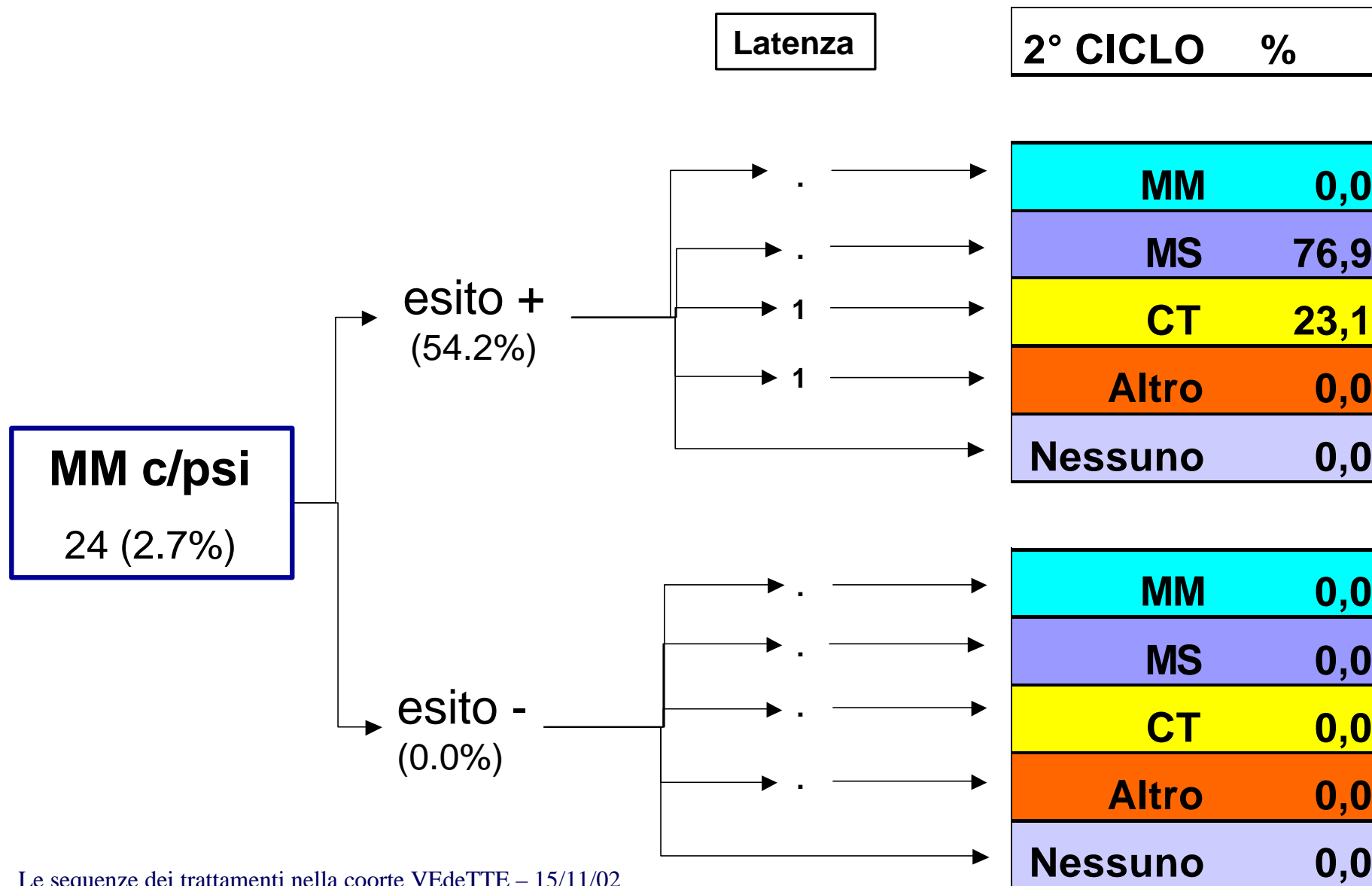
- Sono presentati:
 - Caratteristiche del ciclo in analisi (p.e. s/sost sul totale dei MM)
 - proporzione di esiti positivi (tratt. Completato/interr concordata)
 - proporzioni di esiti negativi (interr non concordata)
 - *latenza*=tempo mediano di latenza rispetto al trattamento successivo
 - trattamenti successivi

Metadone a mantenimento

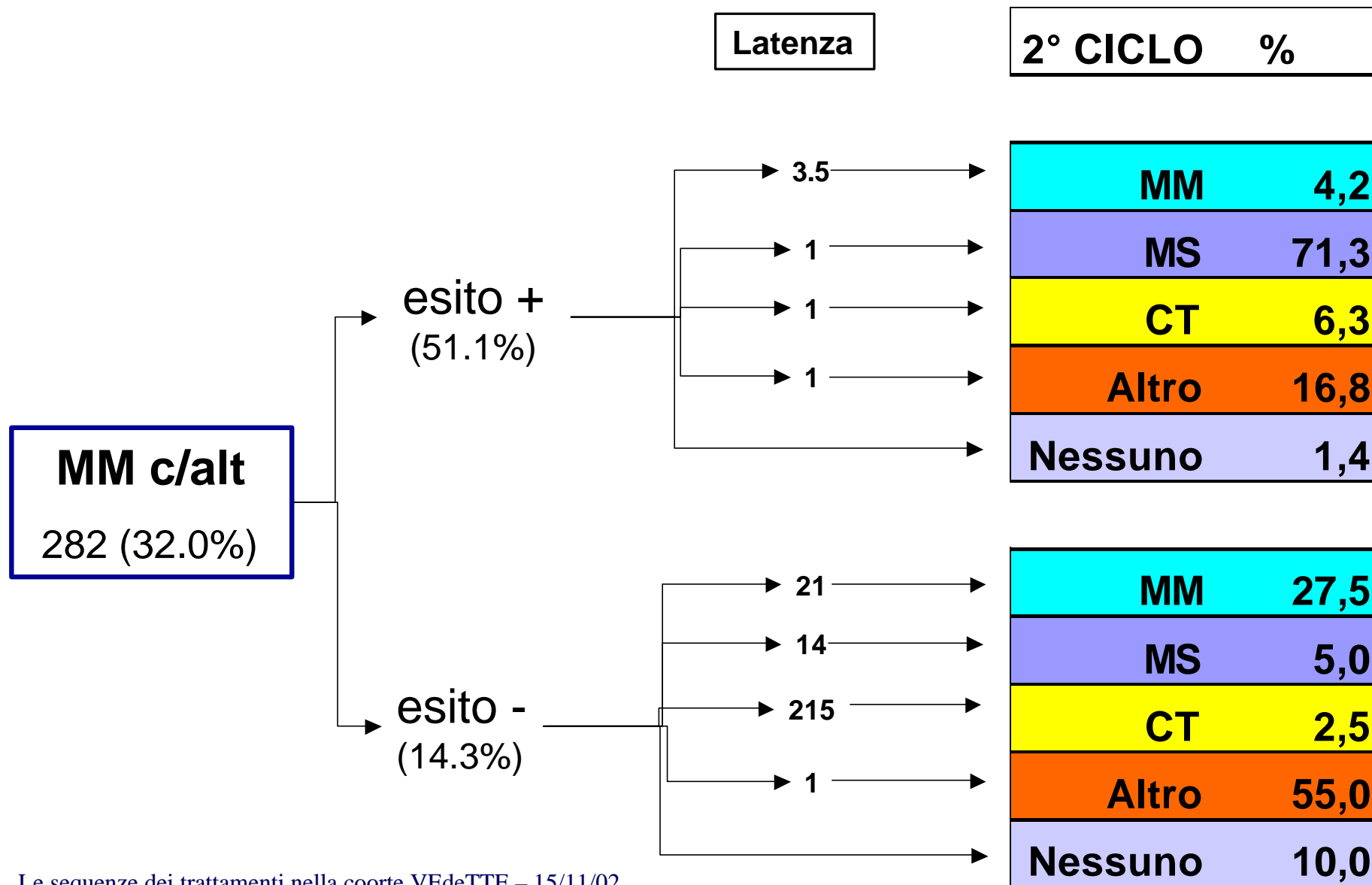
Sequenze di trattamento Piem tot



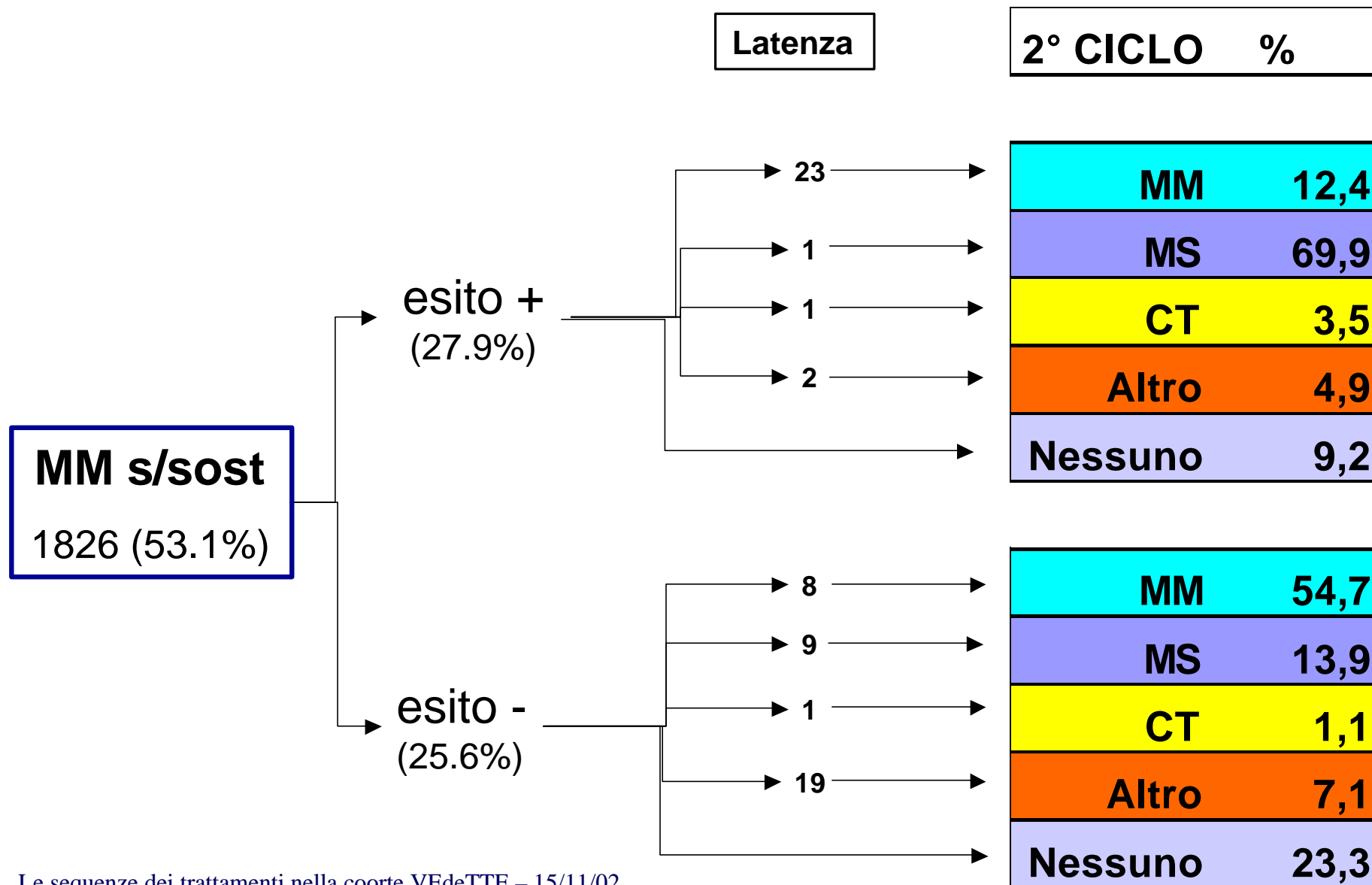
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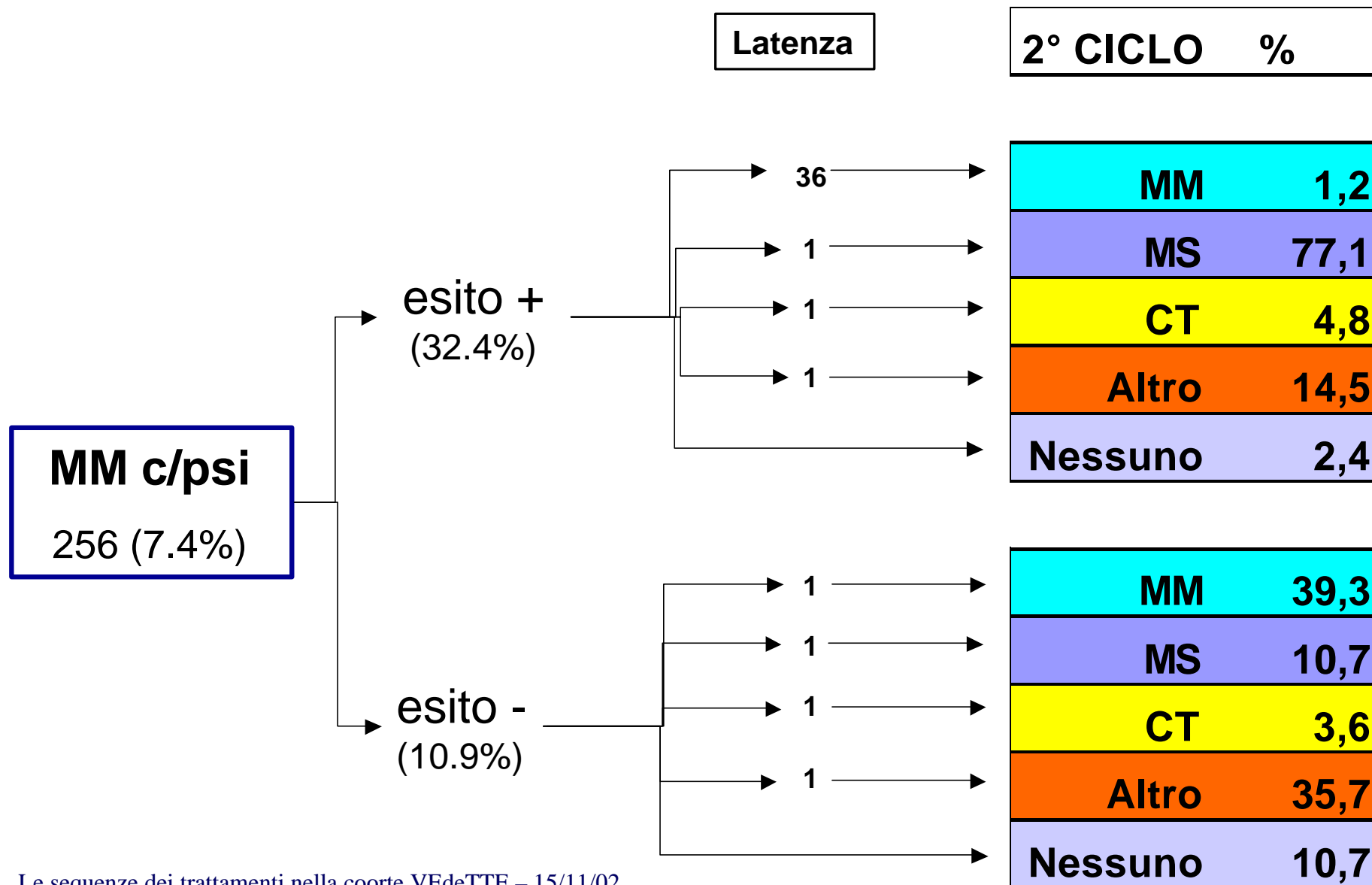
Sequenze di trattamento Piem tot



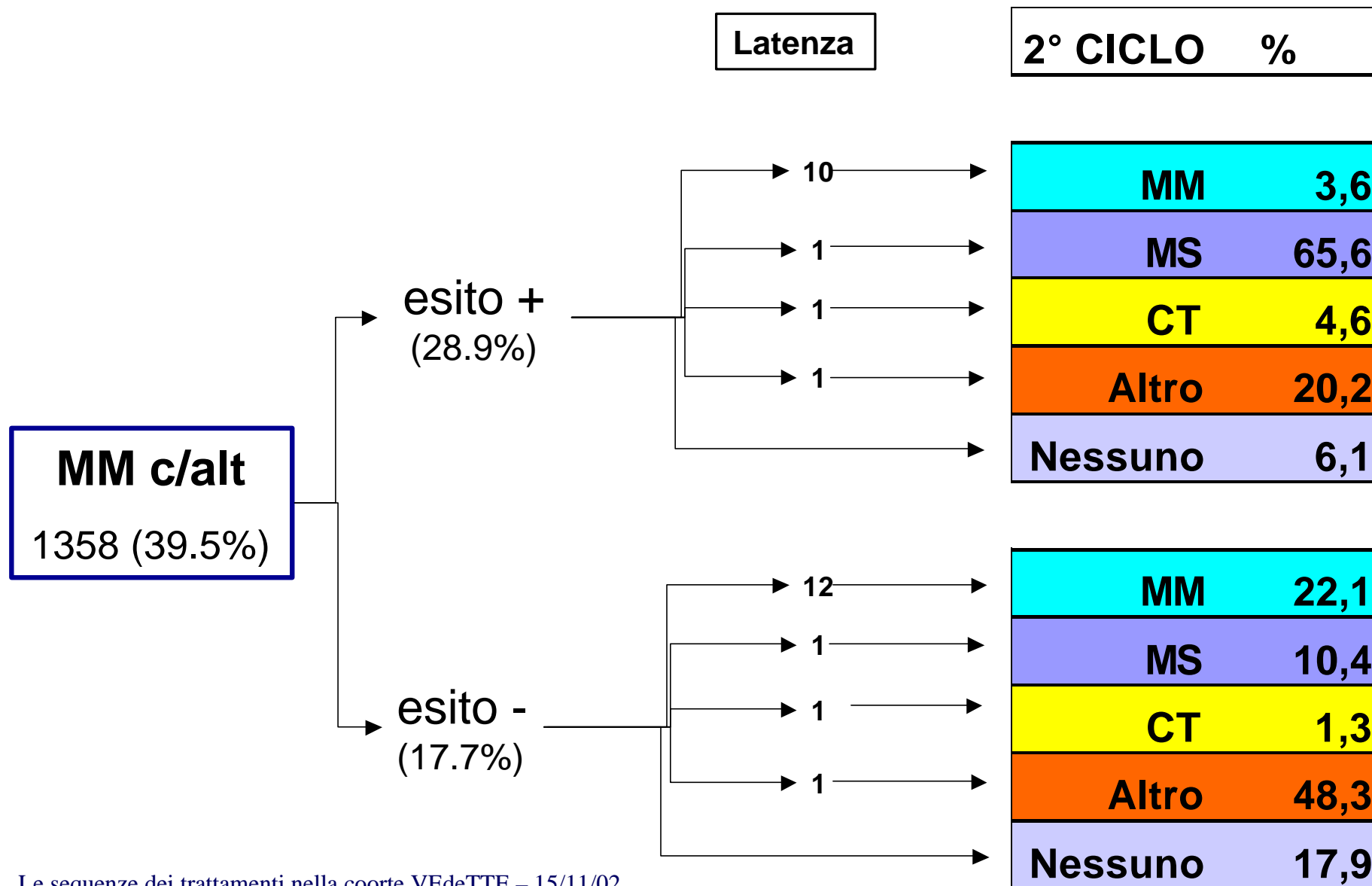
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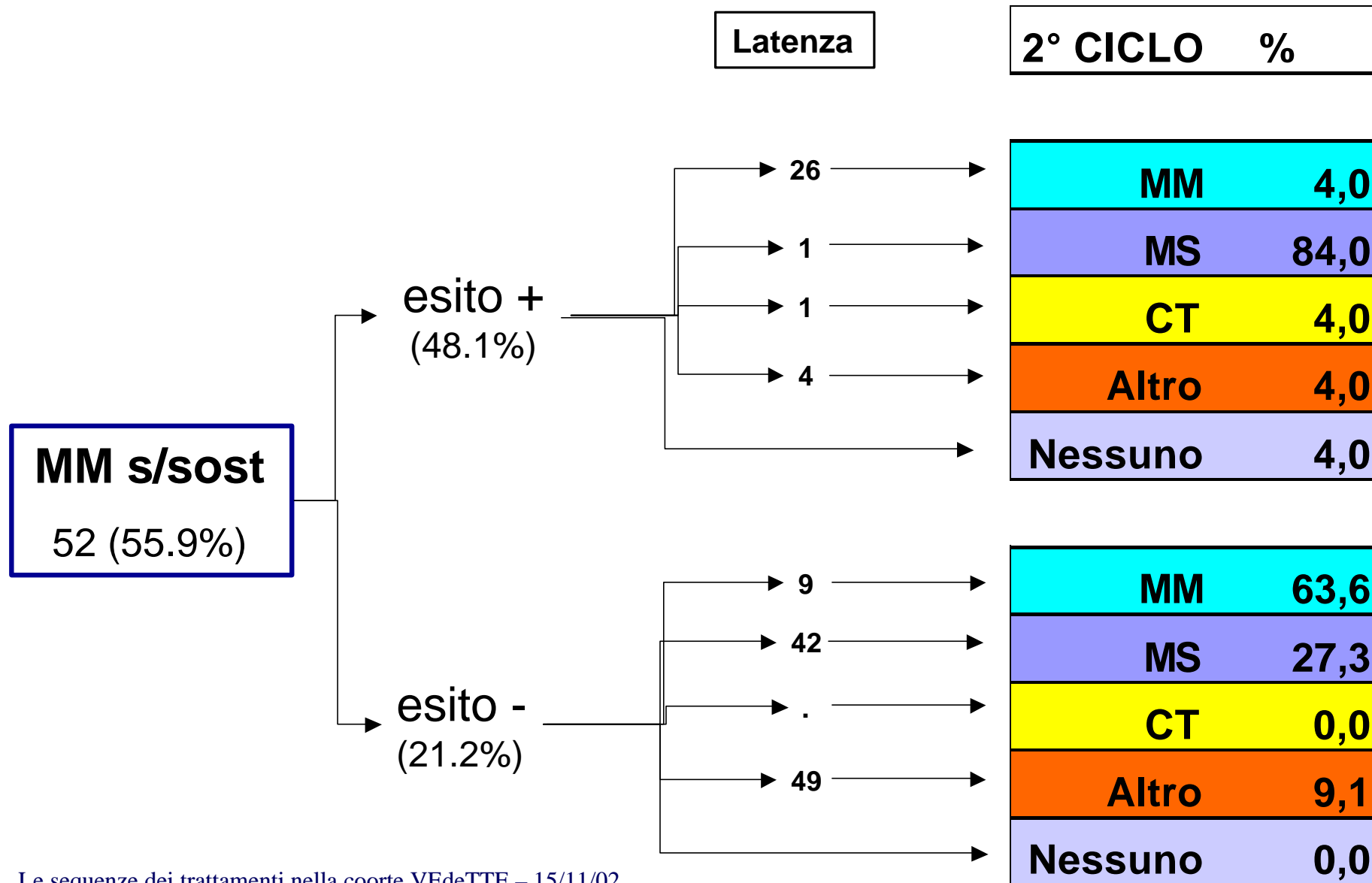
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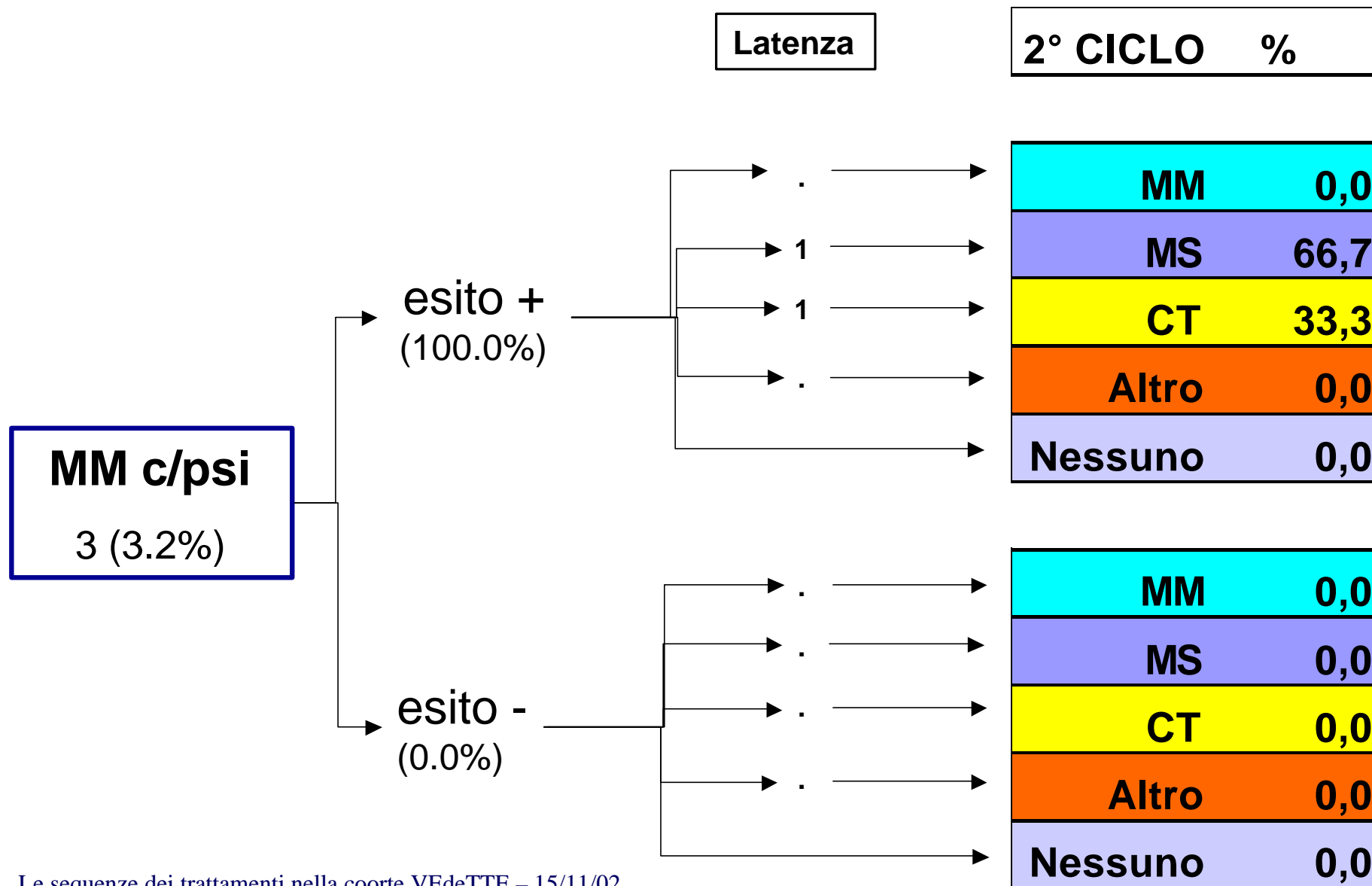
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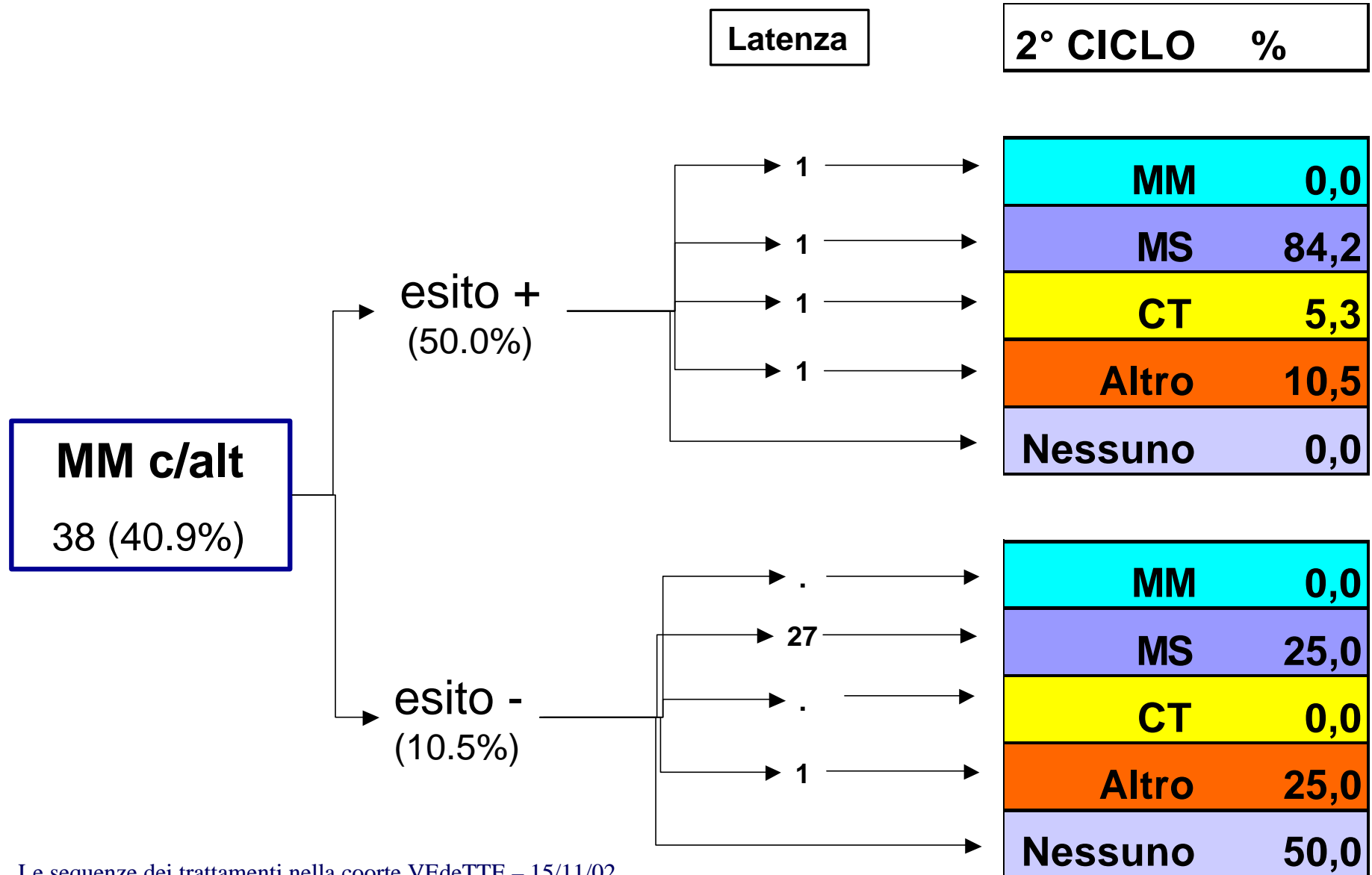
Sequenze di trattamento Piem inc



