

# The Effects of Buprenorphine on Marital Satisfaction in Opiate Addicted People in Noor City

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**ABSTRACT:** The purpose of the present research was to determine the effects of buprenorphine on marital satisfaction in opiate addicted people in Noor city. The statistical population of the present study included all addicts referring to addiction treatment centers in the city of Noor in the second half of 2015. 60 subjects were selected using voluntary sampling available that they were assigned in the two experimental groups of 30 subjects and control group of 30 subjects tested by Inrich's Marital Satisfaction Questionnaire. The findings of the research were analyzed using descriptive statistics including (mean, standard deviation, minimum and maximum), and inferential statistics and covariance analysis were used for the analysis. The results showed that treatment of buprenorphine in addicts leaving the experimental group compared with the control group increased sexual satisfaction.

**Keyword:** Buprenorphine, Marital Satisfaction, Addicts.

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## INTRODUCTION

Drug use affects many different biological, psychological and social aspects of humans. Long-term consumption of drugs by creating addiction not only has a detrimental effect on the economic and social situation of the consumer or drug addict, but also plays a decisive role in the emotions and emotions of individuals (Zahed et al., 2010) and in this regard, one aspect of the lives of married women with substance abuse that is deeply troublesome is the quality of marital life and satisfaction with marital life (Erfanian Taqvaei et al., 2005).

Satisfaction with marital relationship is one of the fundamental structures that keep the foundation of the family alive and its developmental factor. This structure is one of the variables widely studied in family and marriage research, and is considered an infrastructure in both relational basic studies and family therapy studies (Funk & Rogge, 2007).

Marital satisfaction is a general assessment of the status of the marital relationship or the current romantic relationship of the individual and can reflect the level of happiness and the desirable feelings of the couple in relation to their marital relationship or a combination of pleasure due to many factors specific to the marital relationship (Huber et al., 2010).

Because of the spin-off nature of the common space, it sometimes happens that there is a difference of views between couples or that their needs are not met. The result of such negative interactions, dissatisfaction, frustration and anger among the spouses have been reported to each other, which suggests that addiction is one of the causes of

conflict and marital dissatisfaction (Qoreishi et al., 2014). According to many people, addiction is considered to be a chronic disease due to repeated slipping and it has always been of great importance because of its adverse and unpleasant effects on the various dimensions of the life of the treatment addicts. To treat the drug dependence disorder, various methods are used to reduce the symptoms of the disease during this period, which may include pure opioid agonists, non-infectious symptomatic treatments, opioid antagonists, and antagonistic drugs. Buprenorphine is 25-50 times stronger than morphine and provides analgesia and other effects associated with the central nervous system, which is morphine-like in quality (Parviz Kazemi & Kamalipour, 2005).

Although buprenorphine has been used to treat substance abuse in recent years, but as mentioned, substance abuse overwhelms all aspects of life, including marital life, so the treatments used in this The field should also have an impact on this aspect of the lives of individuals, but a review of studies suggests that previous research has focused on detoxification of buprenorphine in the treatment of substance abuse patients (Hafezi et al., 2004). Therefore, considering this point, the present study seeks to answer the question of whether buprenorphine affects marital satisfaction in opiate addicts in the city of Noor or not?

## MATERIALS AND METHODS

The purpose of this research was to determine the effects of buprenorphine on marital satisfaction in opiate addicted people in Noor. The statistical population of the present study included all addicts referring to addiction treatment centers in the city of Noor in the second half of 2015. 60 subjects were selected using voluntary sampling available that they were assigned in the two experimental groups of 30 subjects and control group of 30 subjects. The instrument used in this study included: Inrich's Marital Satisfaction Questionnaire (1987): Inrich is by Olson, Draconman Wofnerier (1987) with 115 questions and 12 scales scored on a 5-degree Likert scale of one to five. The form of 47 questions of this questionnaire was prepared by Salmanian in 1994. The reliability of the questionnaire by Soleimaniannejad (2004) was calculated in a group of 11 people through alpha coefficient, with a coefficient of validity of 0.95. Olson et al (1983) has used this questionnaire to examine marital satisfaction, and believes that each of the subjects in this questionnaire is relevant to one of the important areas. Evaluating these areas within a marital relationship can explain the potential problems of couples, or can provide strengths and strengths. The original form, due to the high number of questions in the questionnaire, caused an over-exhaustion of subjects. Therefore, Soleimaniannejad (2004) in a research entitled Irregular Thinking on Marital Dissatisfaction provided a brief form of this questionnaire that contained 47 questions. The high score in this questionnaire is a sign of satisfaction and low score indicating dissatisfaction with the marital relationship. Olson et al (1983) reported the reliability of the questionnaire using the alpha-0.95 coefficient.

