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**Identifying High Priority Research Needs for Acetaminophen Use among Black/Hispanic Populations  
with Opioid Use Disorder and Liver Disease**

Autumn Barnes, B.A., Lissette Saavedra, Ph.D., Amber M. Jarnecke, Ph.D.

**Background:** Opioid use disorder (OUD) poses significant clinical concerns for individuals with liver disease (LD). Medications for OUD (MOUD), particularly Naltrexone, must be carefully considered for individuals with co-occurring LD. Psychosocial factors influence treatment and outcomes for historically marginalized populations, particularly Blacks and Hispanics, with OUD and LD. Acetaminophen is commonly recommended for pain management for these conditions; however, gaps in literature for acetaminophen use among at risk and historically marginalized populations with OUD and LD. **Methods:** This study examines electronic health record (EHR) data to characterize individuals with OUD and LD by acetaminophen use. Using a literature review and consultation with diverse industry experts, it also identifies and prioritizes future research needs. **Results:** Examination of the EHR data identified N=631 individuals with OUD and LD, prescribed MOUD. Most individuals had acetaminophen documented (n=578). Whites were less likely to have acetaminophen documented ( $p < 0.001$ ); no differences in acetaminophen were found among individuals of other ethnoracial identities. Age/sex-matched group analyses suggest individuals without acetaminophen had greater liver enzyme values, and this reached statistical significance for ALT ( $p = 0.019$ ). Literature review and consultation with industry experts identified future research and clinical needs for this population: a) if and how acetaminophen and Naltrexone have an additive hepatotoxic effect on liver functioning; b) clinical relevance, training, and standard guidelines for assessing liver function when considering Naltrexone and acetaminophen for OUD; c) understanding how sociocultural factors impact dissemination of information, treatment, and outcomes for historically marginalized people with OUD and LD; d) understanding how the causation and timing of LD (e.g., due to Hepatitis C) are associated with OUD. **Conclusions:** There are some differences among individuals with OUD and LD, prescribed MOUD, by acetaminophen use; however, more research, aligned with the topics identified by literature review and consultation with industry experts, is needed.