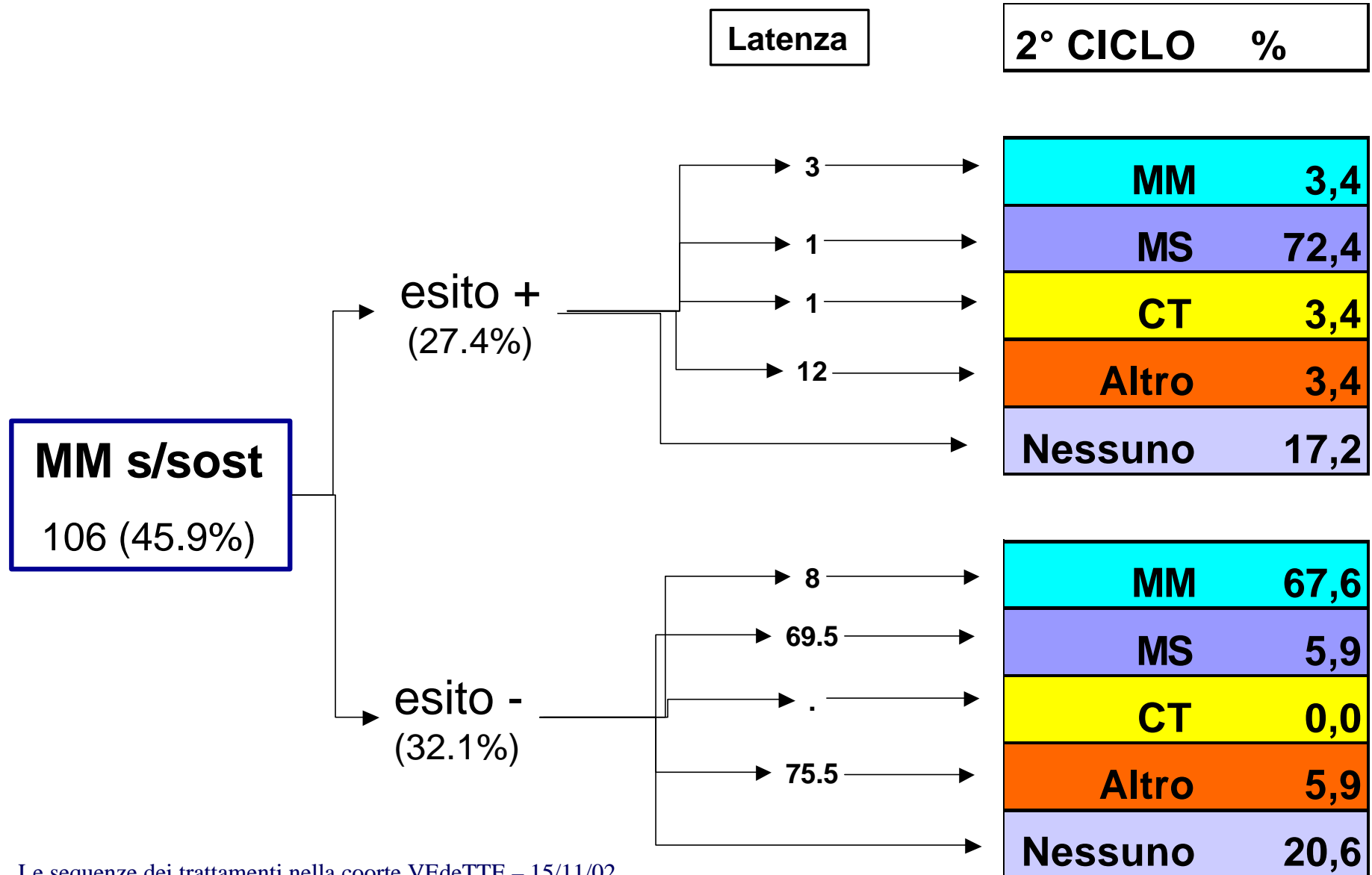
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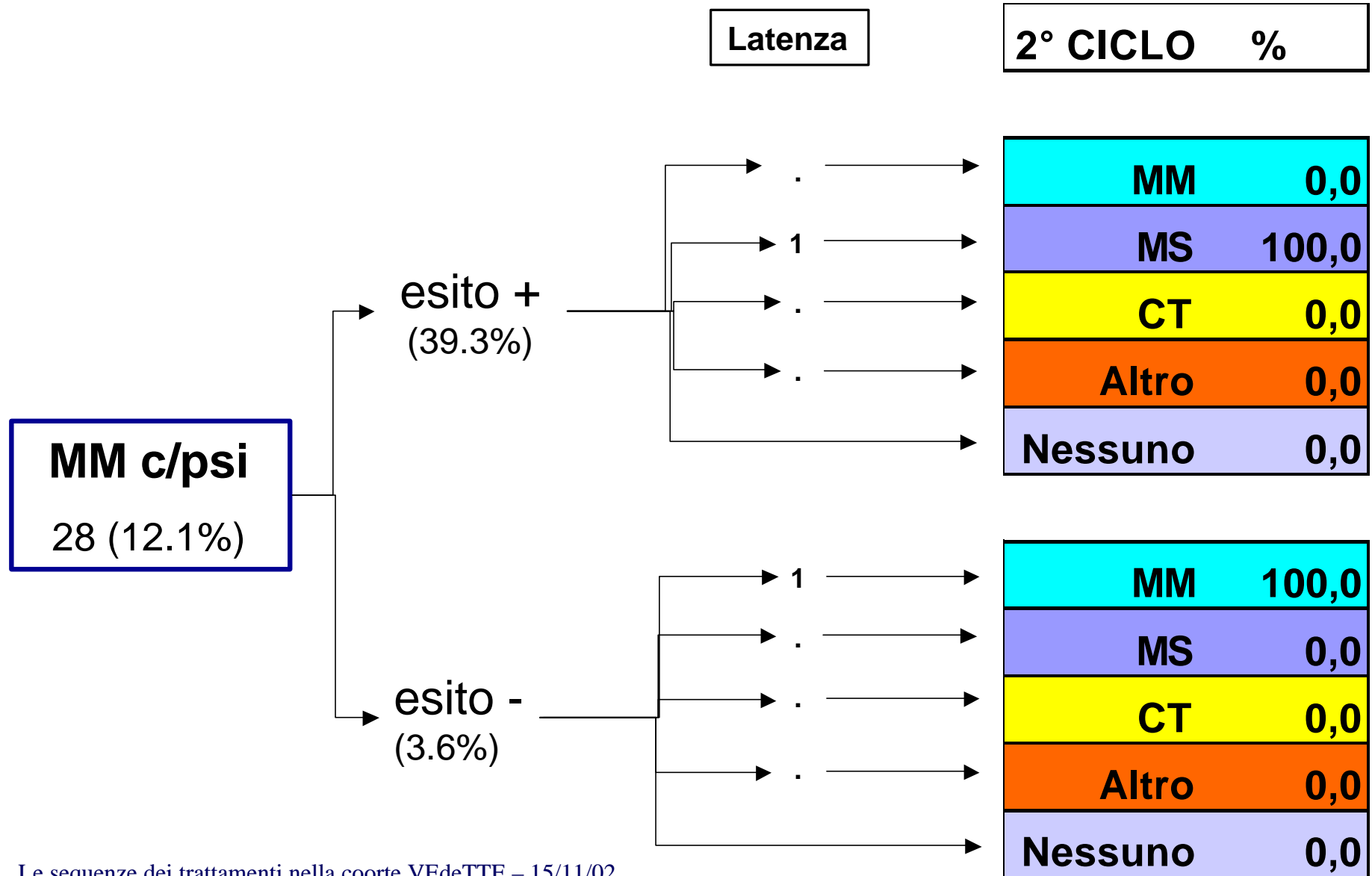
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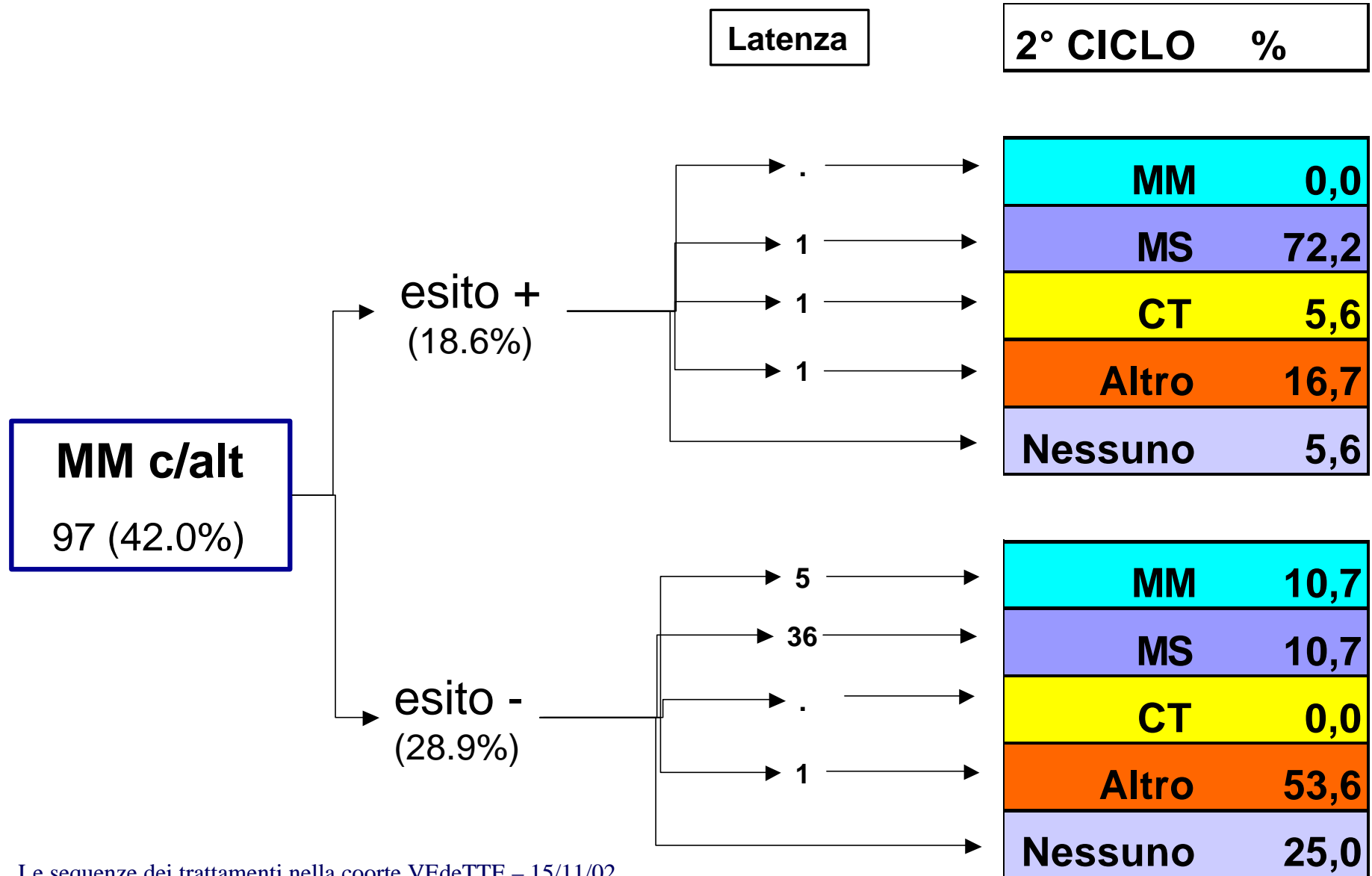
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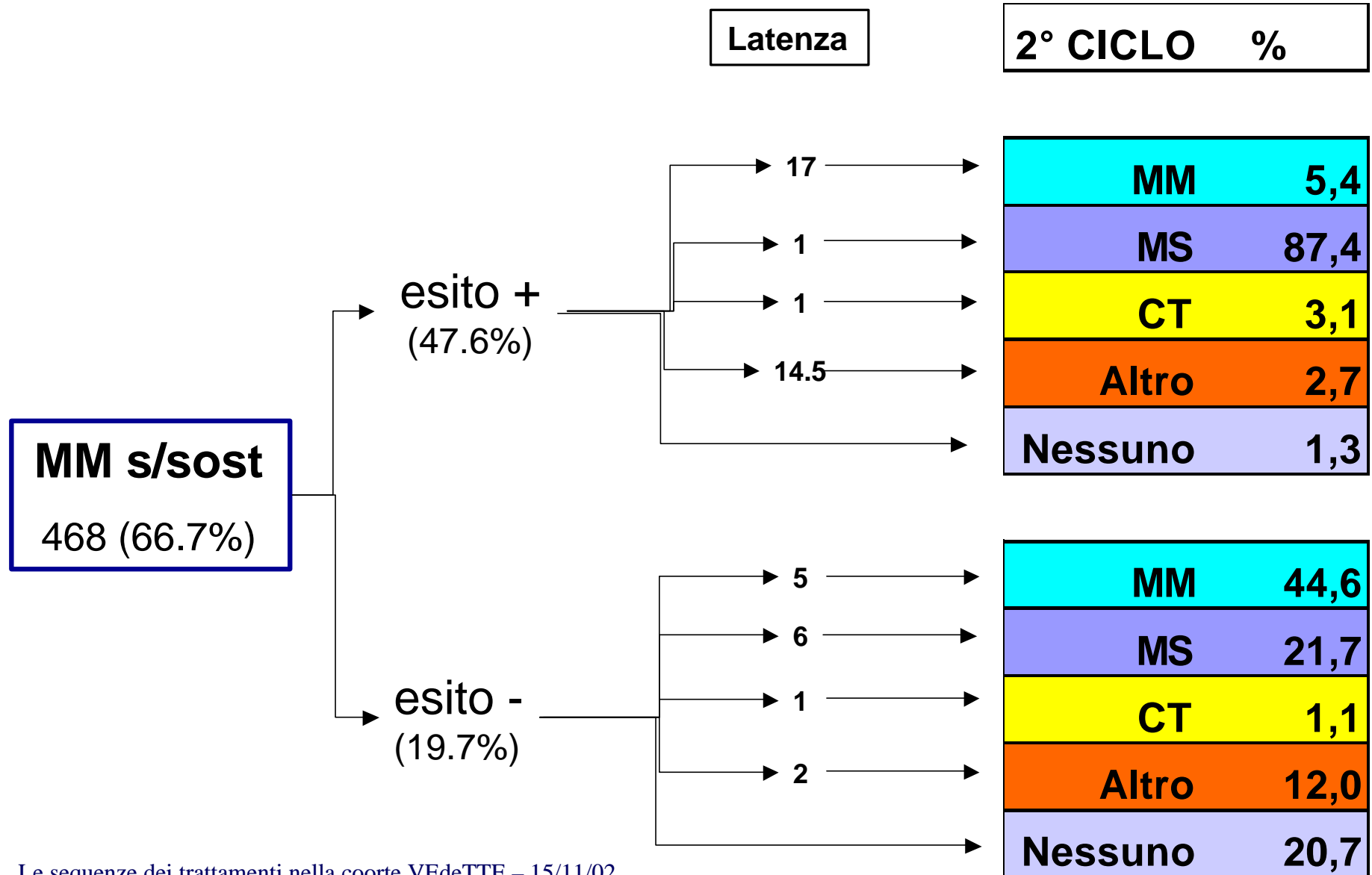
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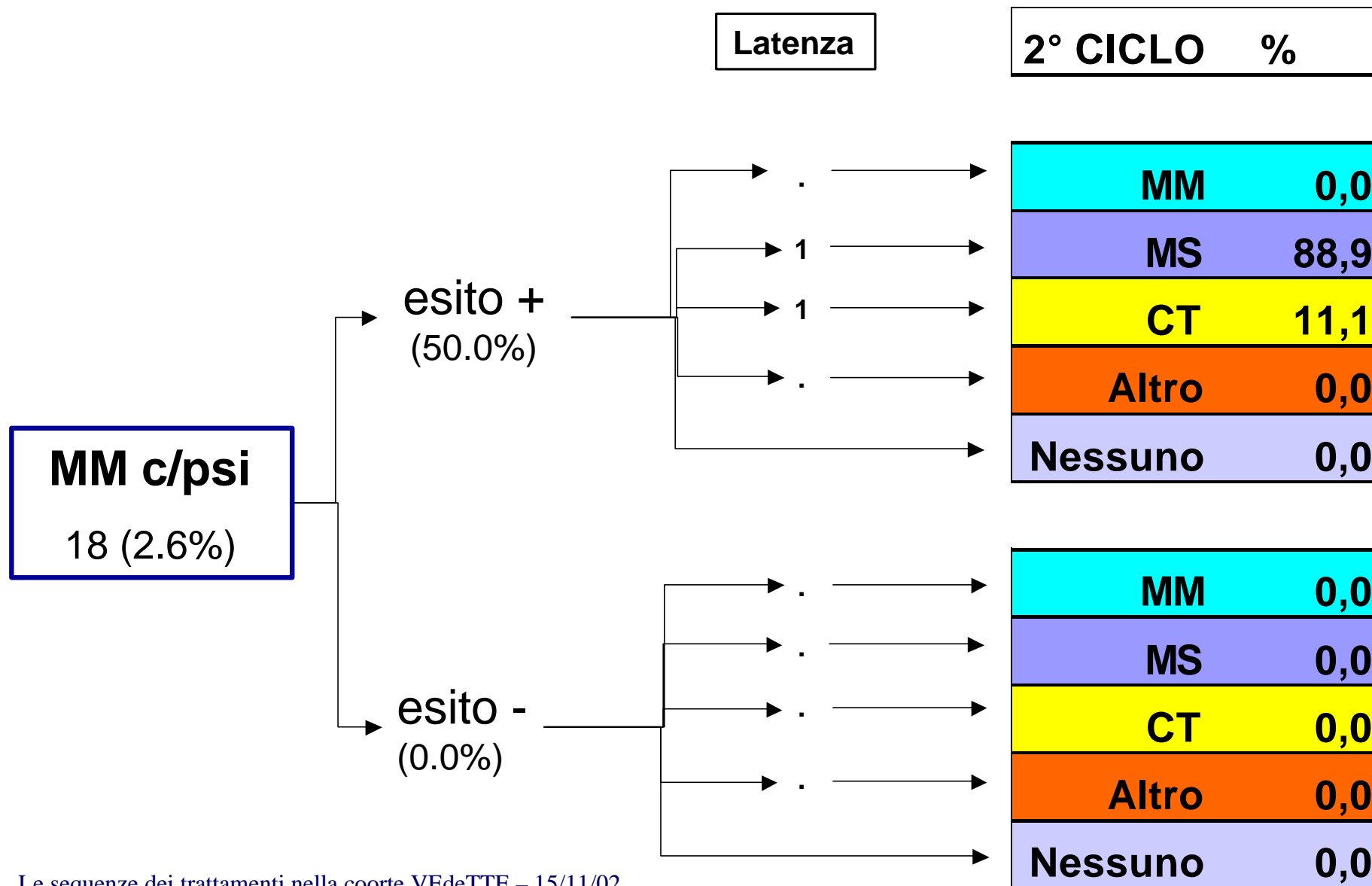
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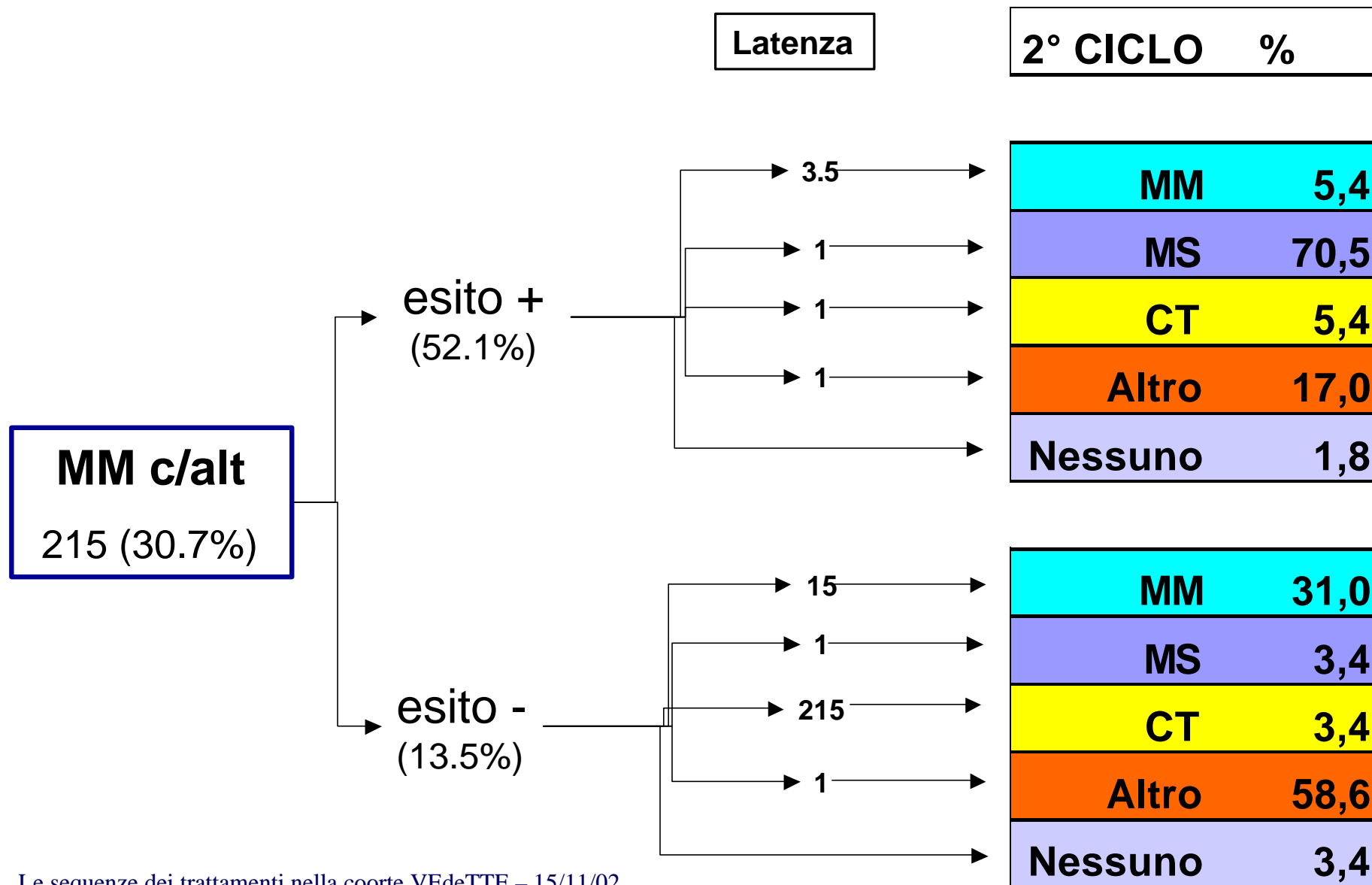
Sequenze di trattamento Piem prev



