The Prevalence of Substance Use Disorder (SUD) in hospitalized patients at GSRMC

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BACKGROUND

- According to the National Survey on Drug Use and Health, ~20.3 million people aged 12 or older had a substance use disorder (SUD) in 2018 with 14.8 million struggling with an alcohol use disorder (AUD) and 8.1 million dealing with an illicit drug use disorder(1).
- Research shows that most inpatient medical providers currently lack the expertise to treat SUD in the hospital.
- In an OHSU survey of 185 hospitalized adults, 57% of high risk alcohol users and 68% of high risk drug users reported that they wanted to cut back or quit their substance abuse. More than ½ of them with opioid use disorder (OUD) were ready to start an opioid addiction treatment during that hospitalization(4).
- At various major hospitals across the country, addiction medicine consult services are emerging, consisting of trained providers and multidisciplinary teams. These services can offer patients safe and effective treatment for their SUD. Studies of these services have documented successful increased engagement into treatment and reduced substance use as a result(4)

OBJECTIVE

- We are plan on investigating the creation of a specialized consult service which will consist of trained providers and multidisciplinary team to treat patients with SUD.
- Prior to initiating this, we needed to understand the scope of the problem locally.
- We set out to find the prevalence of substance use disorder in hospitalized patients at GSRMC

METHODS

- A retrospective chart review was undertaken of inpatients , age 18-70 admitted to medical (including ICU), surgical and orthopedic services at GSRMC.
- A 3 week time period was randomly selected in 2019 (9/1/2019 through 9/21/2019)
- Charts were reviewed by resident study investigators
- The DSM-5 diagnostic criteria were to be used to identify substance abuse disorder and alcohol abuse disorder, however, it was difficult to apply DSM-V criteria in some instances due to inadequate documentation. In those cases, we ended up using a different criteria which was as follows: patient presented with complication of the substance use (drug overdose, varices bleed, encephalopathy), history clearly stating ongoing use. Chronic use of opioid without clear documentation of increasing dose or dependence was not included. Patient taking opioids for cancer are also not included.

RESULTS

- 276 charts were reviewed for admissions between 9/1/2019 and 9/21/2019

Figure 1. Proportion of GSR inpatients with SUD

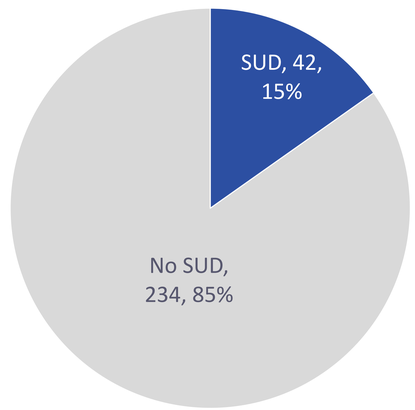


Figure 2. Types of substances used by GSR inpatients

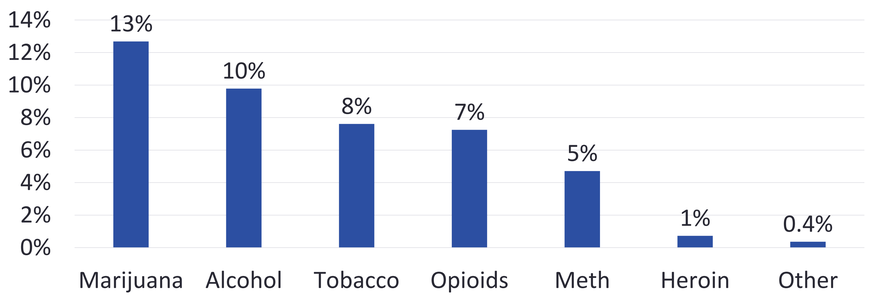
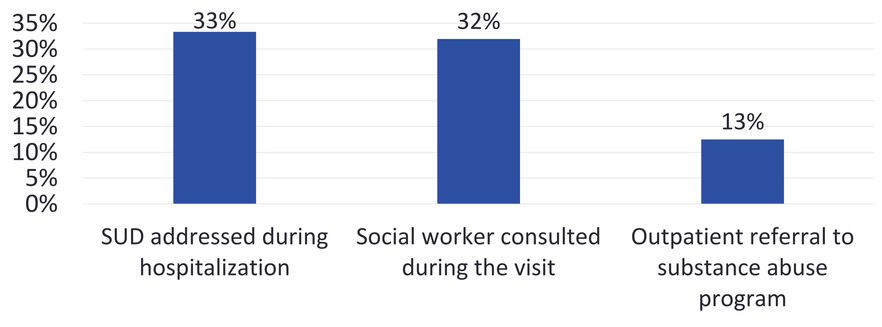


Figure 3. Support offered for GSR inpatients with SUD (N=28)



DISCUSSION & CONCLUSION

- 15% of hospitalized patients had SUD, national average of SUD also around 15%. (Fig. 1). It seems like that rate of SUD at GSRMC might be even higher as we found many patient taking chronic opioids for pain or unknown reason. We did not include these patient in SUD due to lack of information.
- The types of substances used by GSR inpatients were marijuana, tobacco, alcohol, opioids, meth, heroin and other. Marijuana is legal in Oregon which explains why it is most used(Fig 2).
- SUD was addressed during the hospitalization for 33% of patients with a SUD. We think it may be due to that some physicians are not comfortable with prescribing medication-assisted therapy due to lack of training, high patient burden (lack of time to discuss treatment), due to uncertainty of outpatient follow up (unaware of resources available in the community) or stigma of opioid use.
- Social work was consulted on 32% of patients with SUD. In these patients, most of the social worker consultations were due to financial issues and homelessness, not for SUD.
- 13% of SUD patients were provided with outpatient referral to substance abuse programs. This suggests SUD cases are not getting the proper referrals and treatment.
- In fact chart review showed that no patient was started on therapy for opioid abuse, only 1 patient was started on naloxone for alcohol use disorder at discharge, one patient declined Narcan.
- Based on our chart review, it is clear that we are not providing the care to our substance use disorder patients that they deserve. Consultation service at GSRMC is need to address substance use disorder.

REFERENCES

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