## RESULTS

**Table 1.** The mean and standard deviation of marital satisfaction score for participants in pre-test and post-test by type and control group.

The dependent variable	Group	Pre-test		Post-test		Number
		Mean	SD	Mean	SD	
Marital satisfaction	Experimental	22.67	2.61	31.87	1.995	30
	Control	22.73	1.75	22.93	1.7	30
	Total	22.70	2.184	27.40	4.903	60

As shown in Table 1, the mean and (standard deviation) of total marital satisfaction scores in the pre-test phase are 22.70 and (1.184) and in the post-test phase 27.40 (4.903), respectively. Also, the mean and standard deviation of marital satisfaction for the experimental group in the pre-test are 22.67 and (2.61), and in the post-test, 31.87 and (1.995), and for the control group in the pre-test, 22.73 and (1.75) and in the post-test are 22.93 and (1.7). Descriptive results show that the mean of marital satisfaction score increased in the post-test stages, after receiving buprenorphine, but did not change in the control group that did not receive the drug.

To investigate the research hypotheses regarding the efficacy of buprenorphine on marital satisfaction and sexual satisfaction of opiate addicts, covariance analysis was used. The covariance analysis test allows the researcher to examine the effect of an independent variable on dependent variables and to eliminate the effect of

other variables. Prior to analyzing covariance, its hypotheses were first tested and approved. The required assumptions for the implementation of the covariance analysis test (normalization, homogeneity of variances, regression line tilt homogeneity) were used. Then, the covariance analysis test was used and the results were presented in Table 2.

**Table 2.** One-variable covariance analysis (ANCOVA) on post-test scores of marital satisfaction of test and control groups, with control of pre-test effect.

Sources of changes		SS	df	MS	F	Sig.	Square root
Post-test	Pre-test	7.908	1	7.908	2.353	0.137	0.080
	Group	600.527	1	600.527	178.652	0.0001	0.469
	Error	90.759	27	3.361	-	-	-
	Total	23220	30	-	-	-	-

As shown in the table above, the effect of treatment of buprenorphine on marital satisfaction between the mean post-test of marital satisfaction after removing the effect of pre-test was statistically significant in the two groups ( $F = 178.652$  and  $p < 0.0001$ ). Therefore, it can be concluded that treatment of buprenorphine is effective in increasing marital satisfaction. The Eta squared value is equal to 0.469. This means that the treatment of buprenorphine caused 46.9% change in the rates of marital satisfaction among addicts.

## DISCUSSION AND CONCLUSION

The results showed that treatment of buprenorphine in addicts leaving the experimental group compared with the control group increased sexual satisfaction. The results of the present research are consistent with the results of Anne et al (2016), Clarke-Stewart & Fridemen (2014), Taqavi (2013), Esmaili et al (2011).

Buprenorphine is the "hair" receptor relative agonist, meaning that although it is an opioid and can cause certain effects and side effects of opiates such as euphoria and respiratory failure, its maximum effect is less on fuller agonists than heroin and methadone. Buprenorphine produces enough agonist effects in low doses to reduce opioid dependent individuals without experience of withdrawal symptoms. The effects of buprenorphine agonist increase linearly with increasing doses. Then, up to a moderate dose, it reaches a constant level, and then with increasing doses, the effect will not be too high. Therefore, buprenorphine has a lower risk of substance abuse, addiction and side effects than complete agonists. In fact, buprenorphine can effectively inhibit the effects of complete agonists in the presence of a complete agonist in the opioid dependent bloodstream. In addition, buprenorphine, a kappa receptor antagonist, and attributes some antidepressant effects to the block of this receptor by the drug. By decreasing depression, the level of communication between couples is increased and a better understanding of couples occurs, which can ultimately lead to couple marital satisfaction. Preservative treatment and buprenorphine contain three steps: induction, stabilization and supportive care. The induction stage: Starting from the start of the first dose of the drug in the treatment center, the therapist and treatment protocols begin with the continuation of the drug for use in the clinic or outside the clinic. The important point at this stage is waiting for symptoms of deprivation, in order to avoid the imposition of this syndrome due to early prescribing. Thus, the minimum time between the last doses of the opioid consumed by the patient in the form of an injectable, 8 hours, in a curative form, 12 hours and in an oral form of 24 hours is recommended. This gap provides adequate conditions for the symptoms of deprivation sufficiently to immediate administration of the drug. Most medical guides recommend a minimum score 13 based on the clinical criteria for deprivation of opioids to start buprenorphine.