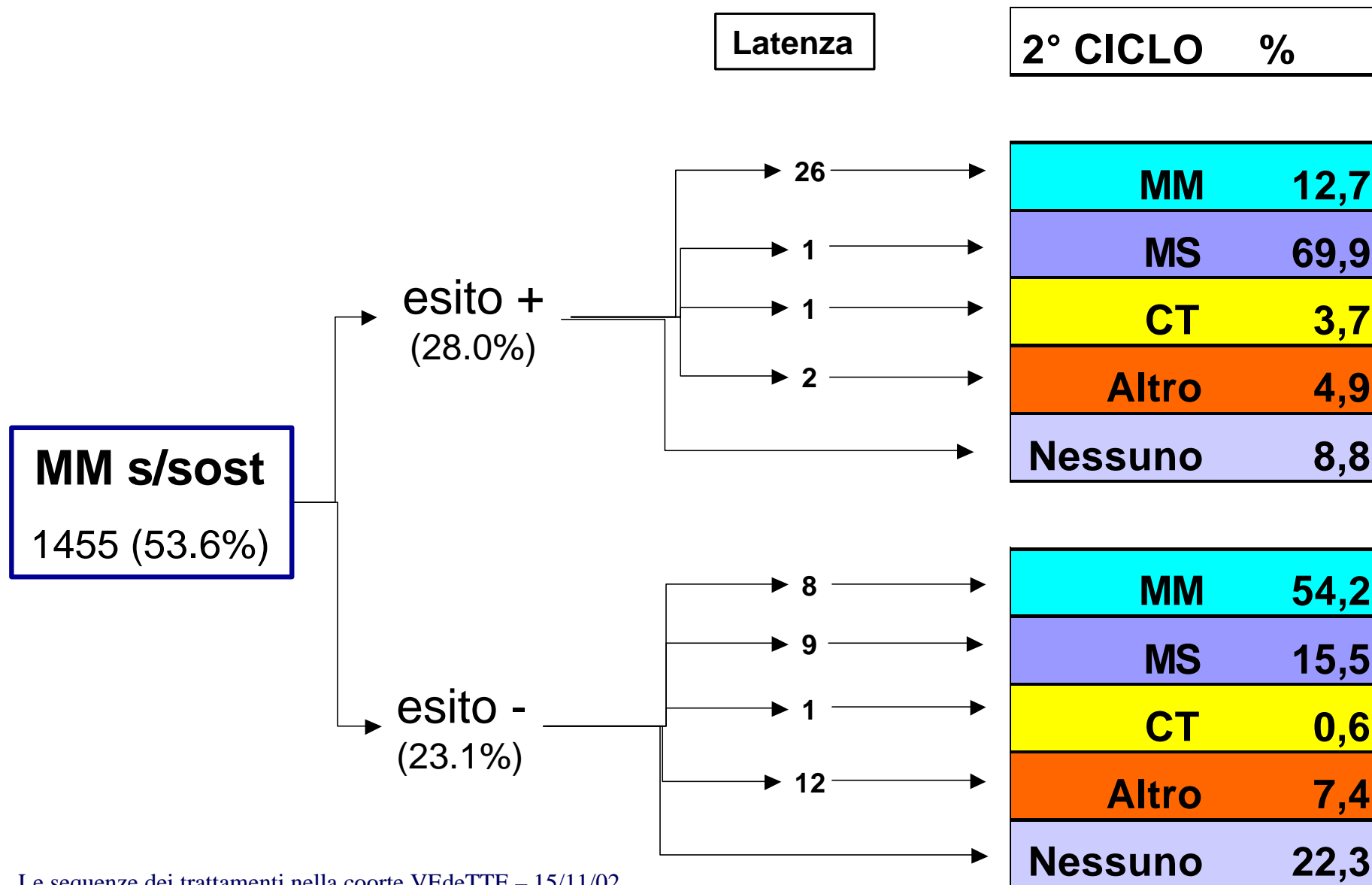
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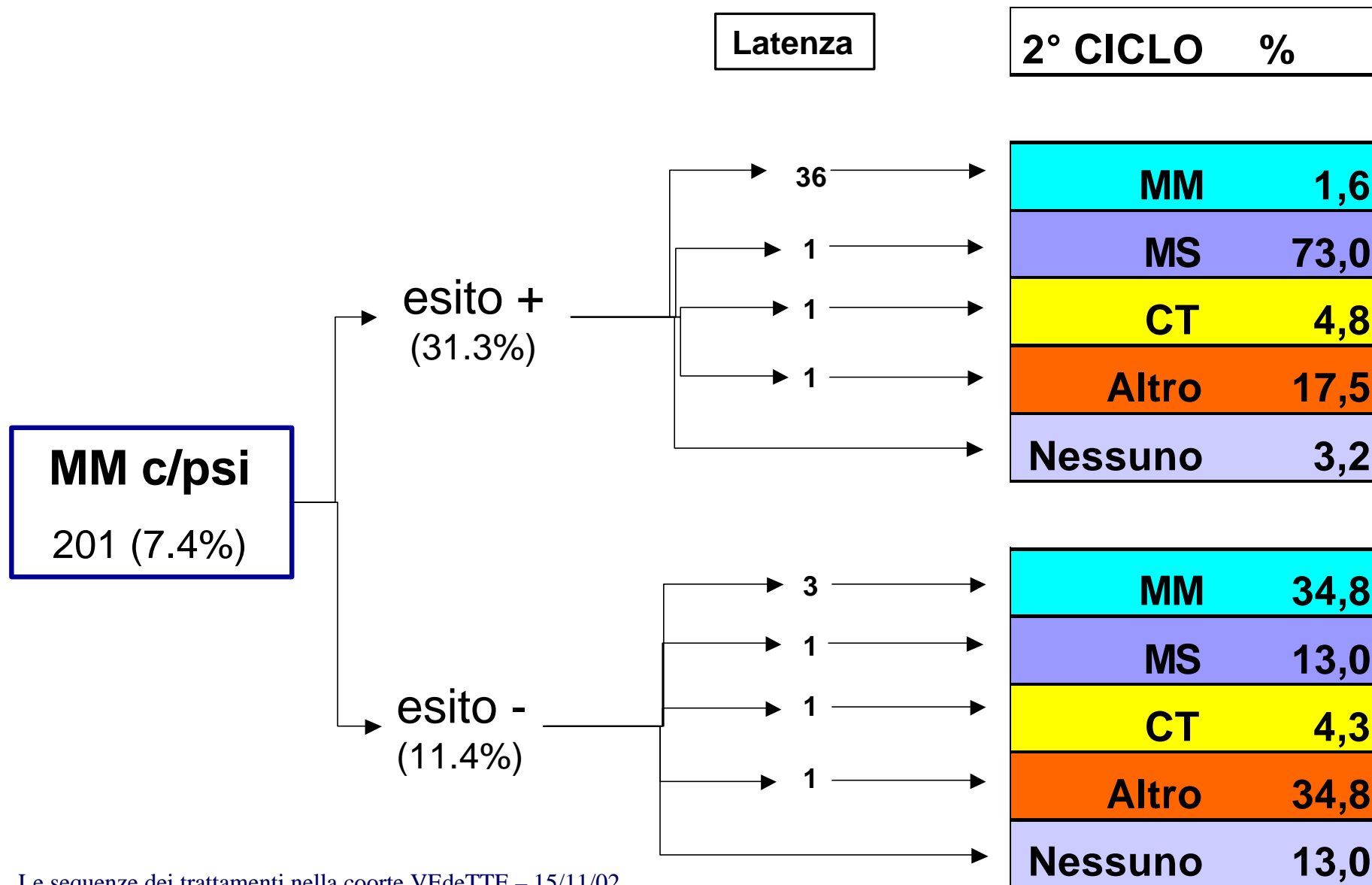
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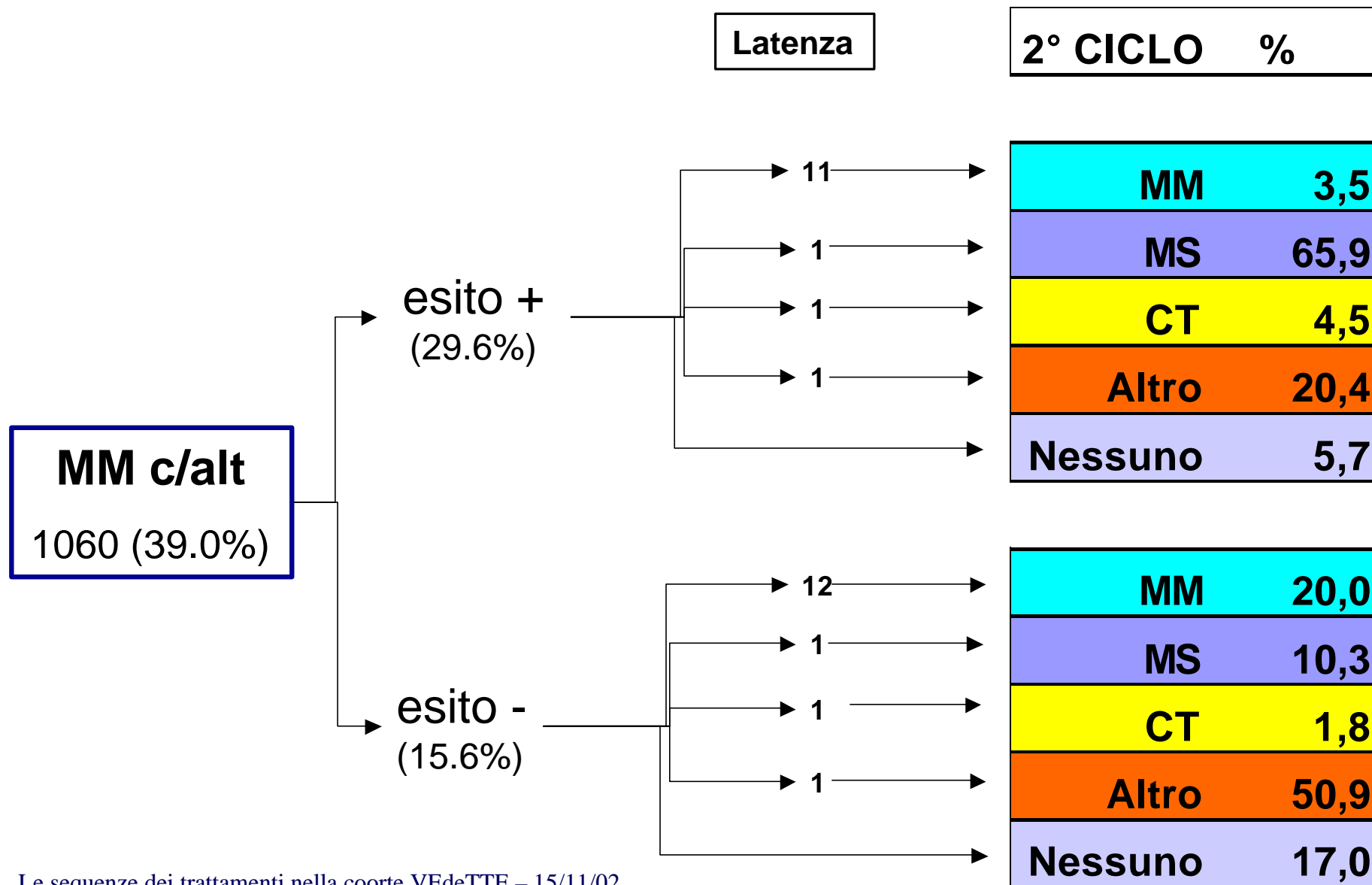
Sequenze di trattamento It no Piem prev



Sequenze di trattamento It no Piem prev



Sequenze di trattamento It no Piem prev

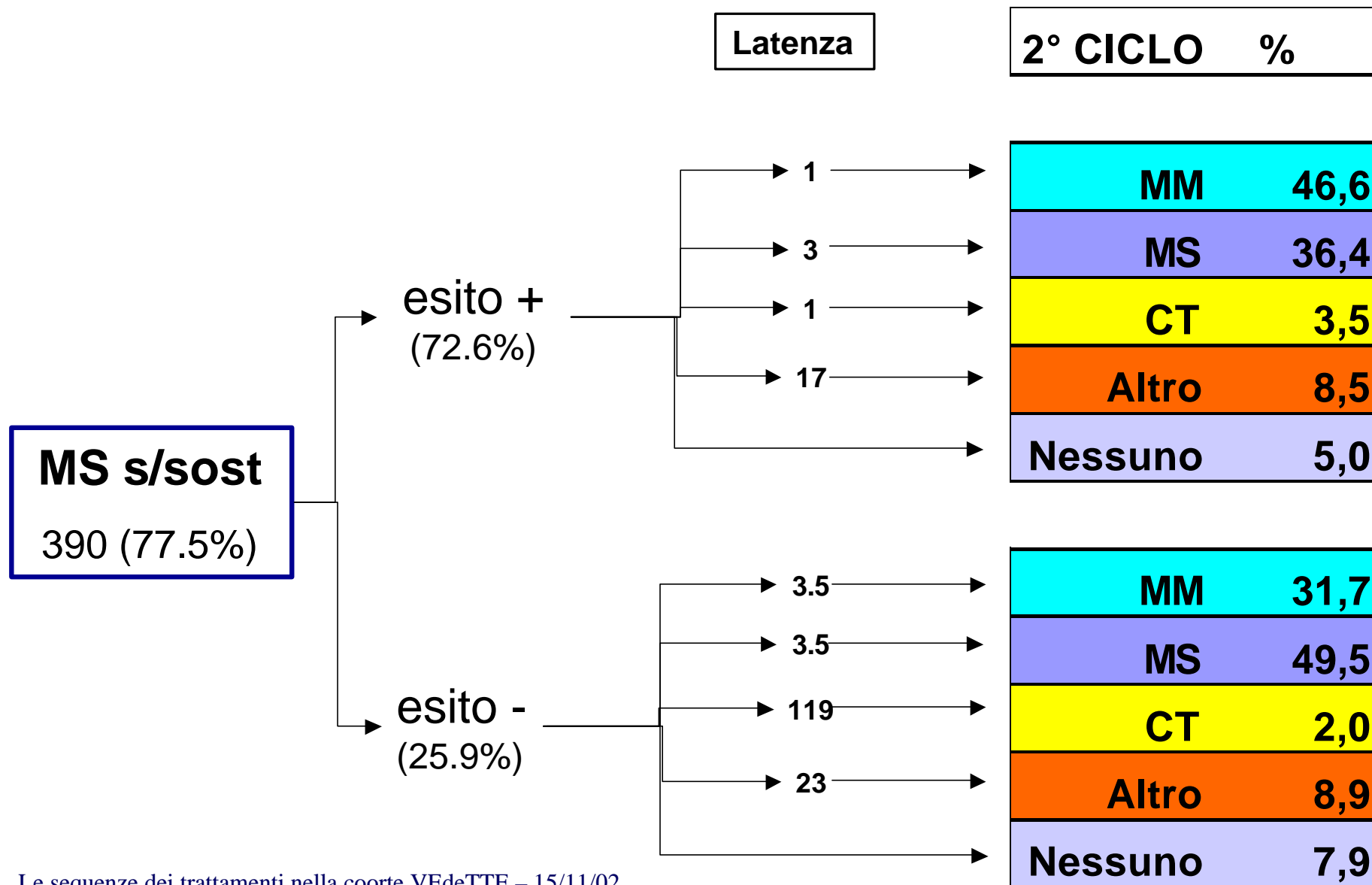


Conclusioni I: metadone a mantenimento

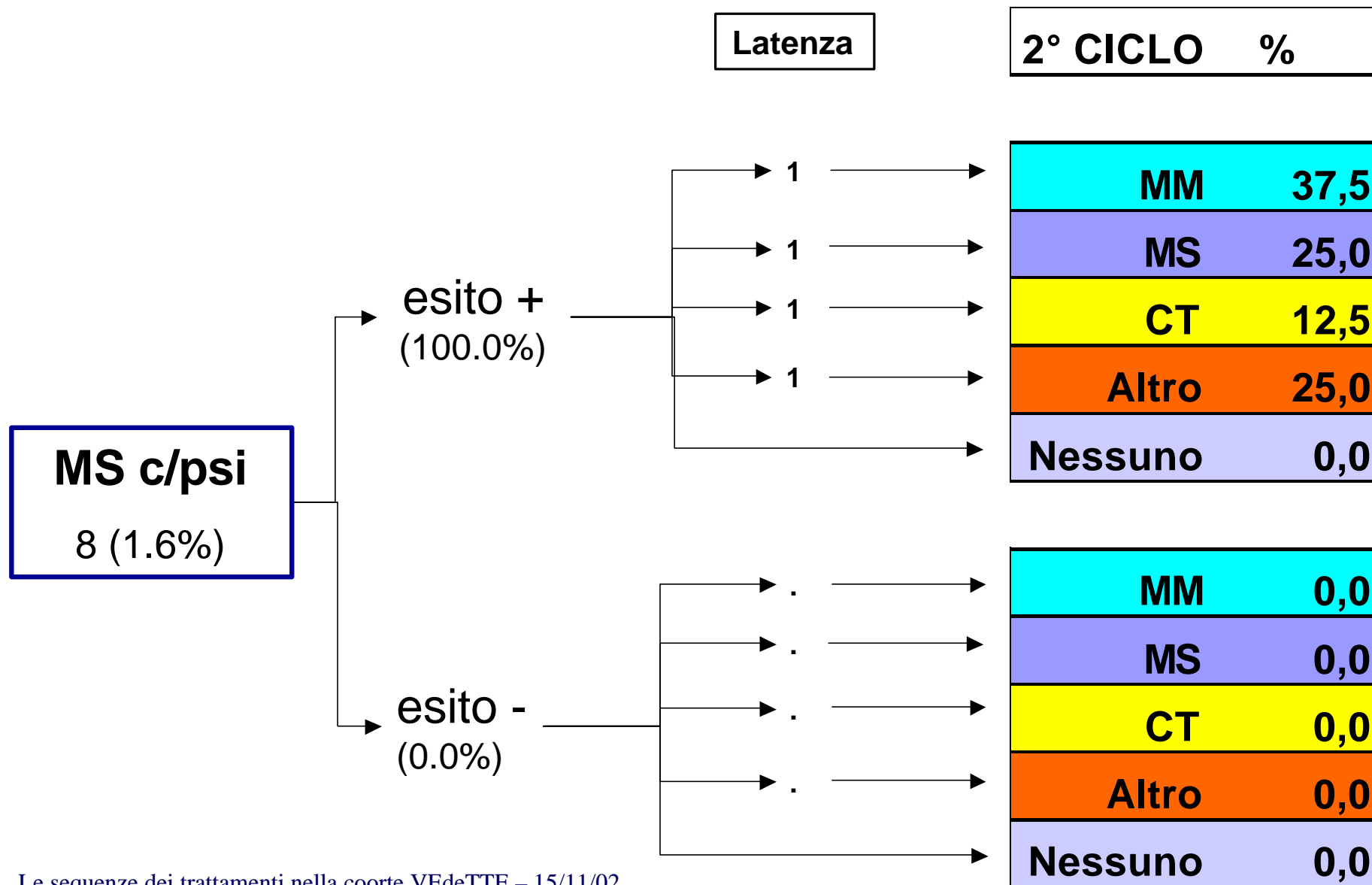
1. Il sostegno migliora l'esito (sptt psicoterapia)
2. Percorso tipico MM+->MS
3. Se negativo->MM subito o MS più tardi
4. I persi sono pochi anche con esiti negativi
5. In Piemonte meno sostegno
6. Ma esiti più probabilmente positivi
7. La % di trattamenti in corso alla fine dello studio è intorno al 30% (40% in Italia)
8. Agli incidenti più sostegno

