

BACKGROUND

- Alcohol use disorder (AUD) is a widespread health condition with damaging sequelae affecting many hospitalized patients and is frequently pharmacologically undertreated.
 - 12-month prevalence: 13.9%; Lifetime prevalence: 29.1% (in US) ¹
- Naltrexone and Acamprosate have the best available evidence as pharmacotherapy for patients with AUD ^{2,3}. However, <10% of patients with a 12-month diagnosis of AUD and about 20% of patients with a lifetime diagnosis of AUD received any type of treatment. ¹
- Prior studies have demonstrated efficacy of interventions
 - Protocol for counselling patients w/ withdrawal: reduced 30-day ED revisits ⁴
 - Discharge planning protocol for EtOH dependence: decreased 30-day readmission, ED visits ⁵
- Good Samaritan Regional Medical Center (GSRMC) has no established protocol regarding initiation of pharmacological treatment for hospitalized patients with active AUD, leaving a potential care gap for these patients.

OBJECTIVES

To evaluate and improve the rate of counseling and/or prescriptions (hypothesized being < 5%) for Naltrexone and Acamprosate among hospitalized patients with active AUD at discharge by hospitalists and residents at GSRMC.

METHODS

Pre-Intervention

Hospitalists and residents on ICS rotation were surveyed before the intervention (n=47, 64% residents, 36% attendings)

Patients with AUD were identified in a retrospective chart review (n=51)

Identified barriers for counseling and prescribing pharmacologic treatment for AUD

Identified the baseline rate of prescription for Naltrexone and Acamprosate for hospitalized patients with AUD

Intervention: December 2020 – February 2021
AUD lecture series, journal clubs, Epic dot-phrases, educational flyers

Dot phrase: **.AUDdischarge**

The patient was counseled about negative influence of alcohol on patient's health and life: Yes/No
alcohol counseling provided
Readiness to quit: Ready/Not ready
Social worker was consulted and provided information for local resources: Yes/No
Pharmacological options were discussed with patient during this hospital stay: Yes/No
The patient was discharged on medications for AUD: Yes/No
AUD treatment: Naltrexone 50mg daily provided at discharge; Acamprosate 666 TID provided at discharge; No, patient wanted to discuss with primary care provider; No, patient not interested in pharmacological options; No, both medication were contraindicated at time of discharge.

Post-Intervention: April 2021 – September 2021

Hospitalists and residents on ICS rotation were surveyed again (n=18, 50% residents, 50% attendings).

Patients with AUD hospitalized after the intervention were identified and reviewed (n= 51)

Data analysis and outcomes

RESULTS: PROVIDER SURVEYS

- 47 providers responded to pre survey and 18 responded to the post survey.
- Providers identified a lack of patient compliance and lack of provider knowledge as top barriers to prescribing pharmacotherapy for patients with AUD at discharge. (Figure 1)
- Providers reported more counseling about pharmacotherapy after the intervention (Figure 2)
- Familiarity with FDA approved pharmacotherapy increased significantly (Figure 3, p=0.04)
- Comfort with counseling AUD patients about pharmacotherapy and prescriptions improved significantly (both p=0.03; shifted from ~50% uncomfortable to only 12% uncomfortable)
- Before the intervention 30% of providers reported they had prescribed pharmacotherapy to treat AUD, vs 53% afterwards (p=0.22)

Figure 1. Barriers to prescribing pharmacotherapy for patients with AUD at discharge