Stabilization Stage: this is associated with reducing or discontinuing the use, reducing or stopping withdrawal symptoms, decreasing or stopping temptation. At this stage, the drug sometimes requires a dose adjustment. Due to the long half-life of buprenorphine, there is a possibility of prescribing one medication, in such a way that the patient receives a two-day medication in one place with one day's appointment. In this case, the total dose of 2 days will be up to 32 mg. One day's diet is effective for moderate doses, 6 to 14 mg, and cannot be tolerated in low and high doses. Also, in low doses, some patients with better dosing distances. Maintenance phase: By emphasizing non-pharmacological effects, treatment and training of psychosocial skills and regular exercises and spending time to identify the weaknesses and efforts to eliminate them gives the patient the opportunity to avoid long-term drug use

and avoidance from its consequences, it achieves a relative, and sometimes even complete, possibility of returning to a normal life, and as a result of life satisfaction and improving quality of life and designing goals in life, there are important steps that increase marital satisfaction in addicts (Haddadi, 2013).

### **Conflict of Interest**

The authors declare no conflict of interest.

### **REFERENCES**

- Anne, Y., Mahmoud, D., Huai, S. L., Ahmad, H. S., & Chong, G. (2016). Sexual Dysfunction in Heroin Dependents: A Comparison between Methadone and Buprenorphine Maintenance Treatment: University Malaya Center of Addiction Sciences, Department of Psychological Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia, 2 Clinical Academic Unit (Family Medicine), Newcastle University Medicine Malaysia, Nusajaya, Johor, Malaysia.
- Clarke-Stewart, A., & Fridemen, S. (2014). *Child Development: Infanc through Adolescence*. New York: John Wiley & Sons Inc.
- Erfanian Taqvaei, M., Esmaeili, H., & Salehpour, H. (2005). Quantitative and qualitative study of marital satisfaction of addicts and their wives in patients referring to treatment clinic and addiction treatment. PhD dissertation of the principles of mental health, seventh year. 27(28), 121.
- Esmaeili, A., Qiasi, M., Najafi, L., & Shahhooseini, R. (2011). The Effect of Methadone Maintenance Therapy on the Quality of Life of Prisoners Covered by Tehran Province. *Journal of Law Enforcement Management*, 7(1), 76-86.
- Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with item response theory: increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, 21(4), 572.
- Haddadi, M. (2013). The study of how to switch between methadone and buprenorphine. *Journal of Addiction Medicine*, 2(1).
- Hafezi, M., Asadi, M., Mohammad Razeqi, A., & Makri, A. (2004). Evaluation of high dose of buprenorphine in opiate detoxification in one day: clinical trial. *Iranian Journal of Psychiatry and Clinical Psychology (Thought and Behavior)*, 10(3), 195-202.
- Huber, C. H., Navarro, R. L., Womble, M. W., & Mumme, F. L. (2010). Family resiliennce and midlife marital satisfaction. *The family Journal: Counseling and Therapy for Couples and Families*, 1-10
- Olson, D. H., & Gravatt, E. (1968). Attitude change in a Functional marriage Course .*the Family coordinator*, 17(2), 99-104.
- Olson, D. H., Fournier, D. G., Druckman, J. M., McCubbin, H. I., & Barnes, H. L. (1989). *Families*. California: Sage Publication Inc.
- Olson, D. H., Cubbin, H. I., Barenes, H. L., Larsen, A. S., Muxen, M. J., & Wilson, M. A. (1983). *Families: What makes them work*. Beverly Hills, C.A.: Sage Publications.
- Parviz Kazemi, A., & Kamalipour, H. (2005). Comparison of the effect of single dose buprenorphine injection with morphine during induction of anesthesia for analgesia and sedation after laminectomy and lumbar discectomy. *Journal of Gorgan University of Medical Sciences*, 7(2), 22-26.
- Qoreishi, F., Shirmohammadi, D., & Borjvand, A. (2014). Understanding divorce from the perspective of divorced and divorced men and women. Case study of Saqqez city. *Strategic Research on Security and Social Order*, 3(1), 19-30.
- Soleimanian, A. (1994). Surveying the relationship of irrational beliefs with marital satisfaction among married university students. Master thesis. Unpublished. Tarbiat Moallem University. (Persian)
- Soleimaniannejad, A. (2004). The effect of irrational thoughts on marital dissatisfaction. Tehran: Tarbiat Moallem University.
- Taqavi, N. (2013). The study of the status of marriage and divorce in Tabriz. East Azarbaijan Governorate.
- Zahed, A., Elaheh Qalilou, K., Abolqasemi, A., & Narimani, M. (2010). The relationship between emotion regulation strategies and interpersonal behavior in drug abusers, *addiction research*, 11(3), 99-113.