Metadone a scalare

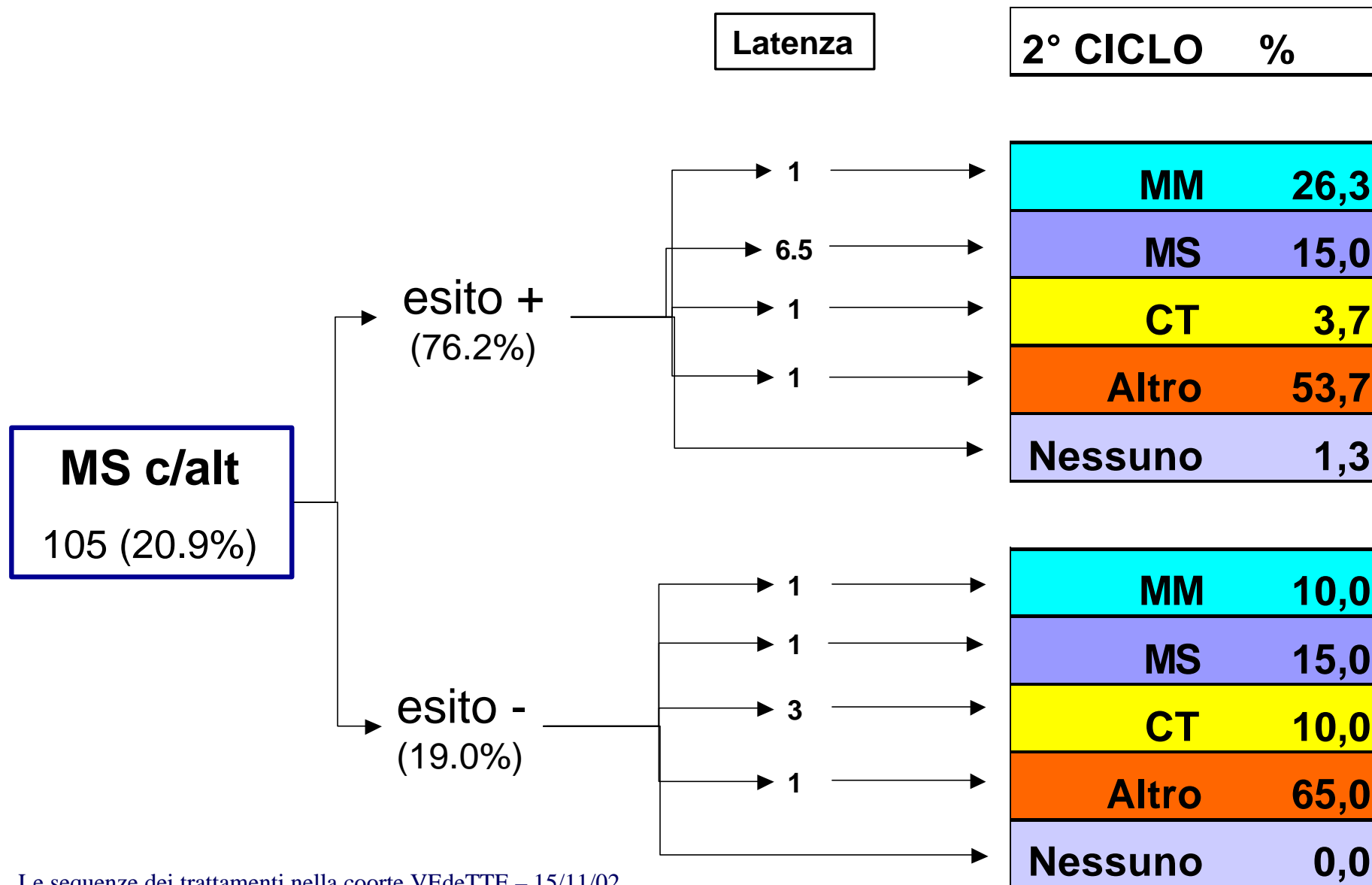
Sequenze di trattamento Piem tot



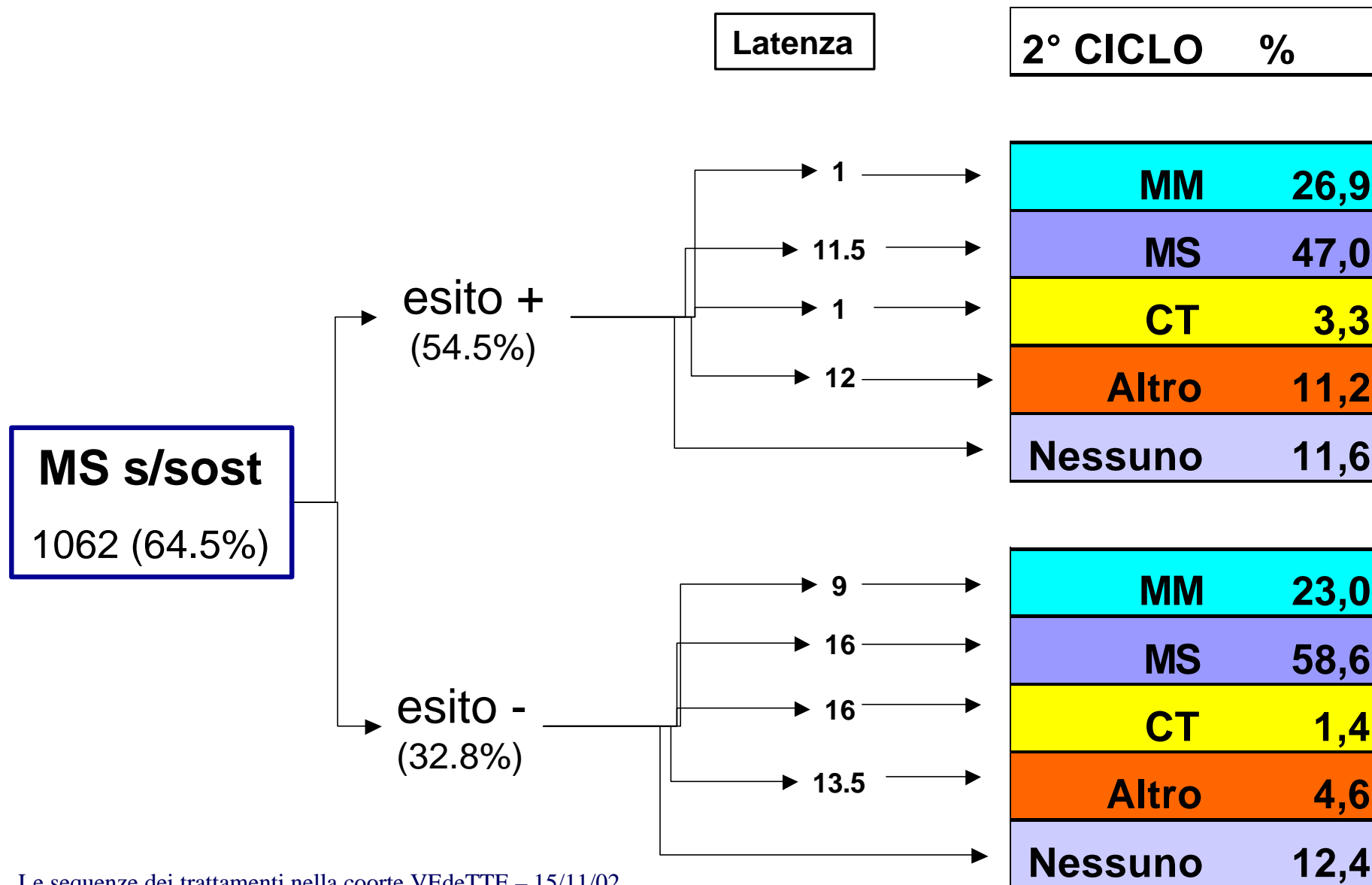
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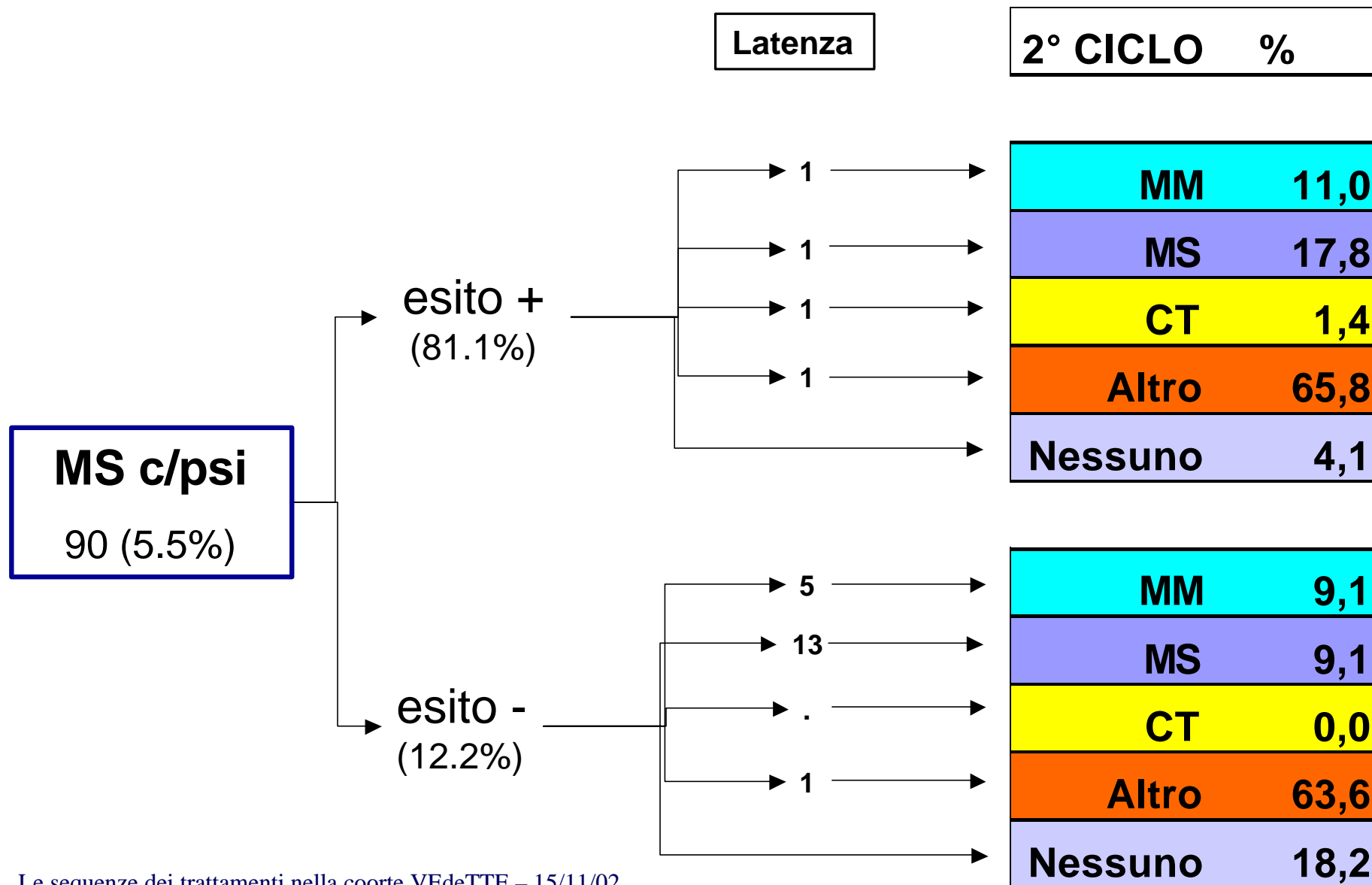
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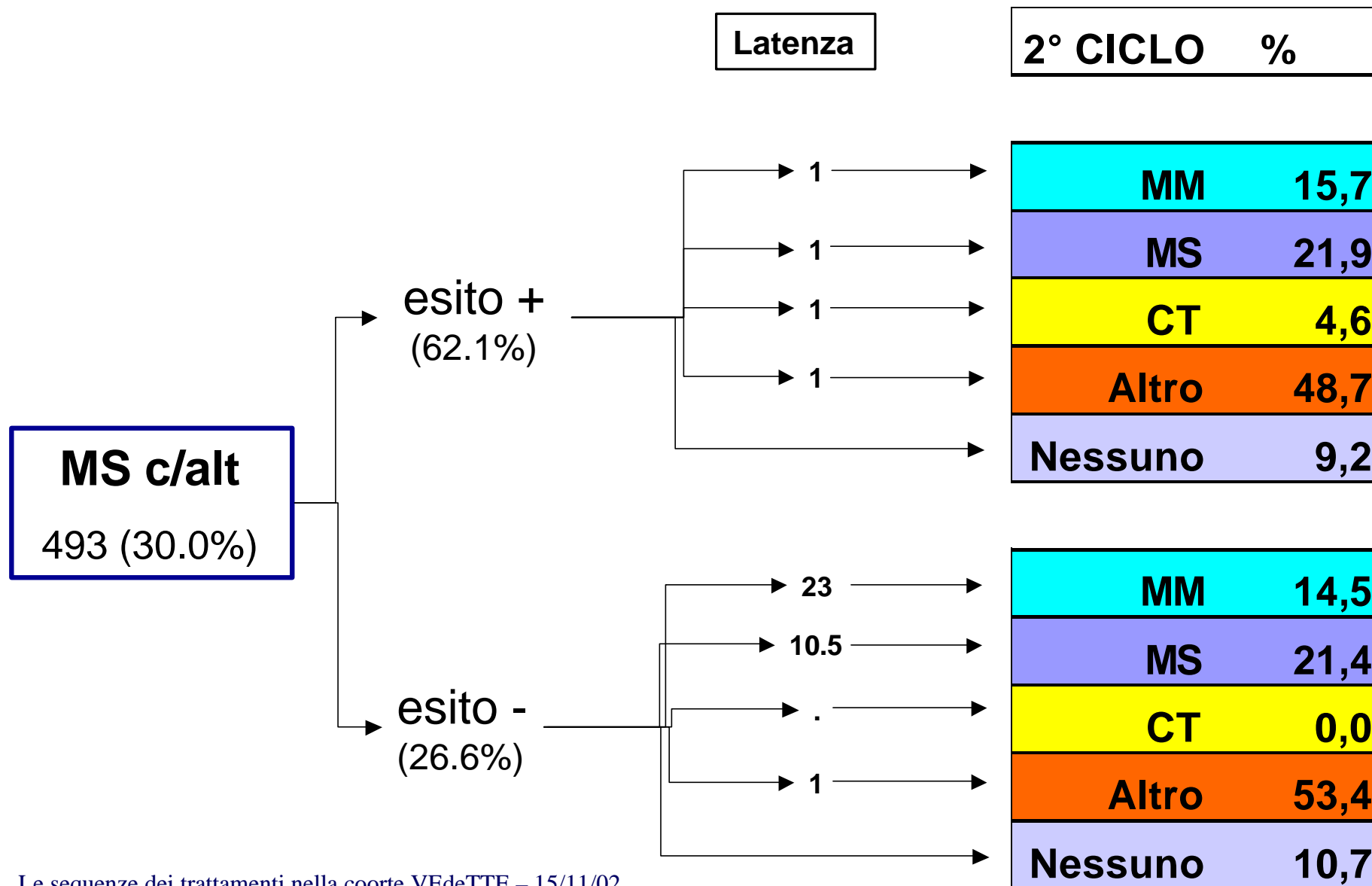
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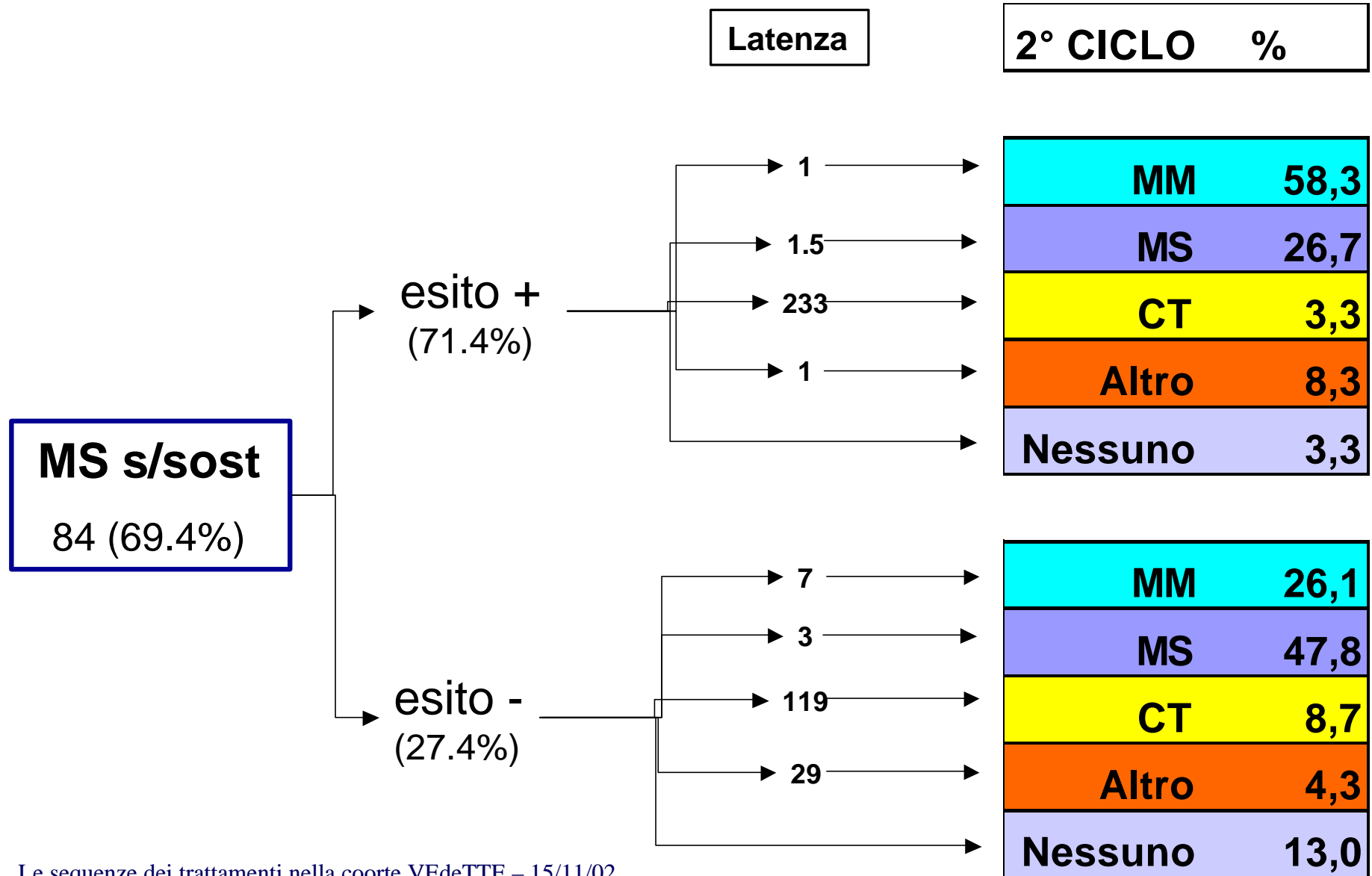
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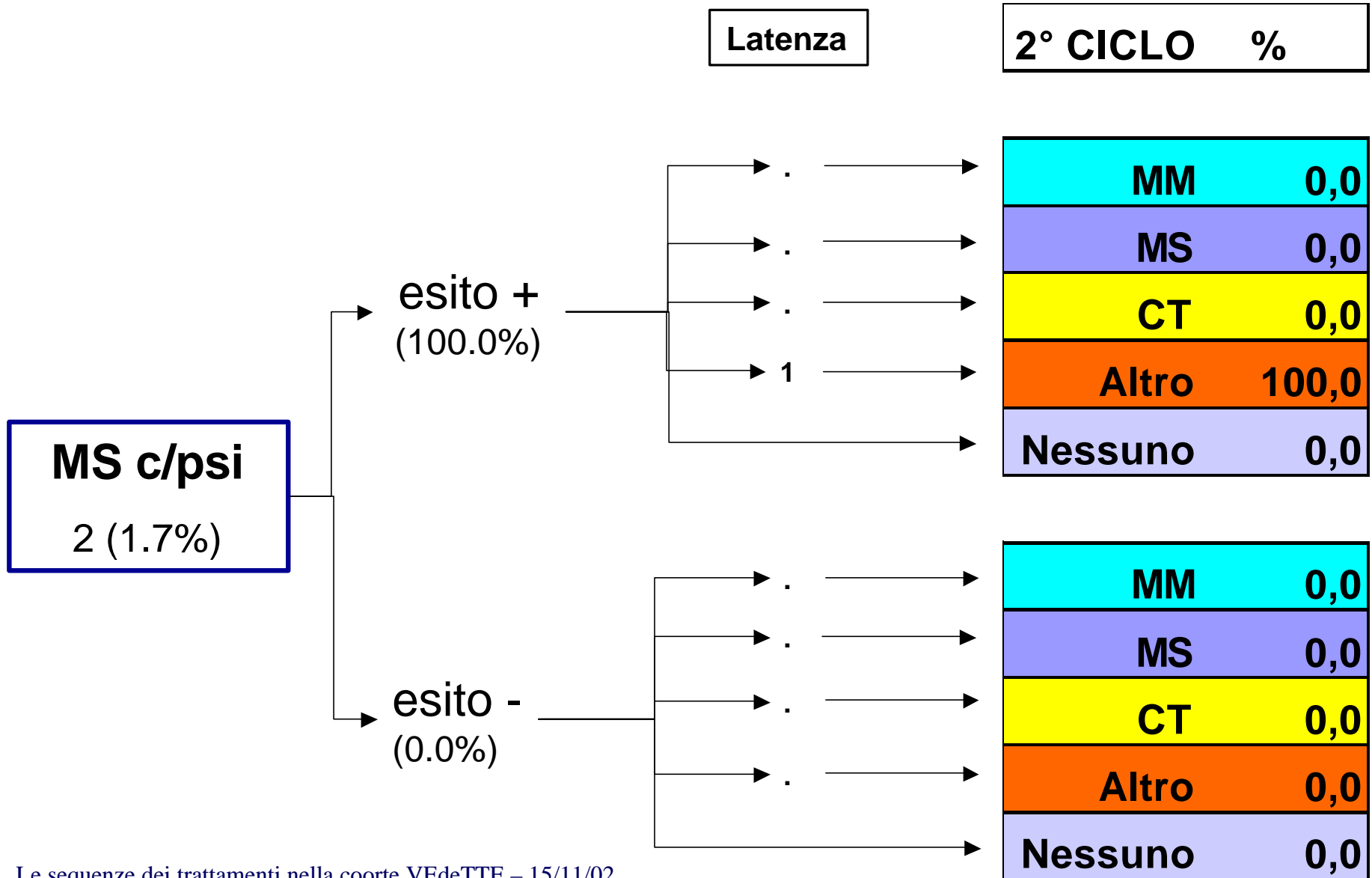
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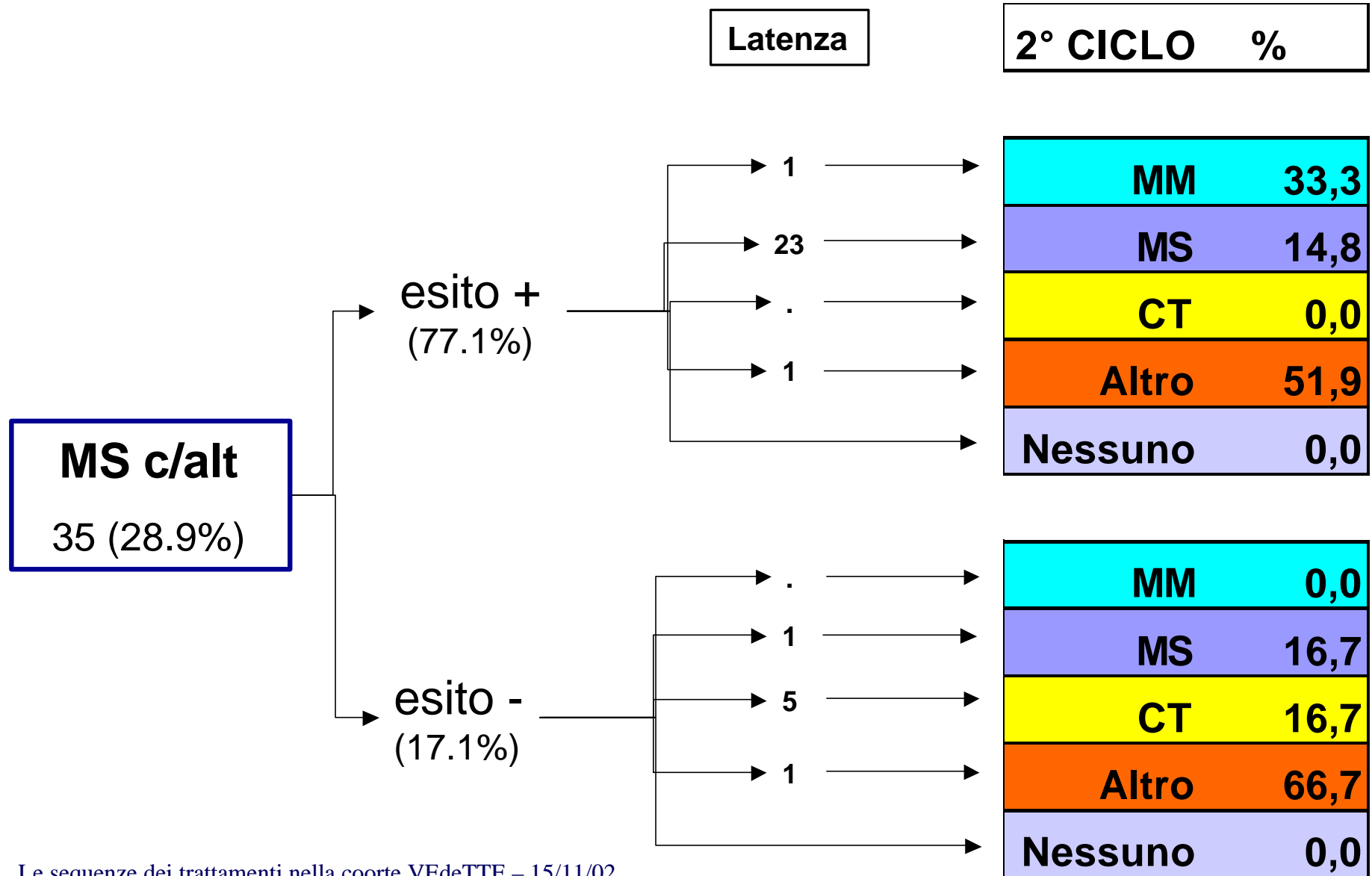
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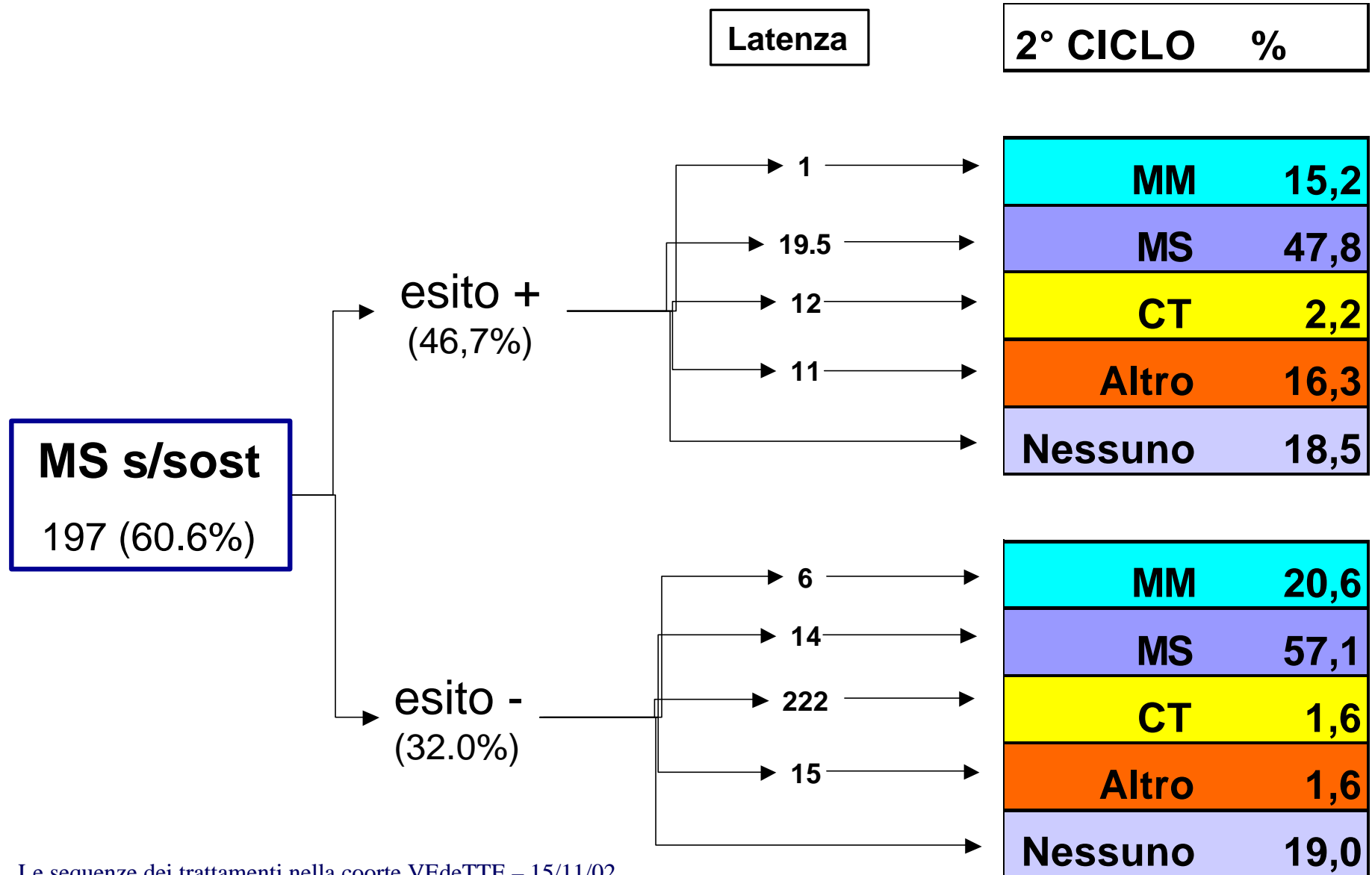
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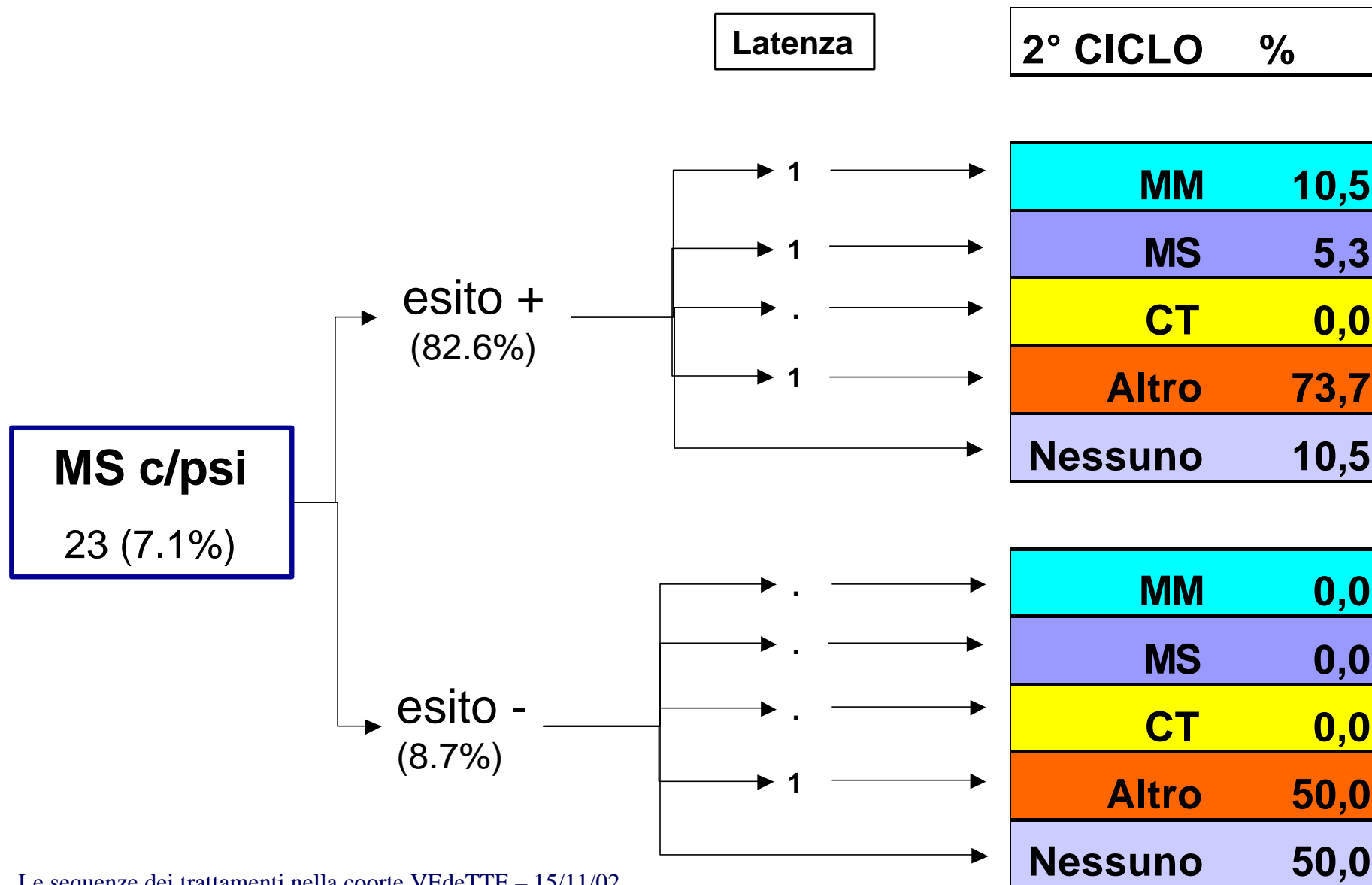
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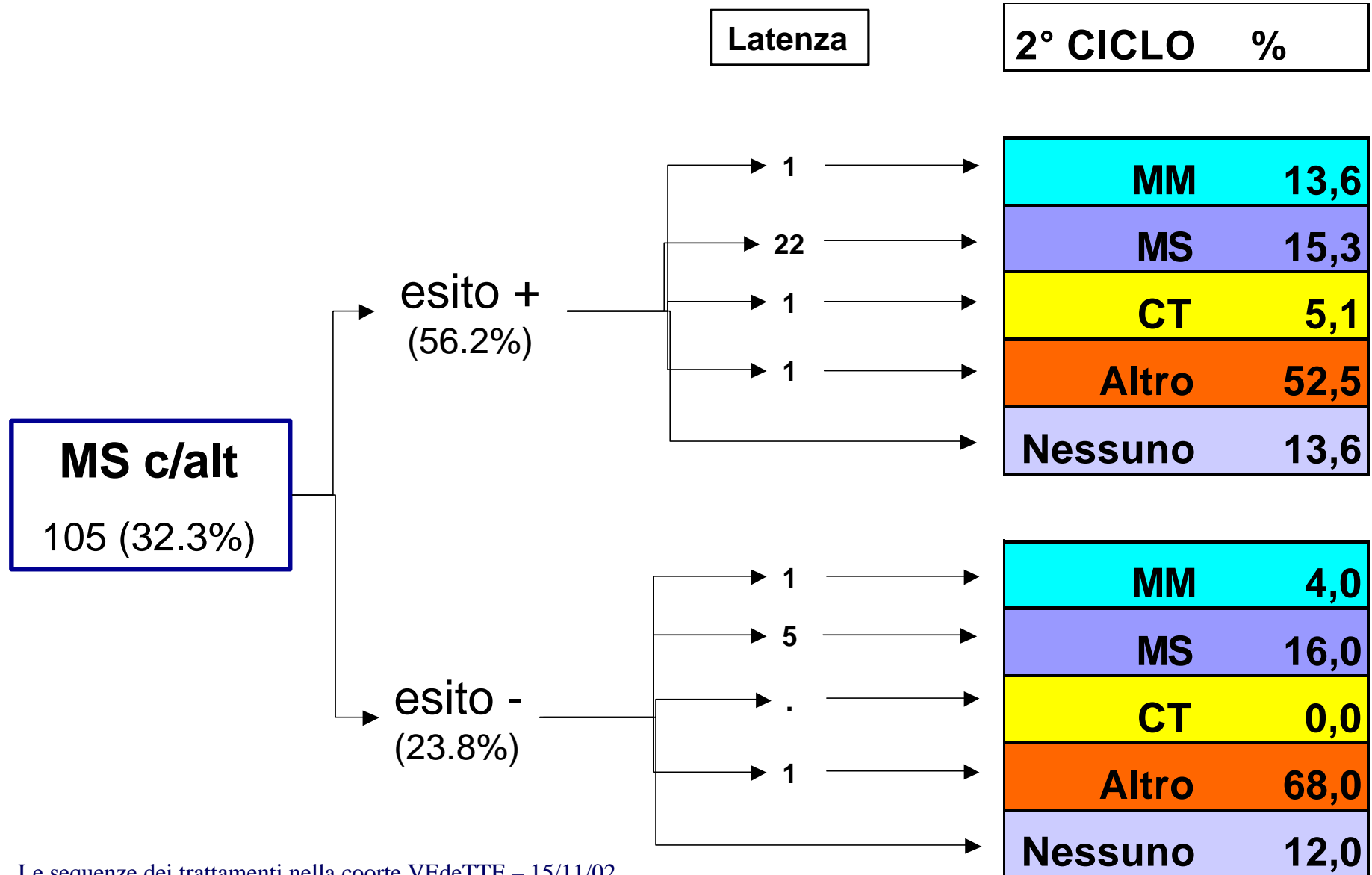
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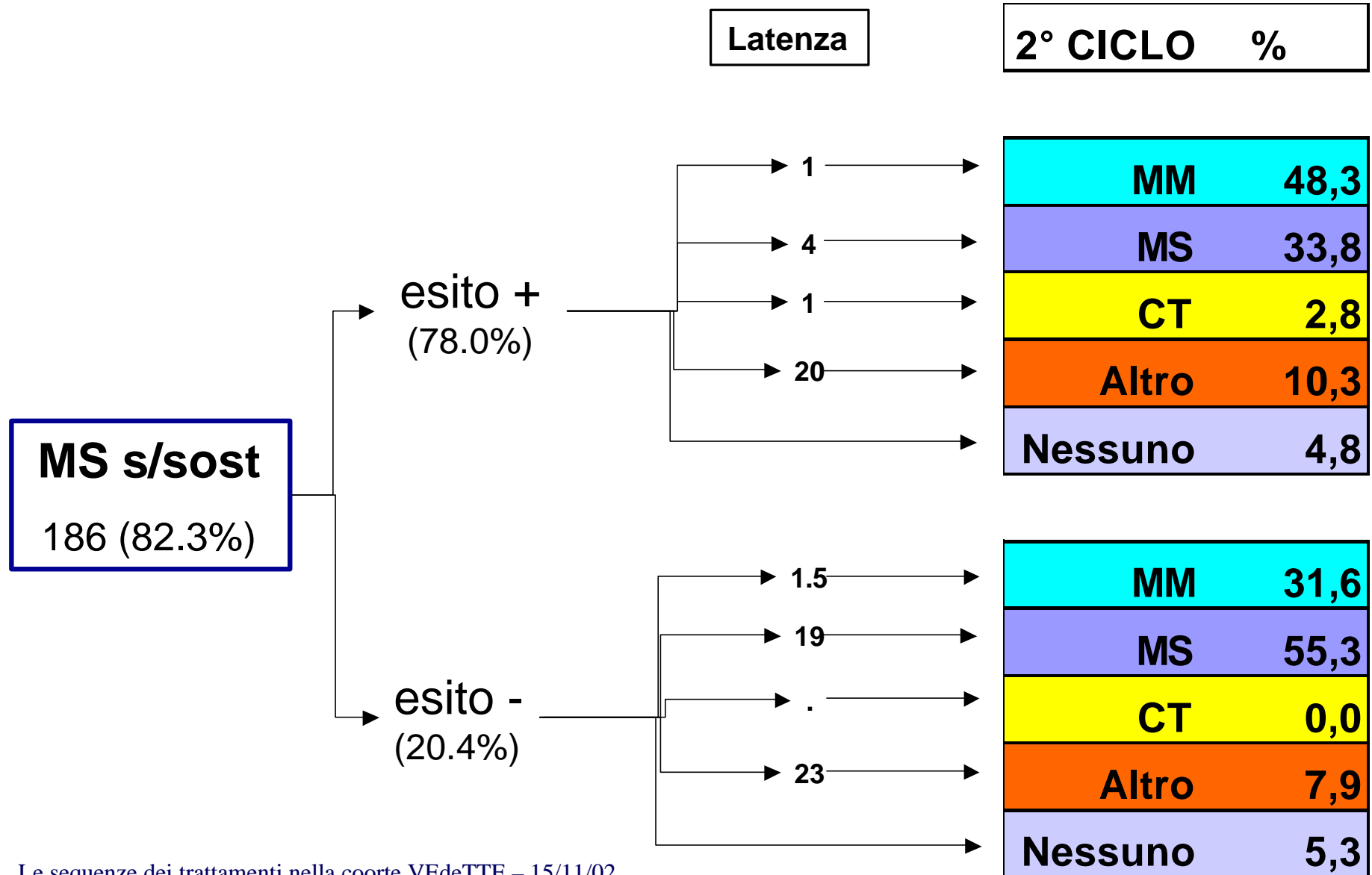
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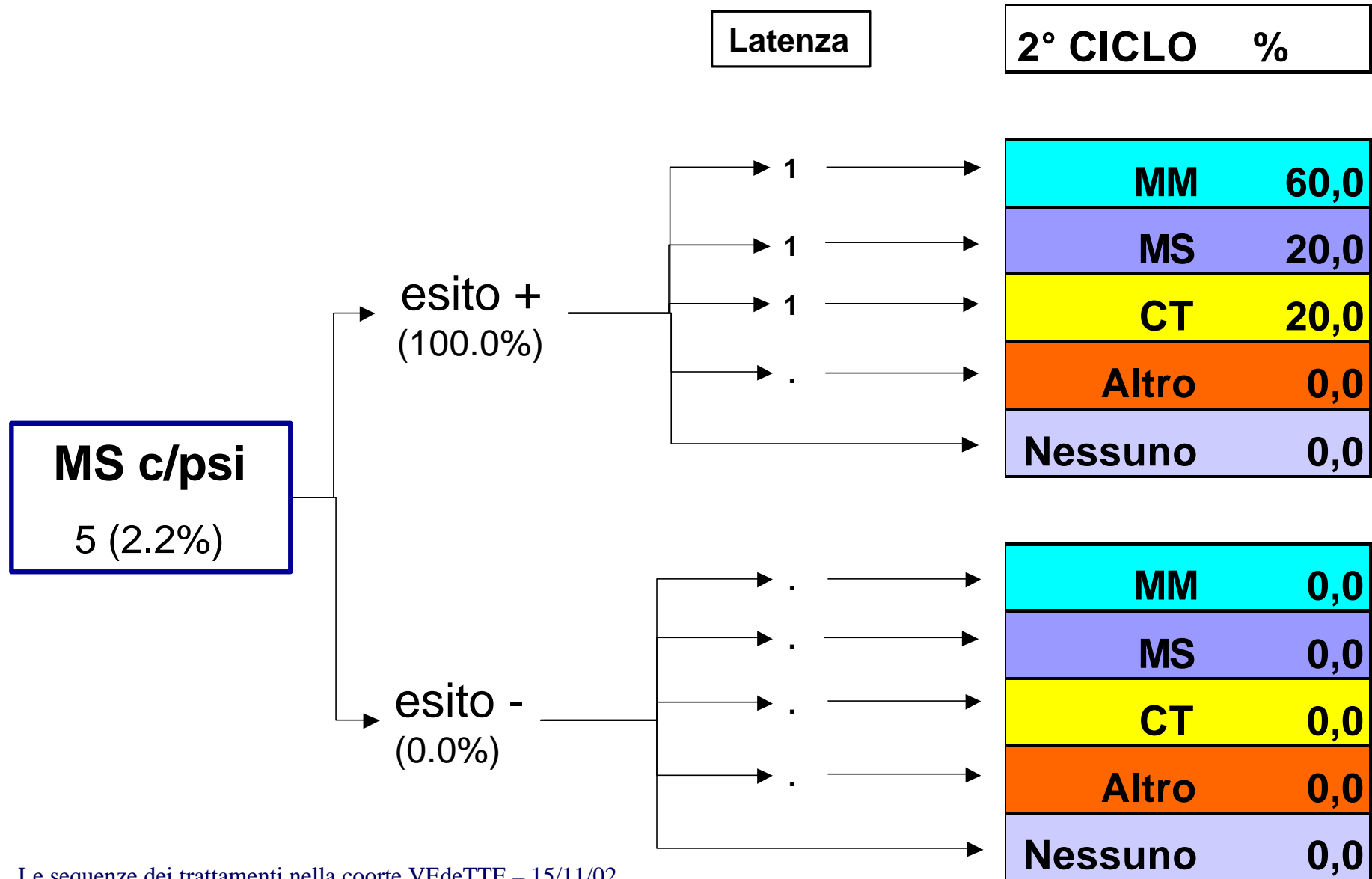
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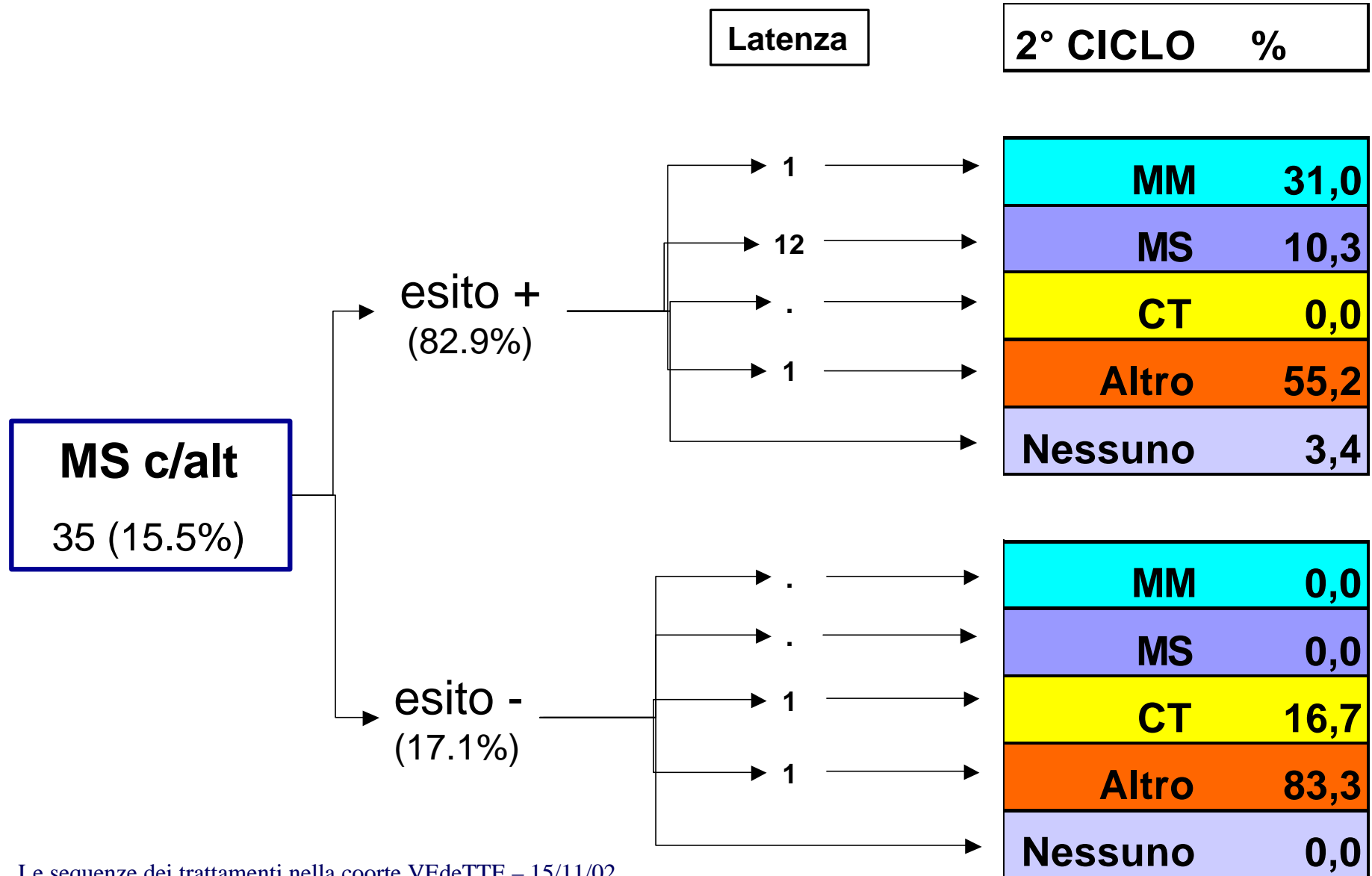
Sequenze di trattamento Piem prev