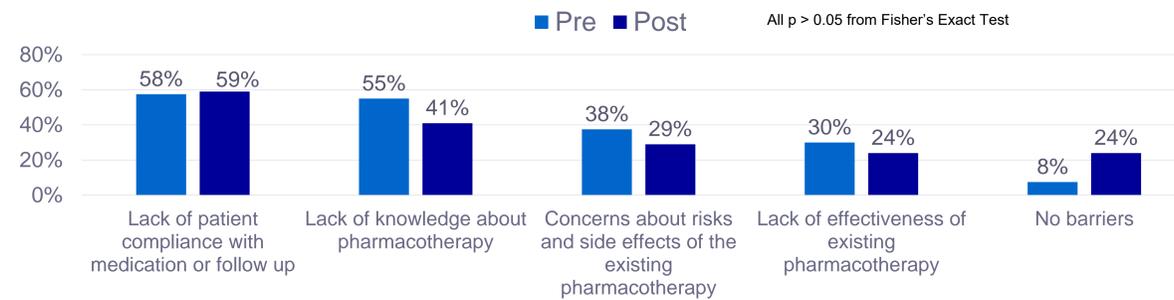
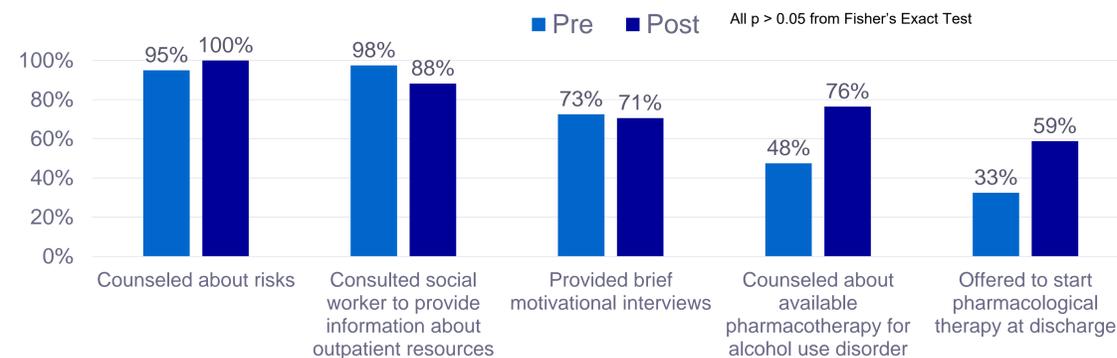


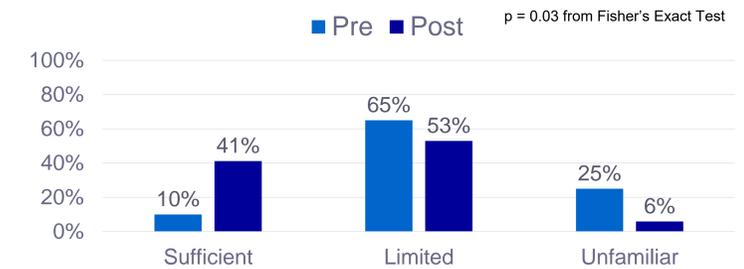
Figure 2. Interventions providers have offered hospitalized patients with AUD



RESULTS: HOSPITALIZED PATIENTS WITH AUD

Table 1	Pre-Intervention (N=51)	Post-Intervention (N=51)	P-value
AUD Severity			0.02
Alcohol Use	78%	76%	
Alcohol Dependence	20%	8%	
Alcohol Use Disorder	2%	16%	
Counseling for AUD	80%	94%	0.07
Counseling about pharmacological options	4%	31%	<0.001
Prescribed FDA approved medications, if indicated	2% (1/48)	10% (5/51)	0.21
Counseling about pharmacological options and/or prescribed FDA approved medications	4%	31%	<0.001

Figure 3. How would you rate your familiarity with FDA approved pharmacotherapy?



CONCLUSIONS

- The main barrier to AUD treatment was lack of provider knowledge, resulting in low comfort for counseling/prescribing AUD pharmacotherapy (Figure 1)
- After delivery of an educational lecture series, an Epic dot-phrases, and educational posters there was an increase in self-reported awareness of AUD pharmacology and documentation on chart review among inpatient providers at GSRMC (Figure 3).
- We also achieved a 27% increase in counseling and/or prescription of AUD medications (4% pre-intervention to 31% post-intervention; p< 0.001) (table 1).
- Study is limited by low provider retention (47 pre-intervention vs 18 post-intervention)

FUTURE IMPLICATIONS

- Previous studies achieved >60% counseling rates after a protocol was implemented. We suspect that providers may not be documenting their counseling in Epic, so our numbers may be higher than reported here.
- Establishment of a system-wide protocol for counseling and initiation of pharmacological options for treatment of AUD at the time of discharge would likely result in further improvement in quality of care.

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