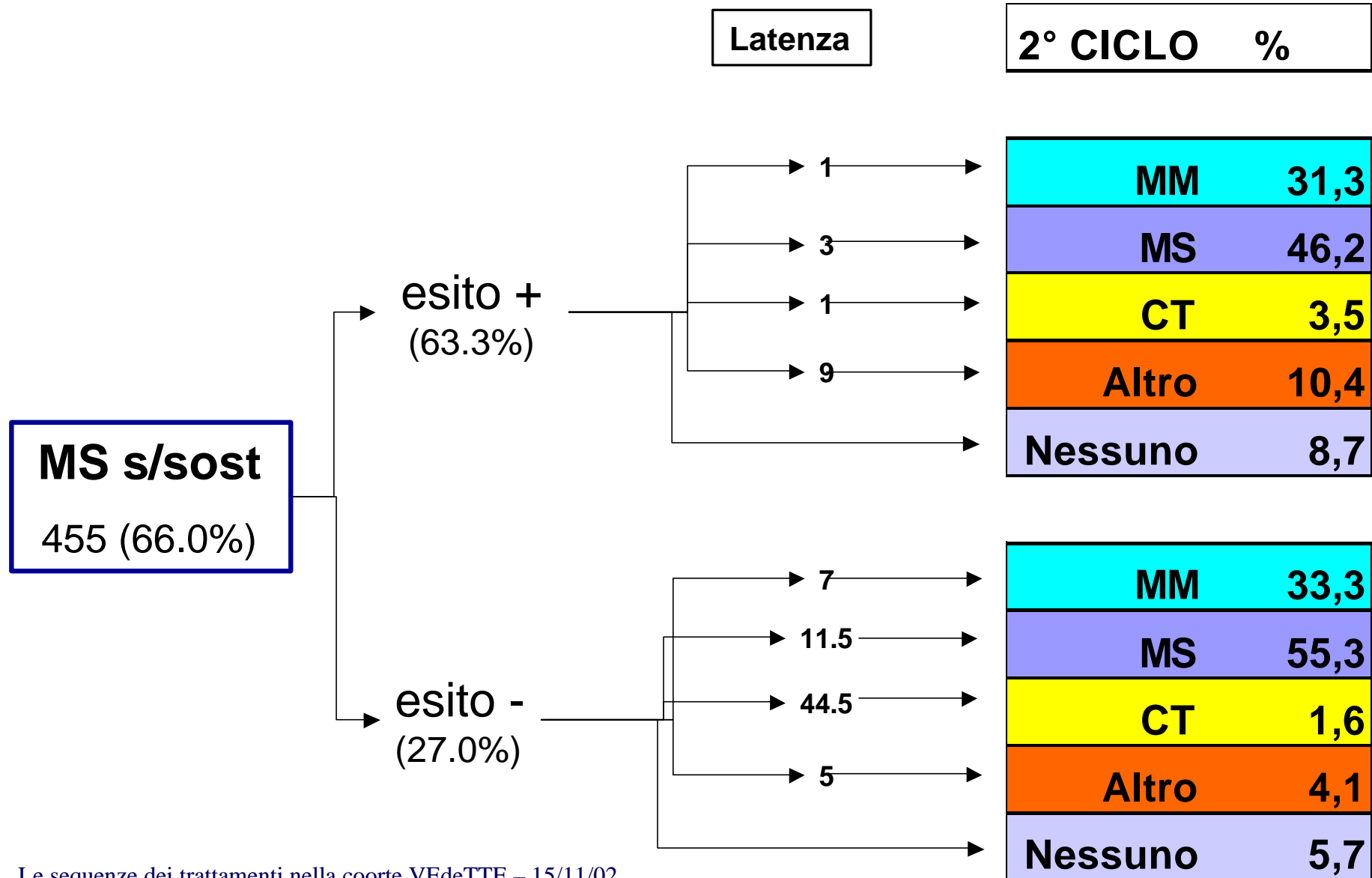
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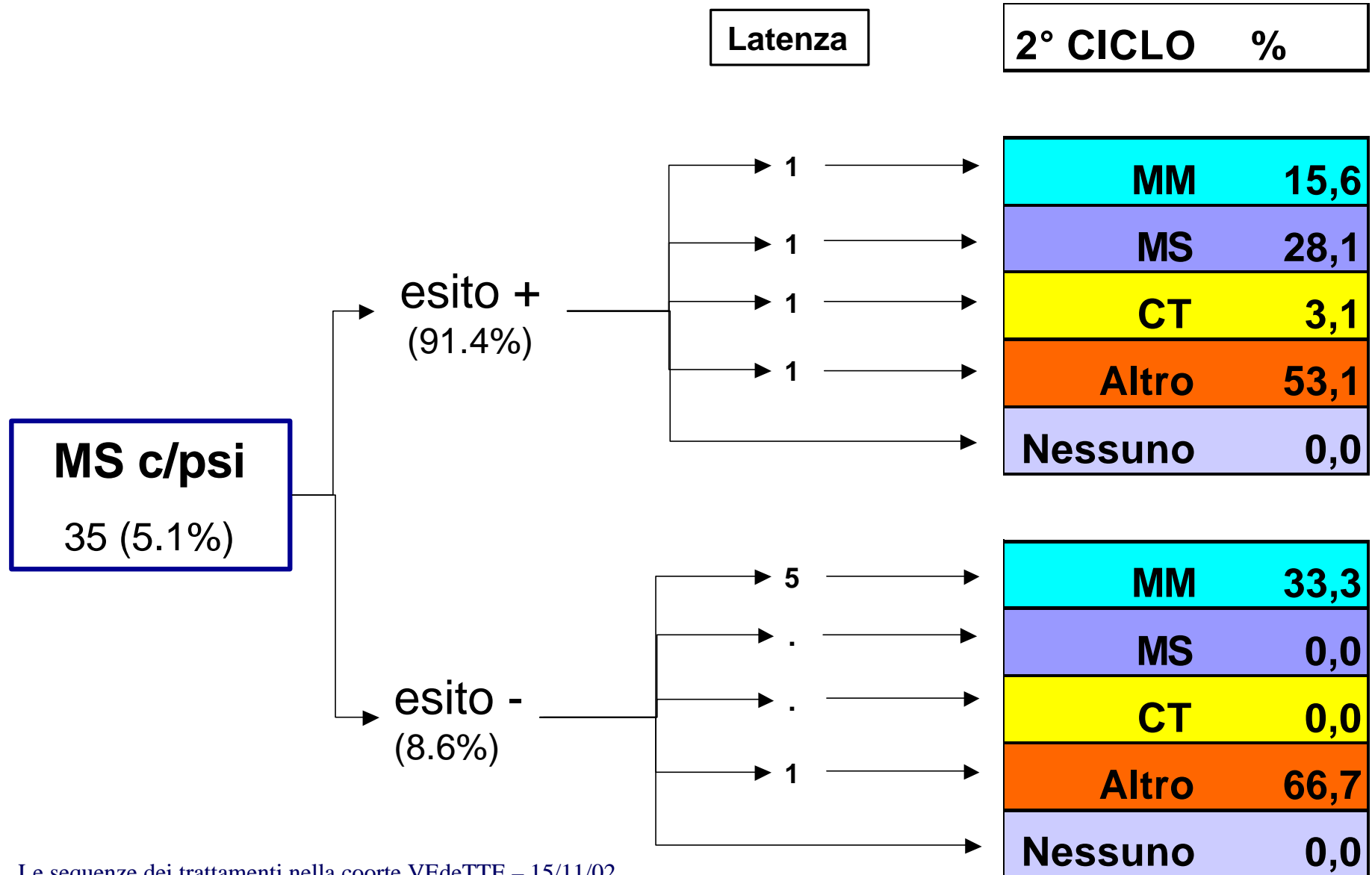
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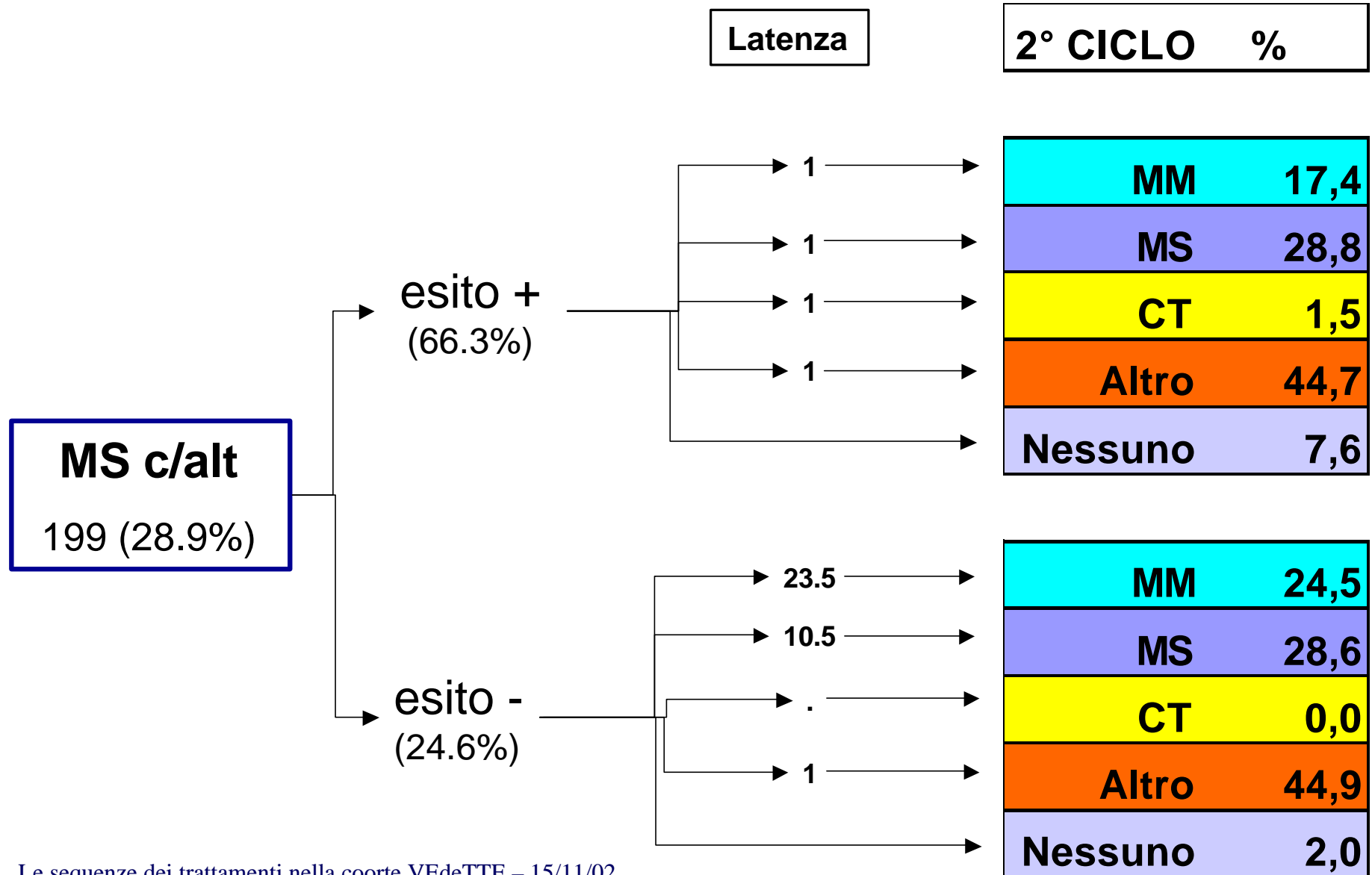
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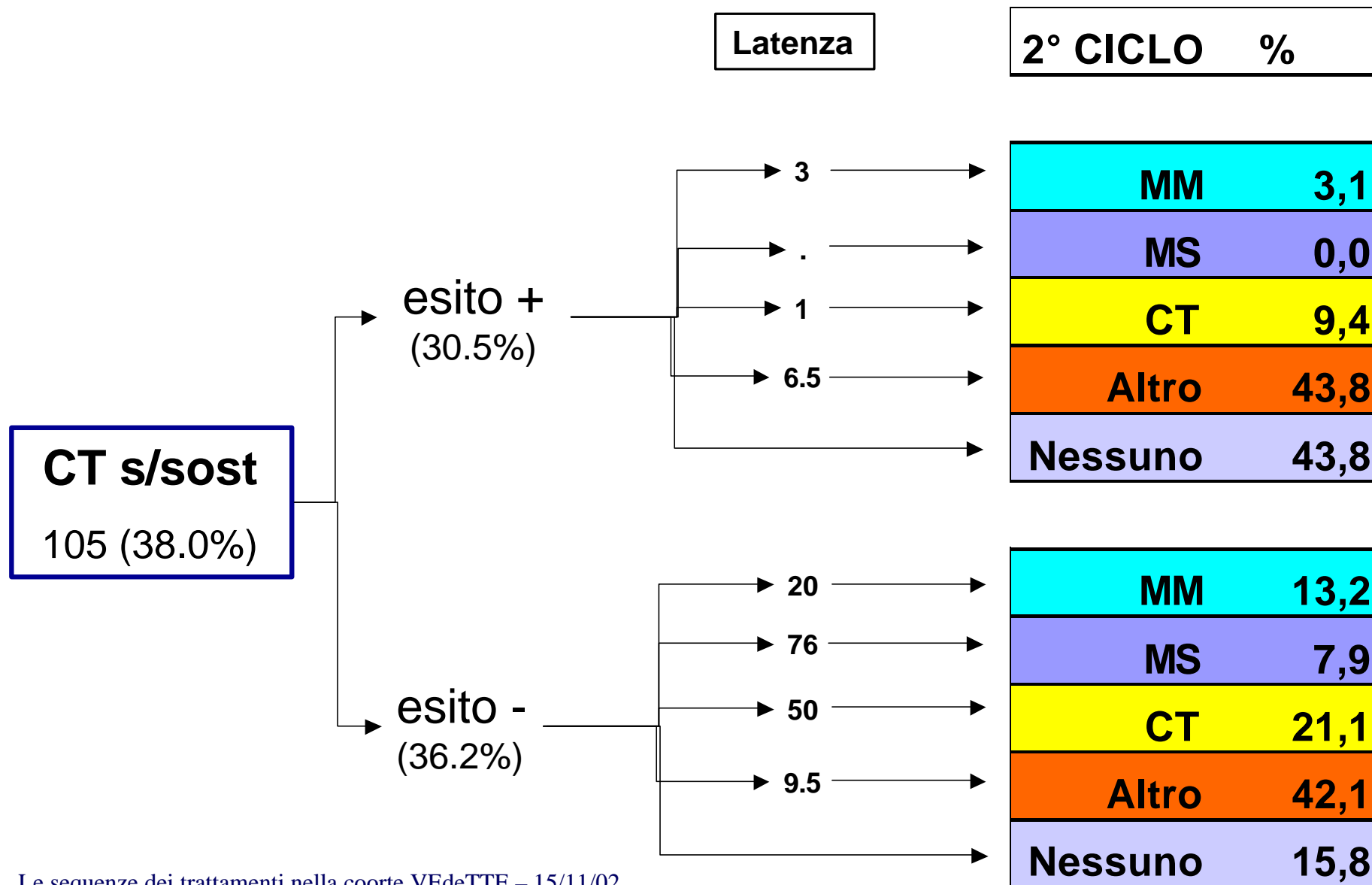


Conclusioni II: metadone a scalare

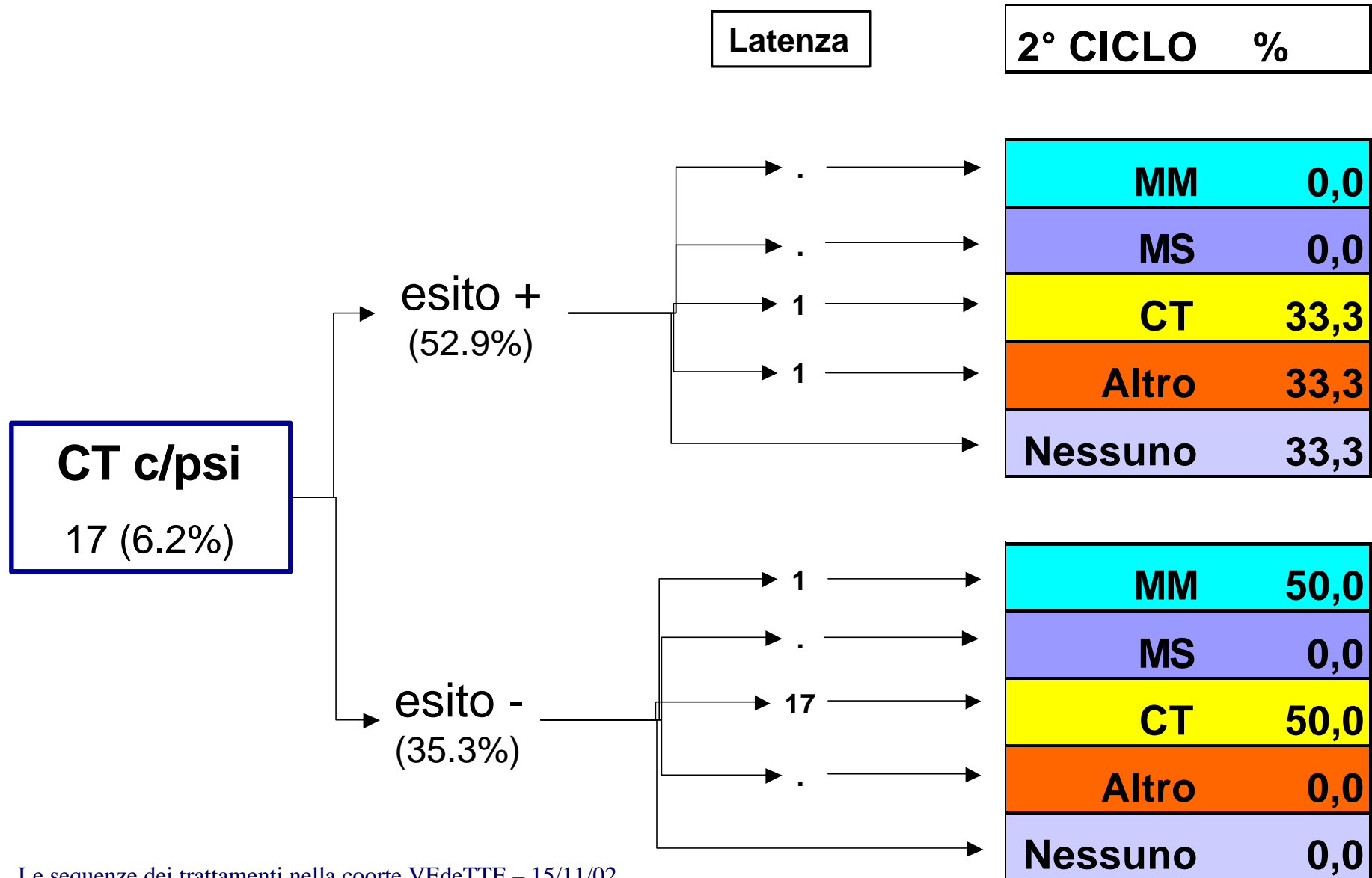
1. c/sost funziona di più
2. Alta % di s/sost (<in Piemonte)
3. L'esito + spesso -> ripetizione di MS o MM
4. L'esito - ->MM o MS (dopo qualche sett)
5. + probabili i persi dopo esito negativo
6. Esiti migliori in Piemonte

Comunità terapeutica

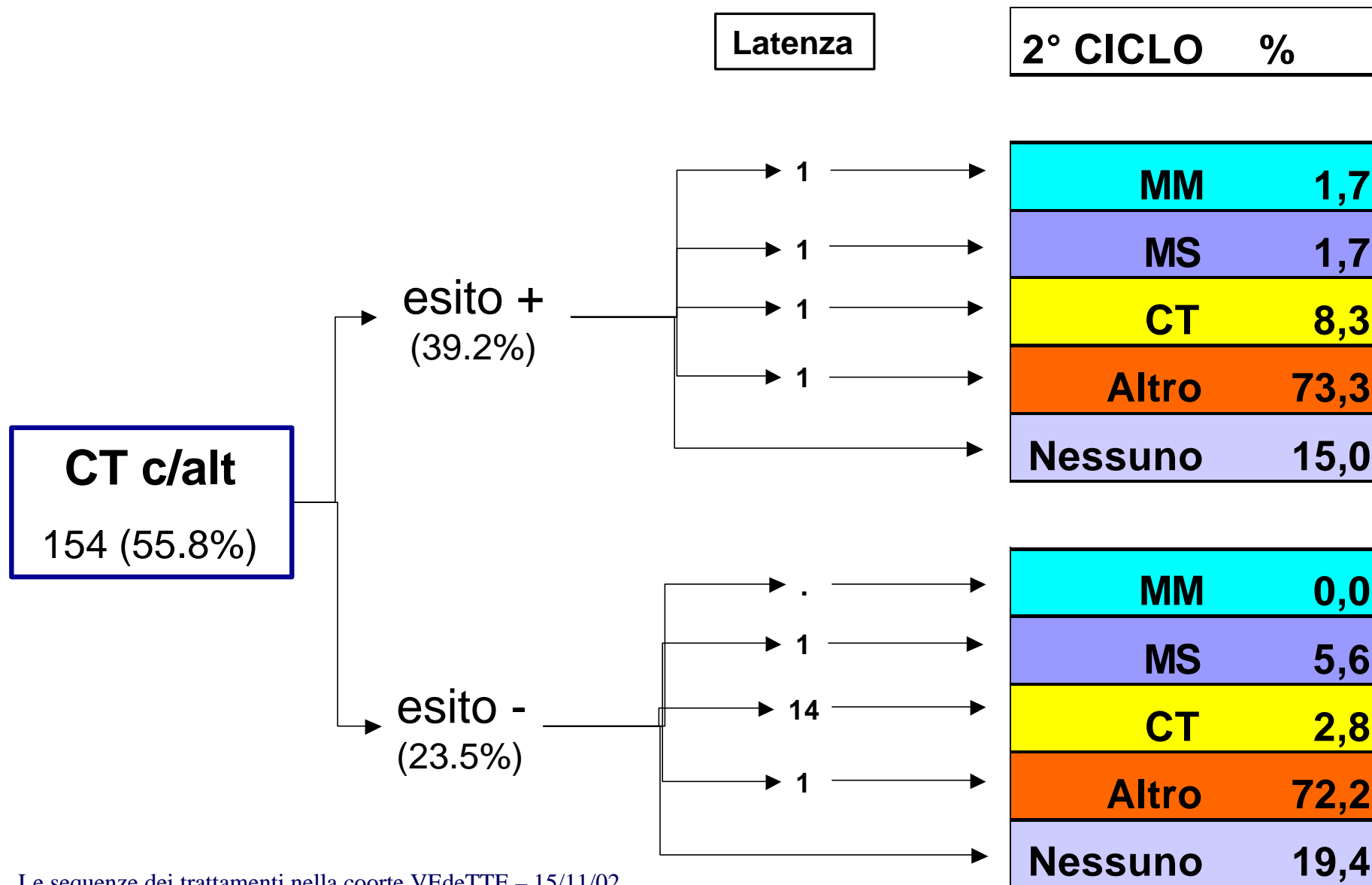
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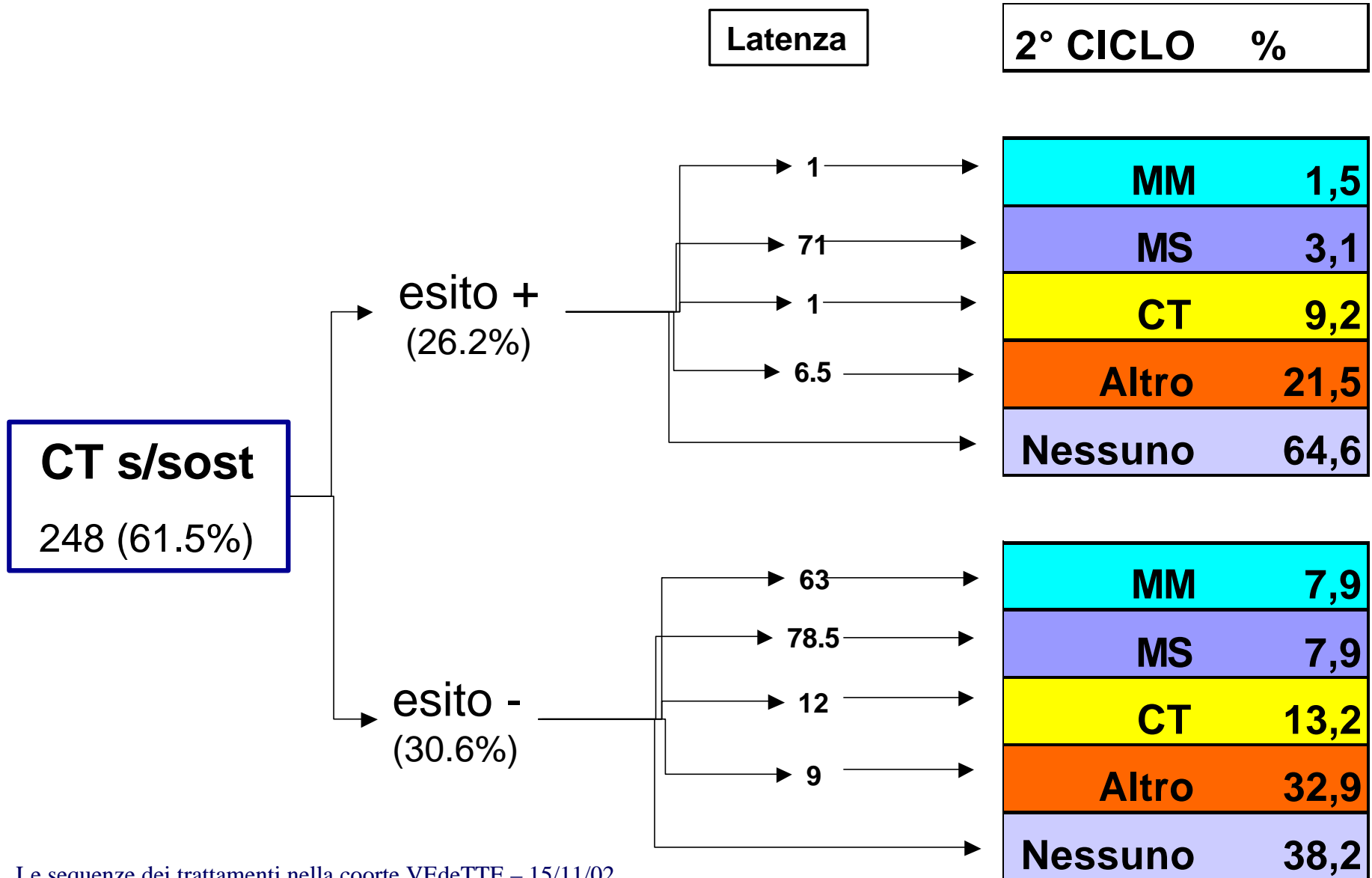
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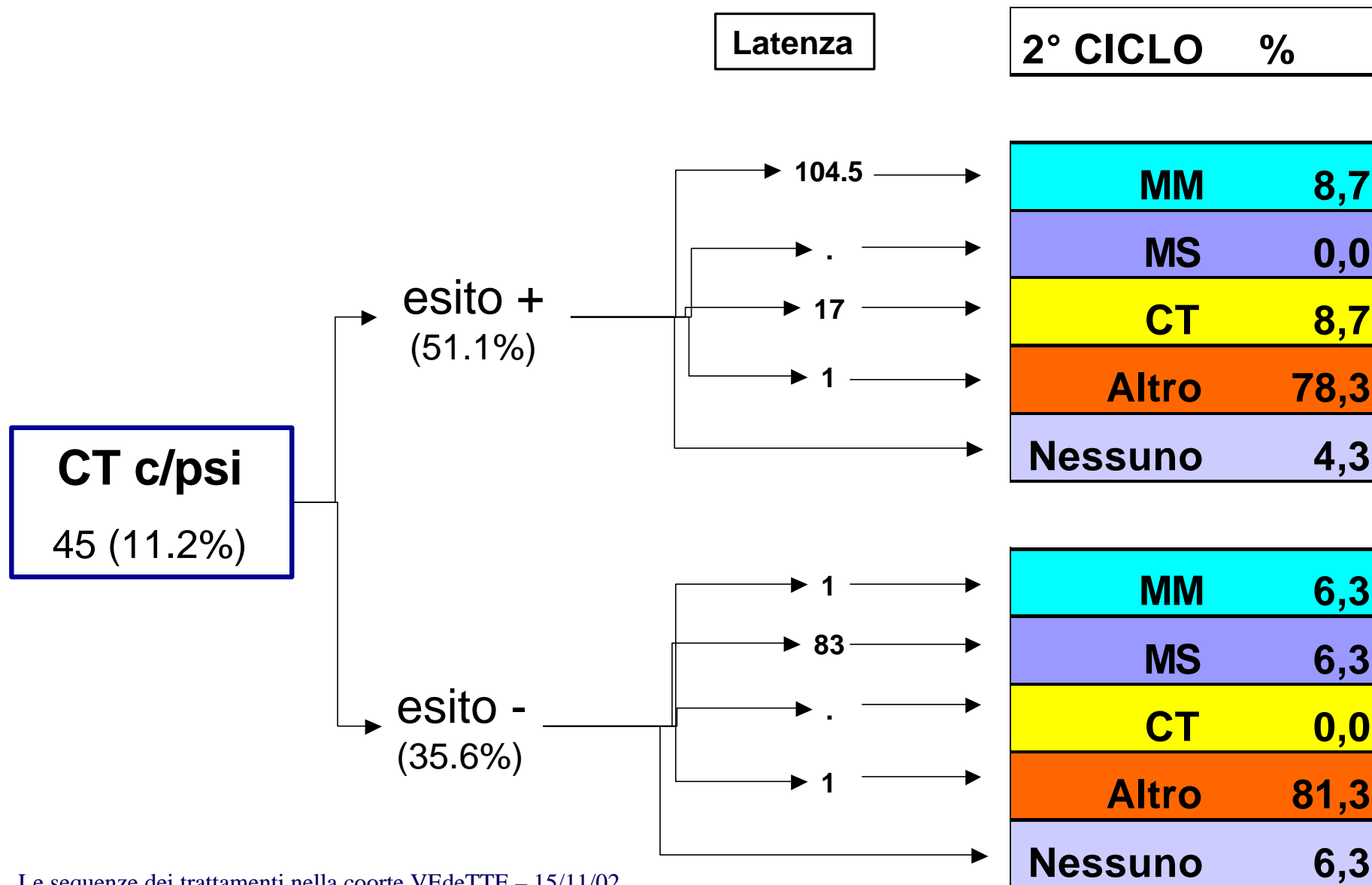
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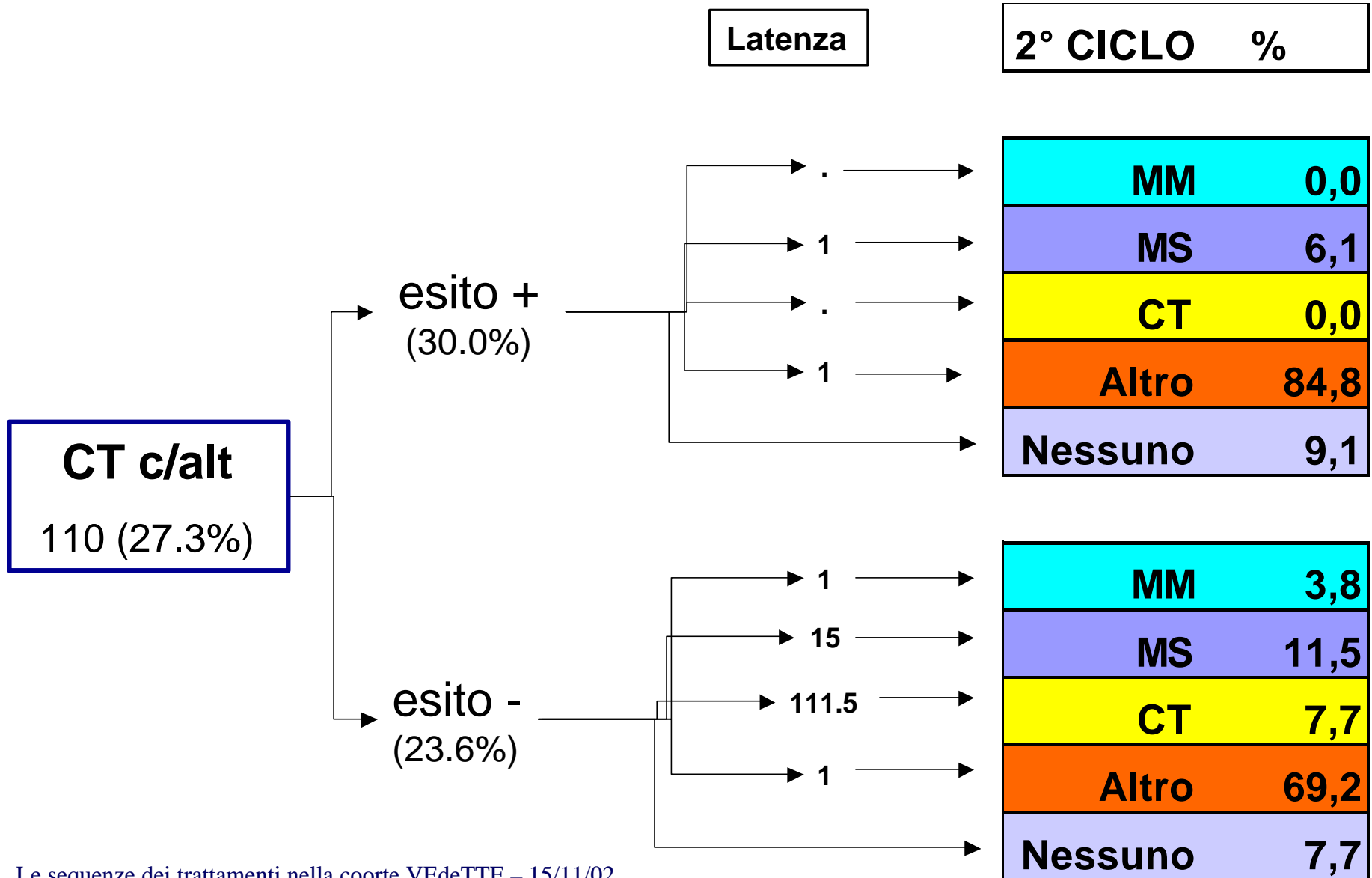
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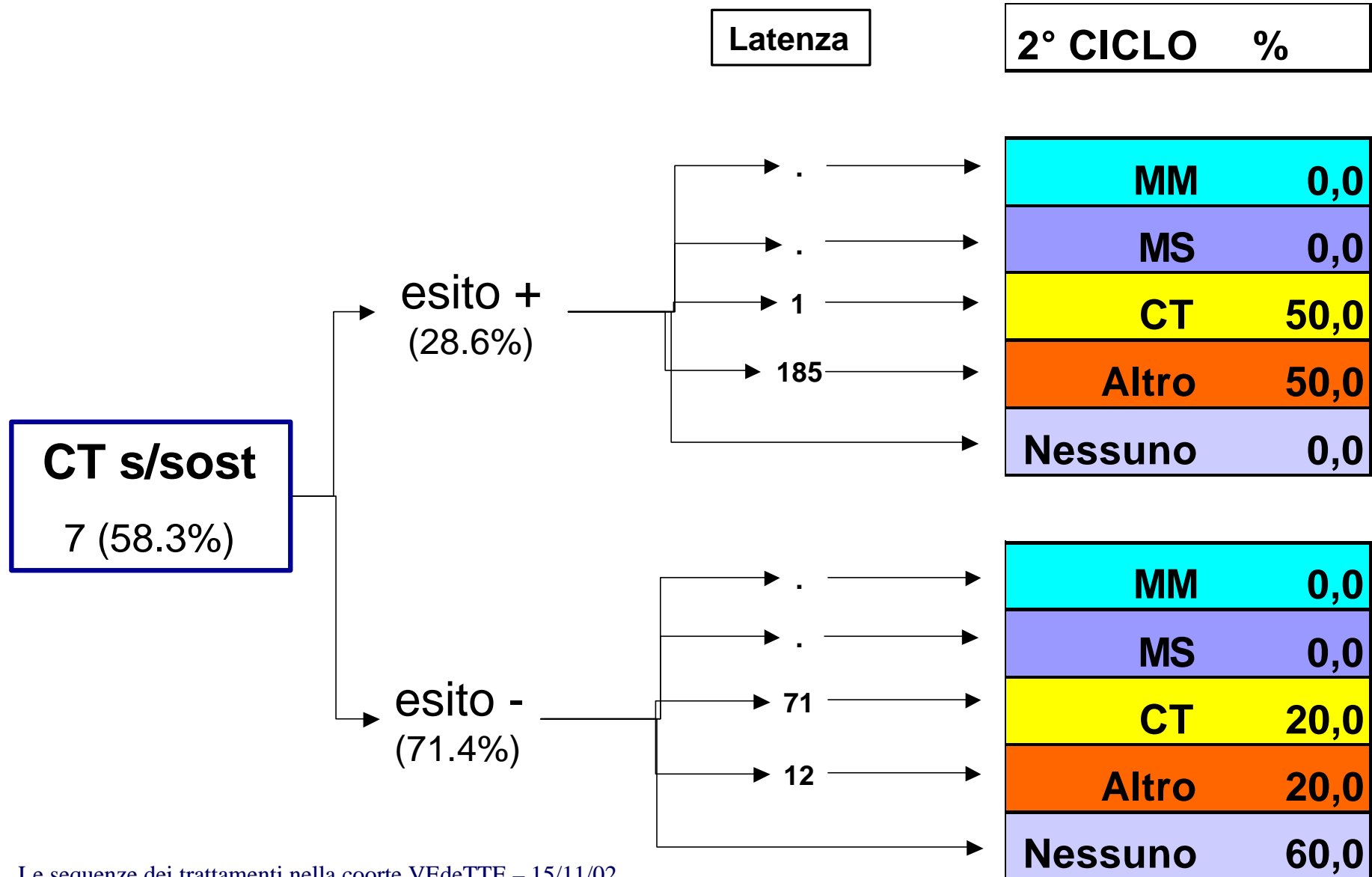
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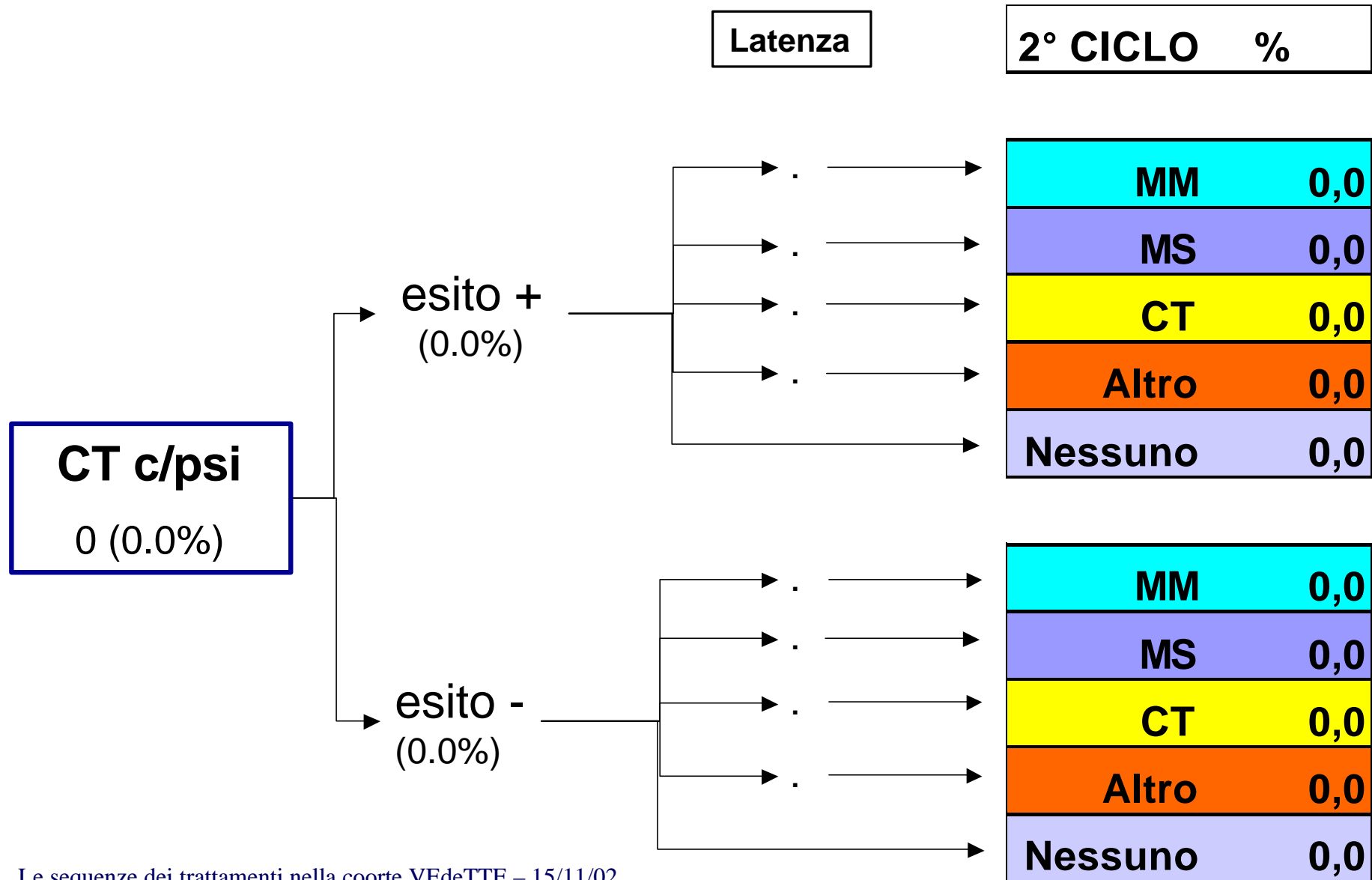
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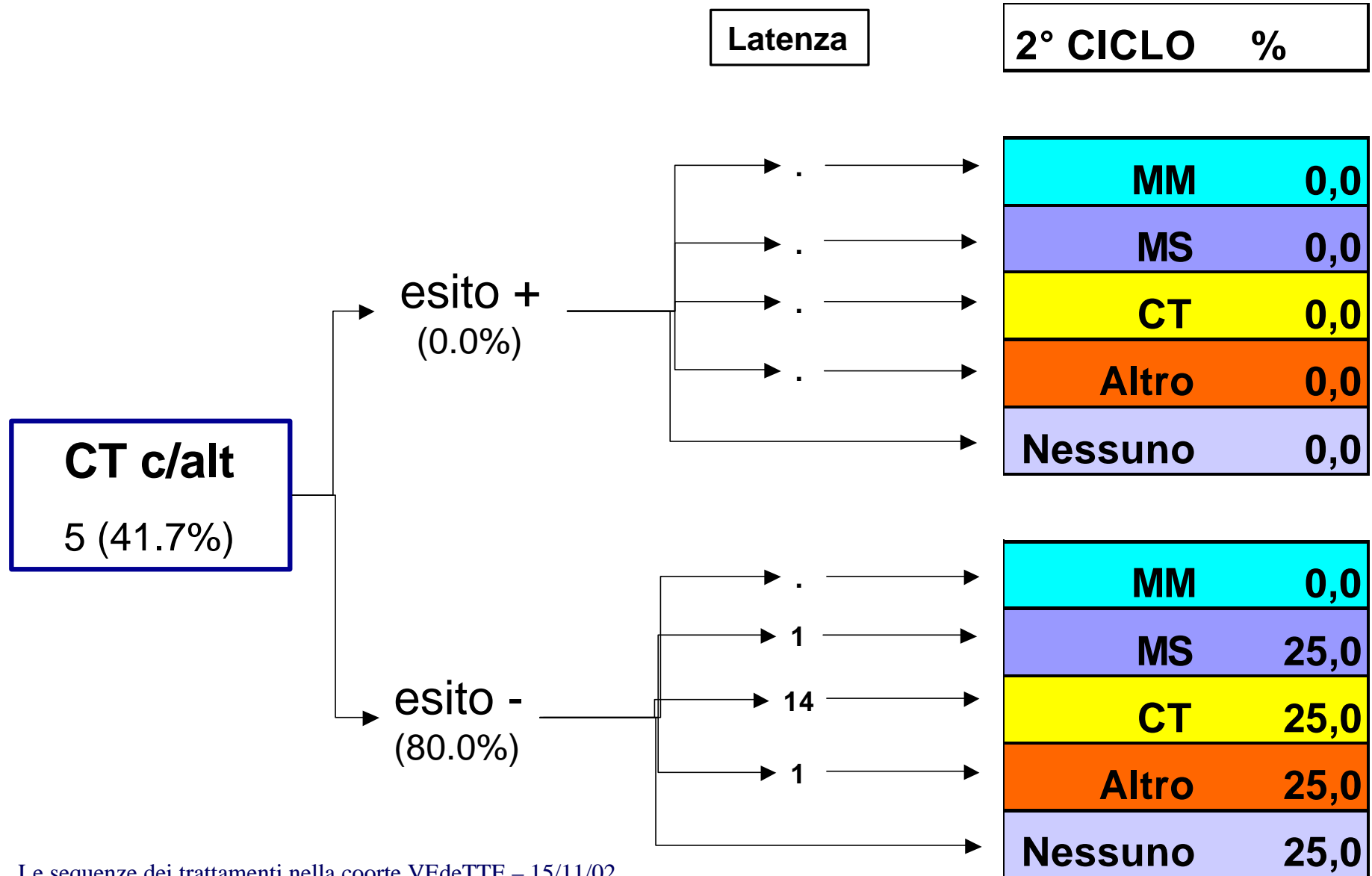
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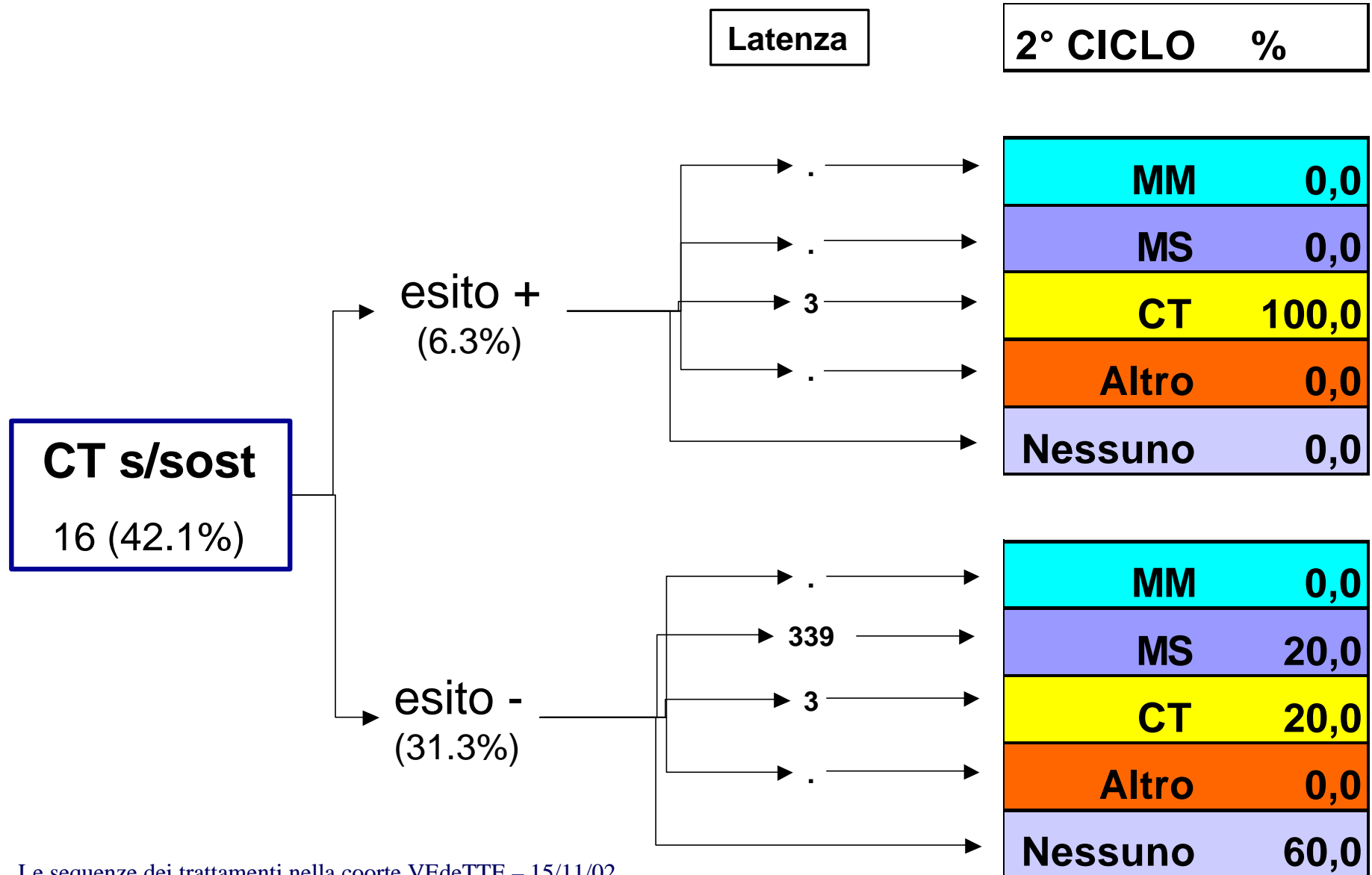
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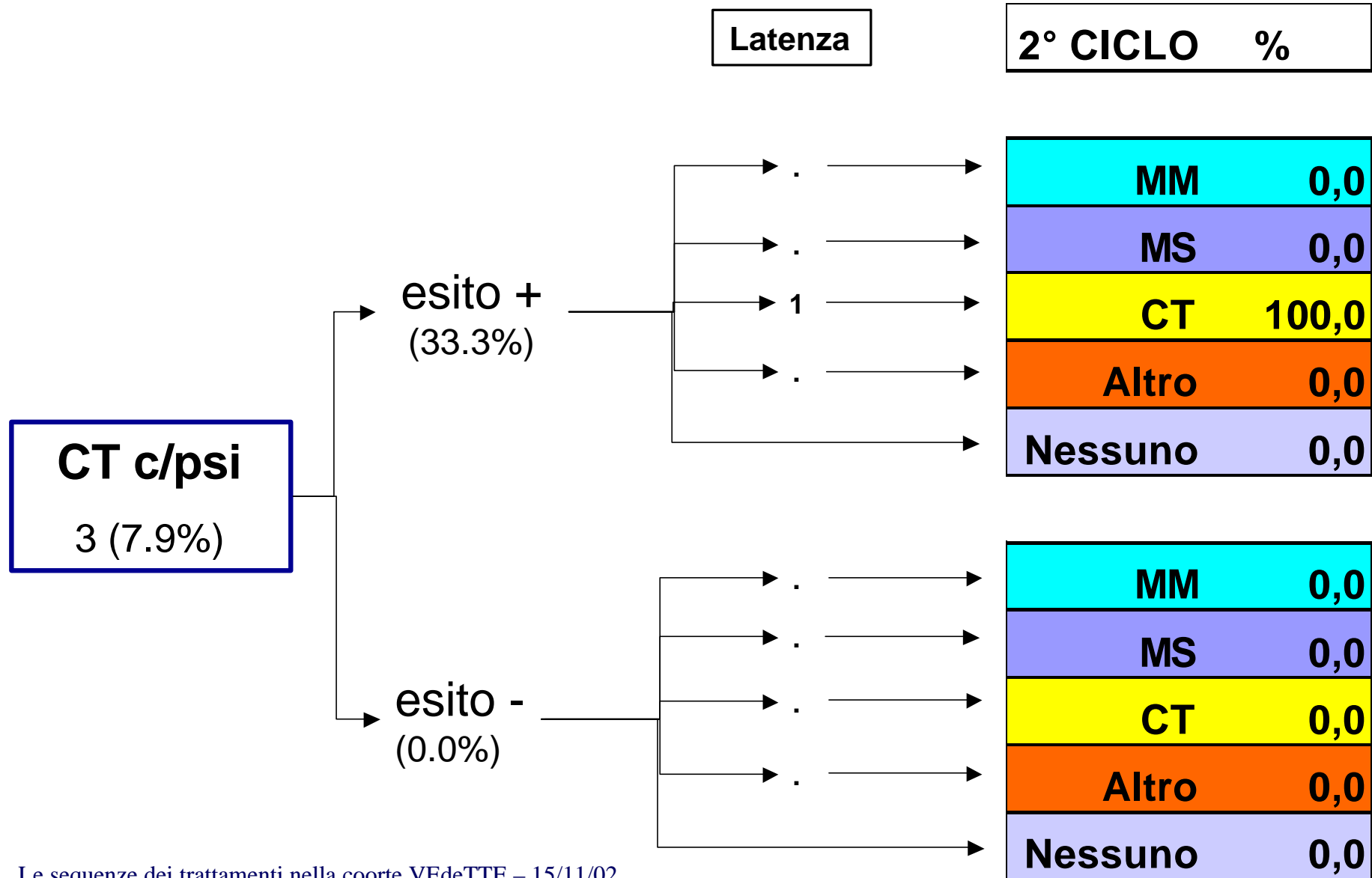
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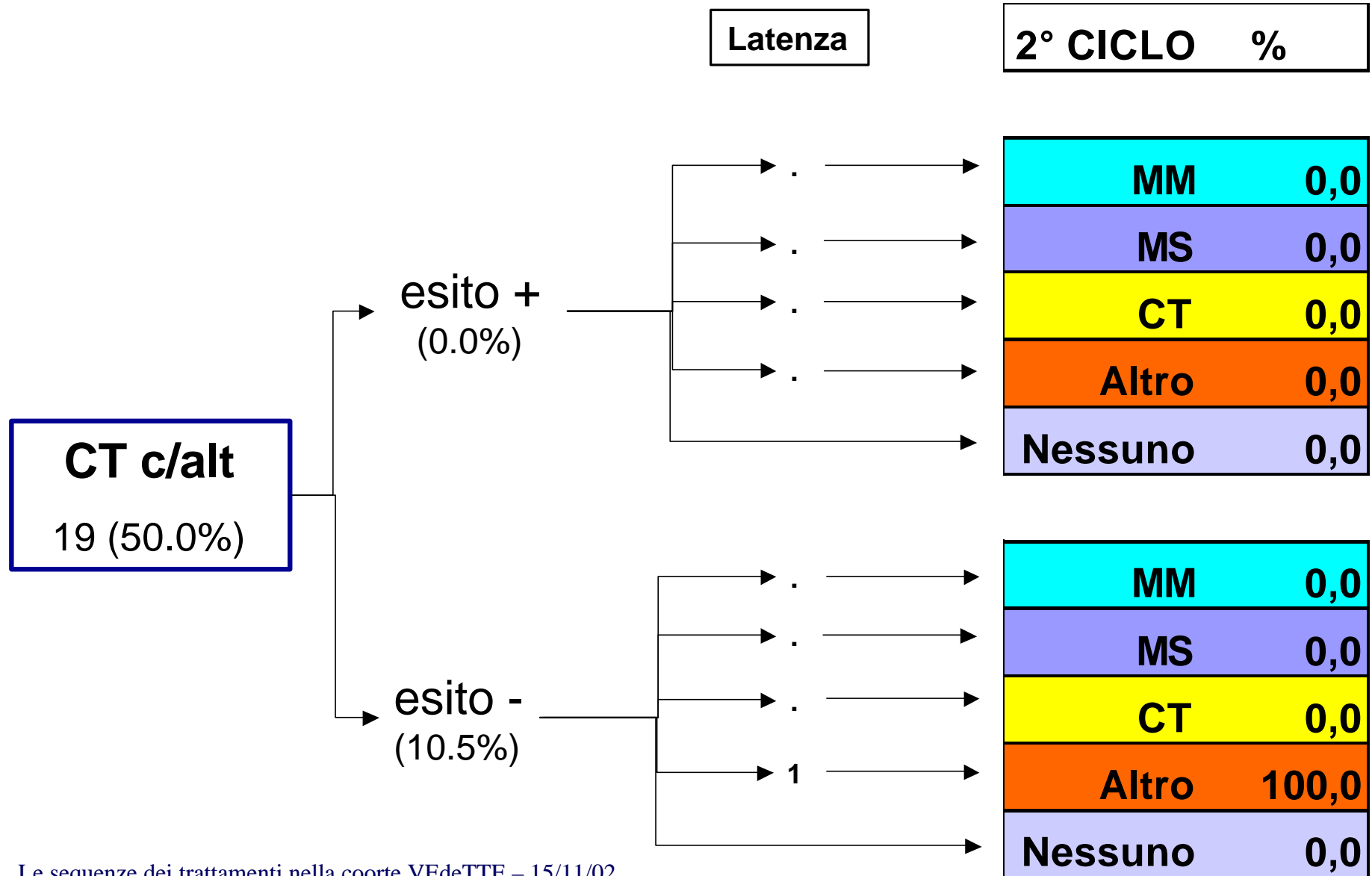
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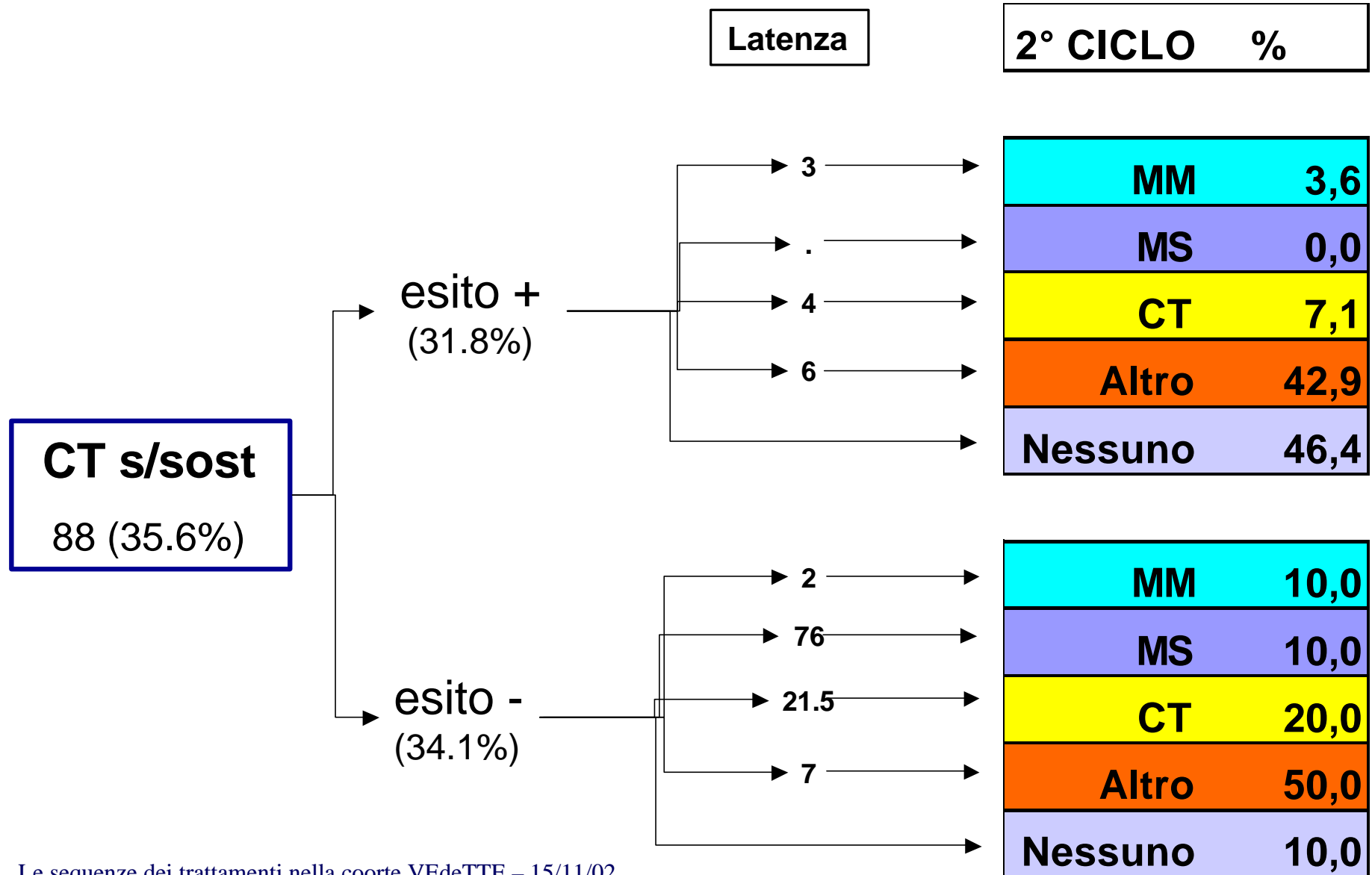
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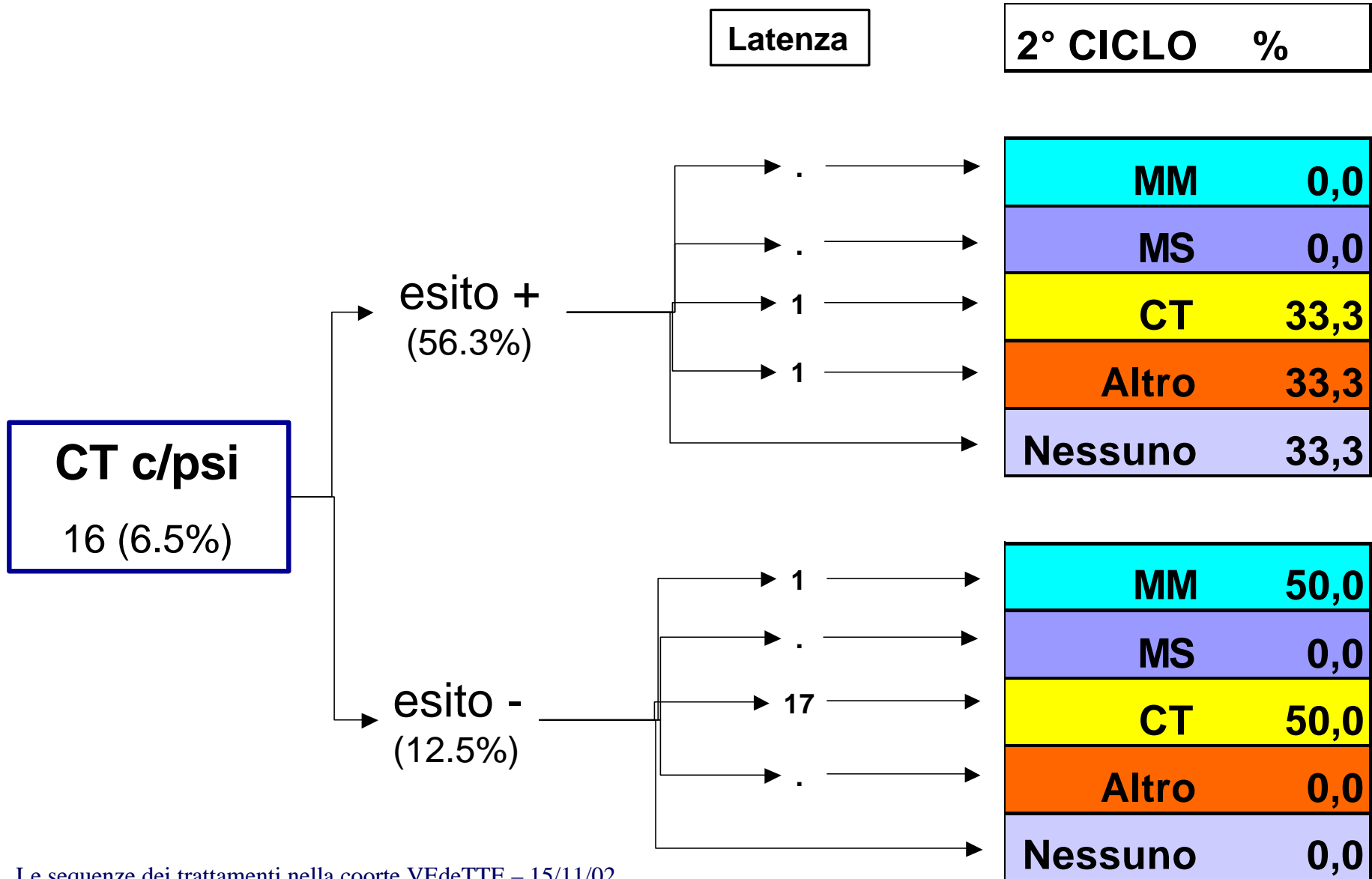
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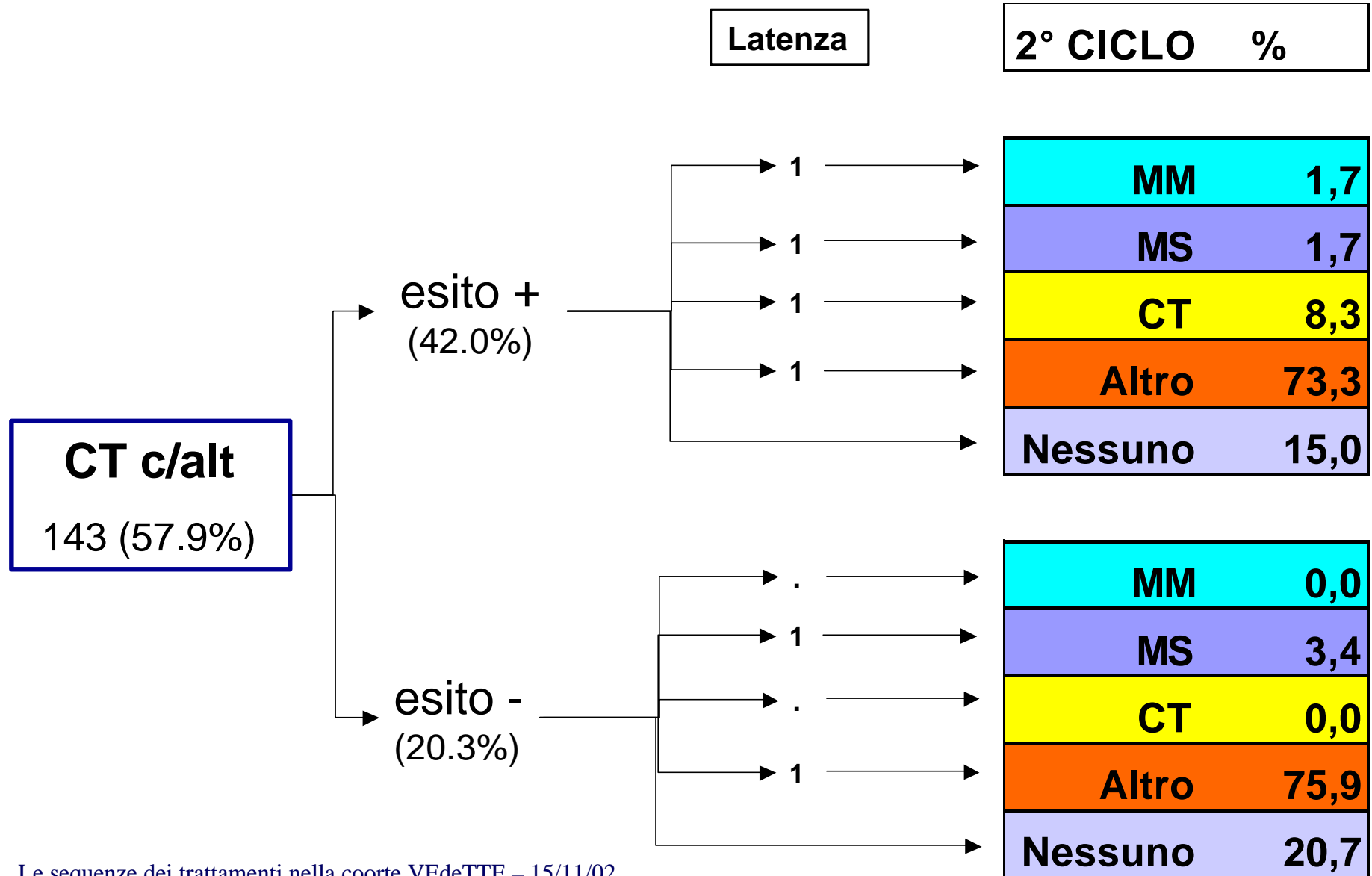
Sequenze di trattamento Piem prev



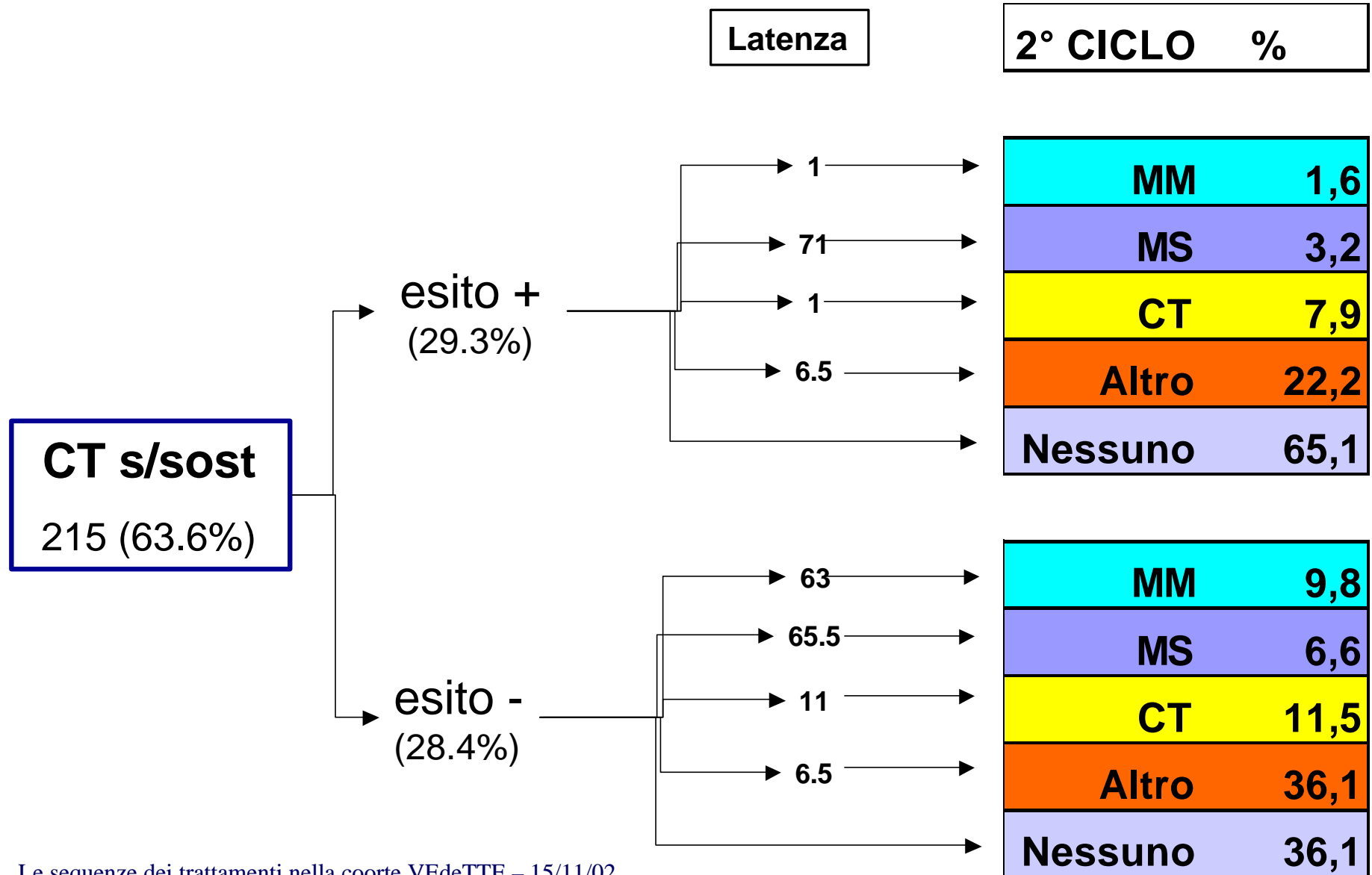
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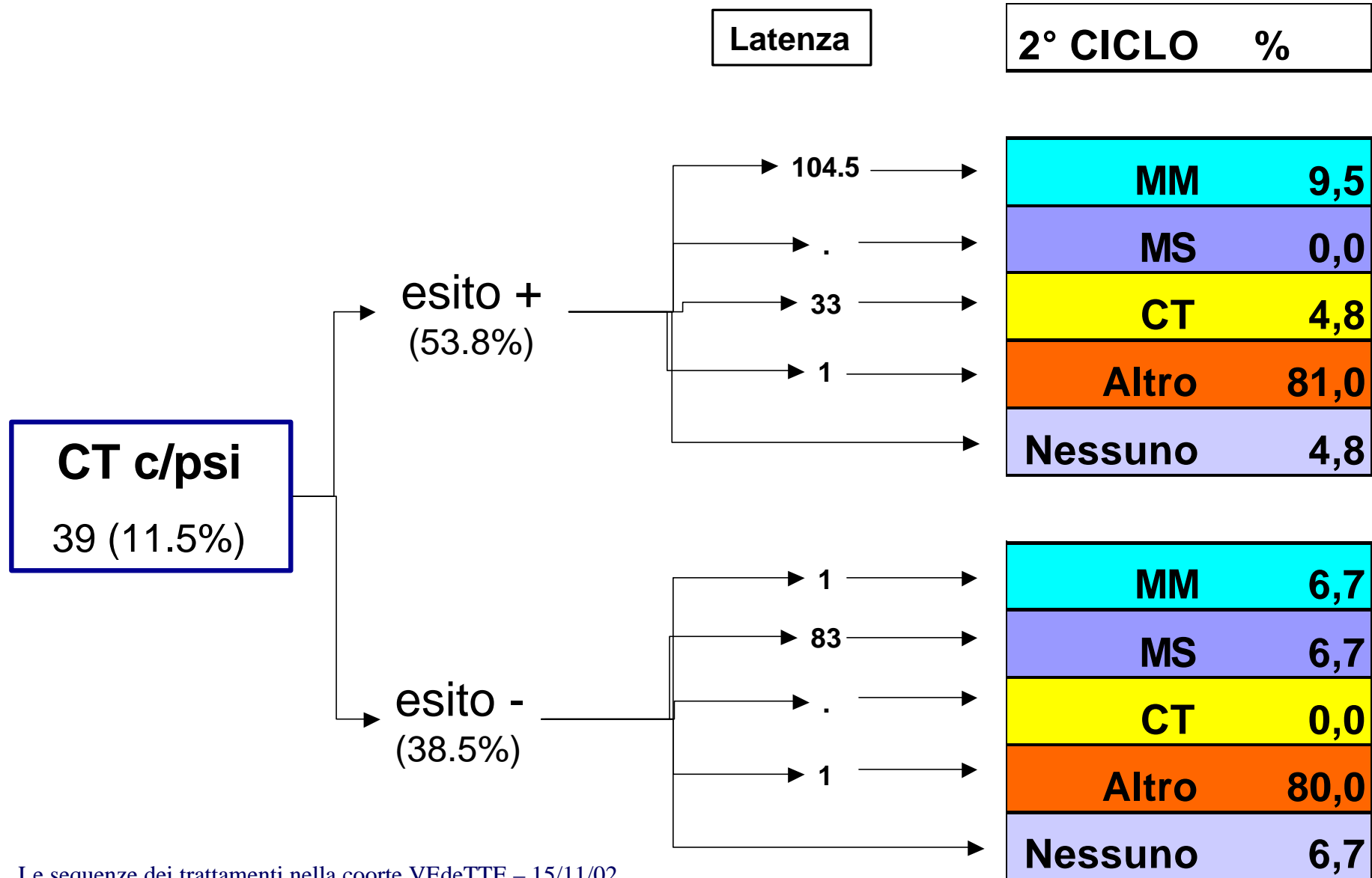
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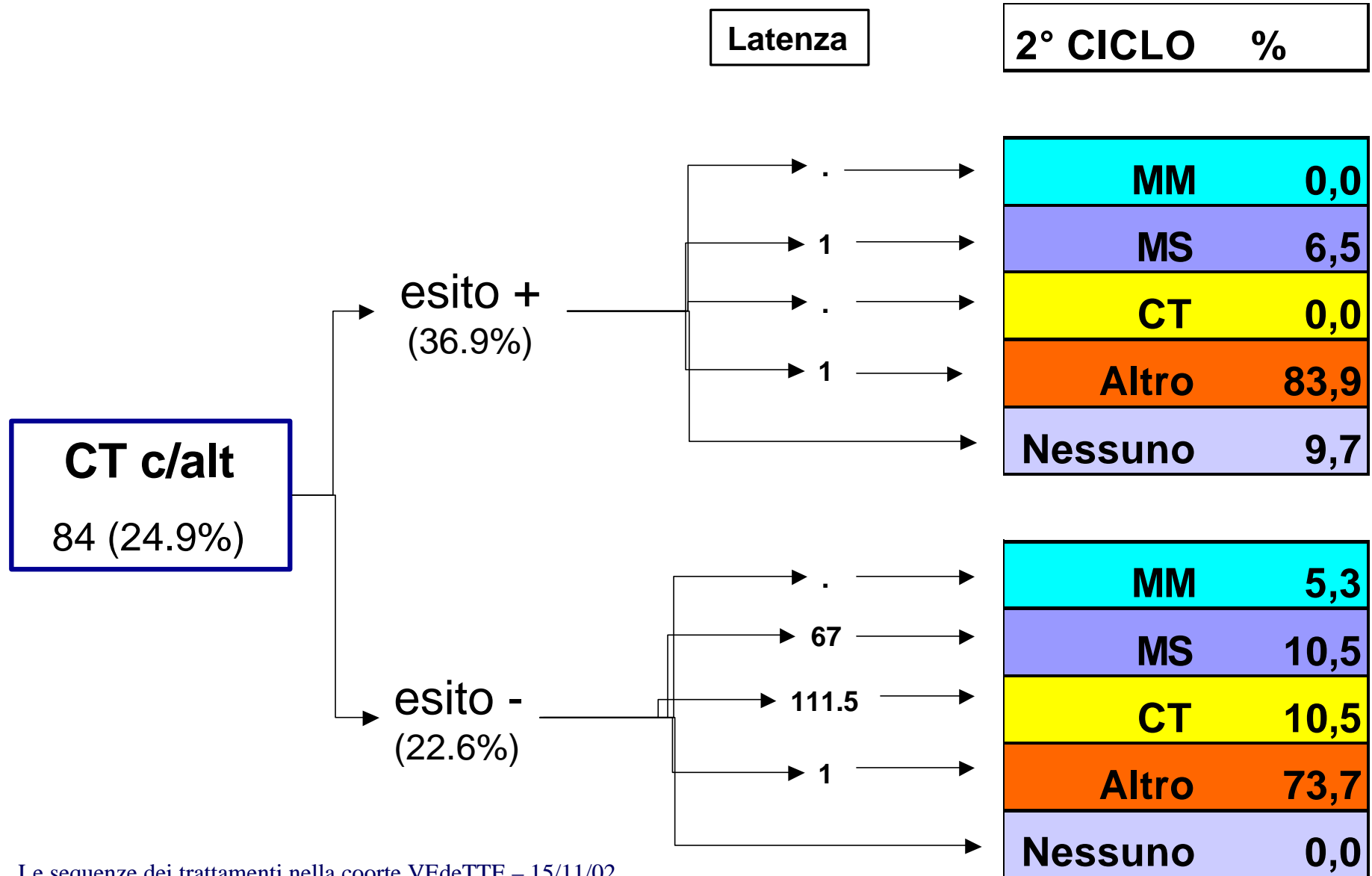
Sequenze di trattamento It no Piem prev



Sequenze di trattamento It no Piem prev



Sequenze di trattamento It no Piem prev



Conclusioni III: comunità terapeutica

1. Sostegno pare meno rilevante
2. s/sost è 1/3 (in Piemonte)
3. Agli esiti + non seguono tratt Met
4. Agli esiti – o Met o CT
5. Negli incidenti alta % di esiti negativi (Piemonte)

Conclusioni IV

- Pochi i trattamenti c/sost (sptt Piemonte)
- Generalmente proporzioni di ritenzione elevate
- Maggiori in Piemonte a parità di sostegno
- Periodi senza trattamento rari, anche in presenza di esiti negativi
- Pochi i persi di vista