

## Background

- Although it is more common to initiate medication-assisted treatment (MAT) for opioid use disorder (OUD), there are approved medications for the management of alcohol use disorder (AUD) as well, such as **naltrexone**. However, this is not currently a common medication prescribed in the inpatient setting prior to discharge.
- Often, patients are discharged on gabapentin, but not at doses that have been studied to reduce cravings (900-1800 mg/day)[1].
- Project AIM:** increase the prescribing of this medication as an inpatient to ideally provide more support to patients with alcohol use disorder.

## Baseline Metrics and Methods

In the past year...

**12,851 orders for methadone**

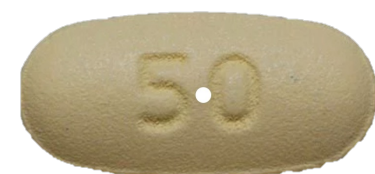
VS

**60 inpatient orders for naltrexone**

- However, there are **more admissions for AUD (5,532 vs. 4,076)**
- Current TJUH alcohol withdrawal guidelines** suggest discharge on **gabapentin 300mg BID to reduce cravings**
- RedCap survey was sent to residents, pharmacy, gastroenterology, hepatology, primary care and hospitalists to get baseline perception data

## Benefits of Naltrexone

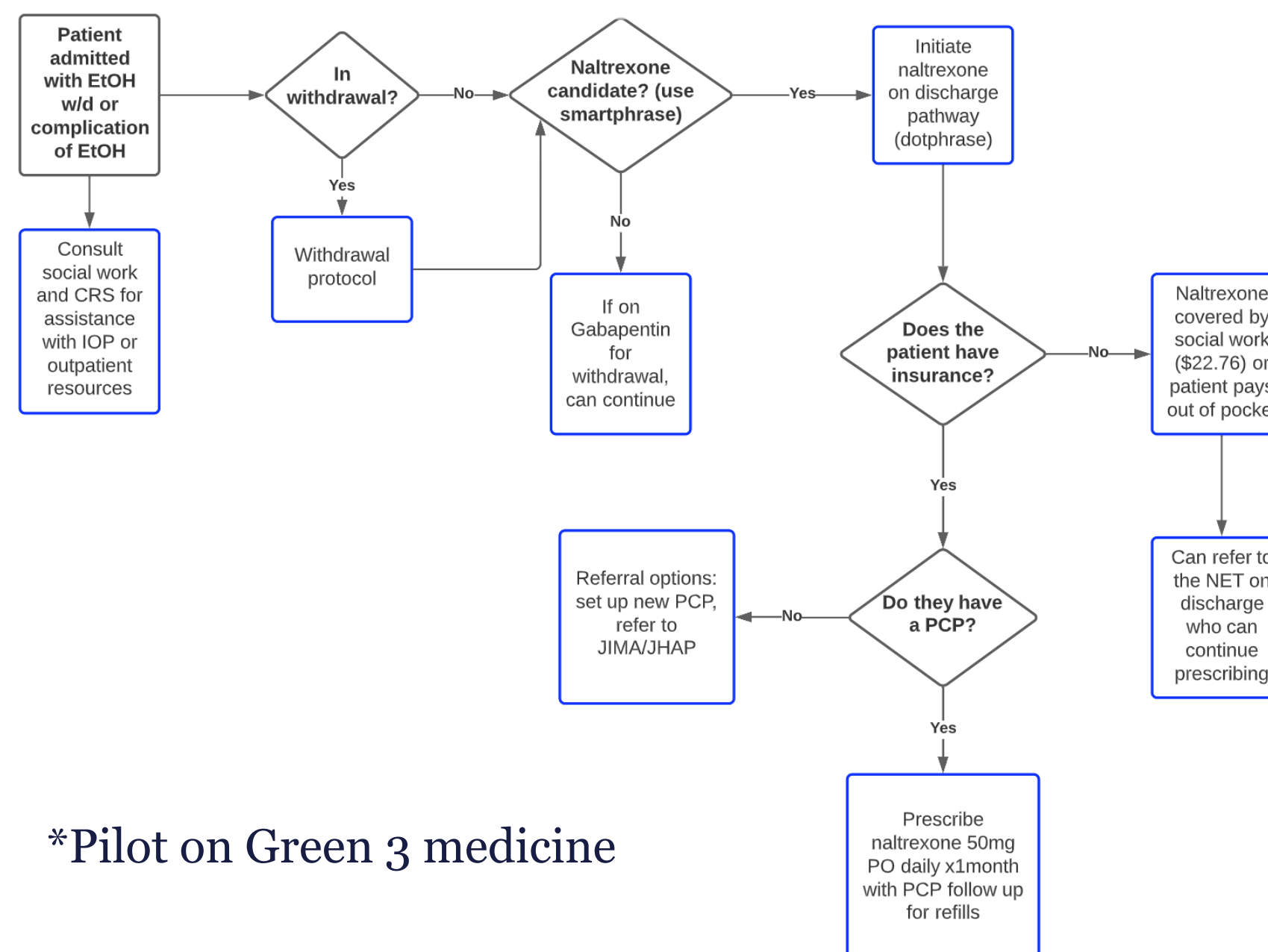
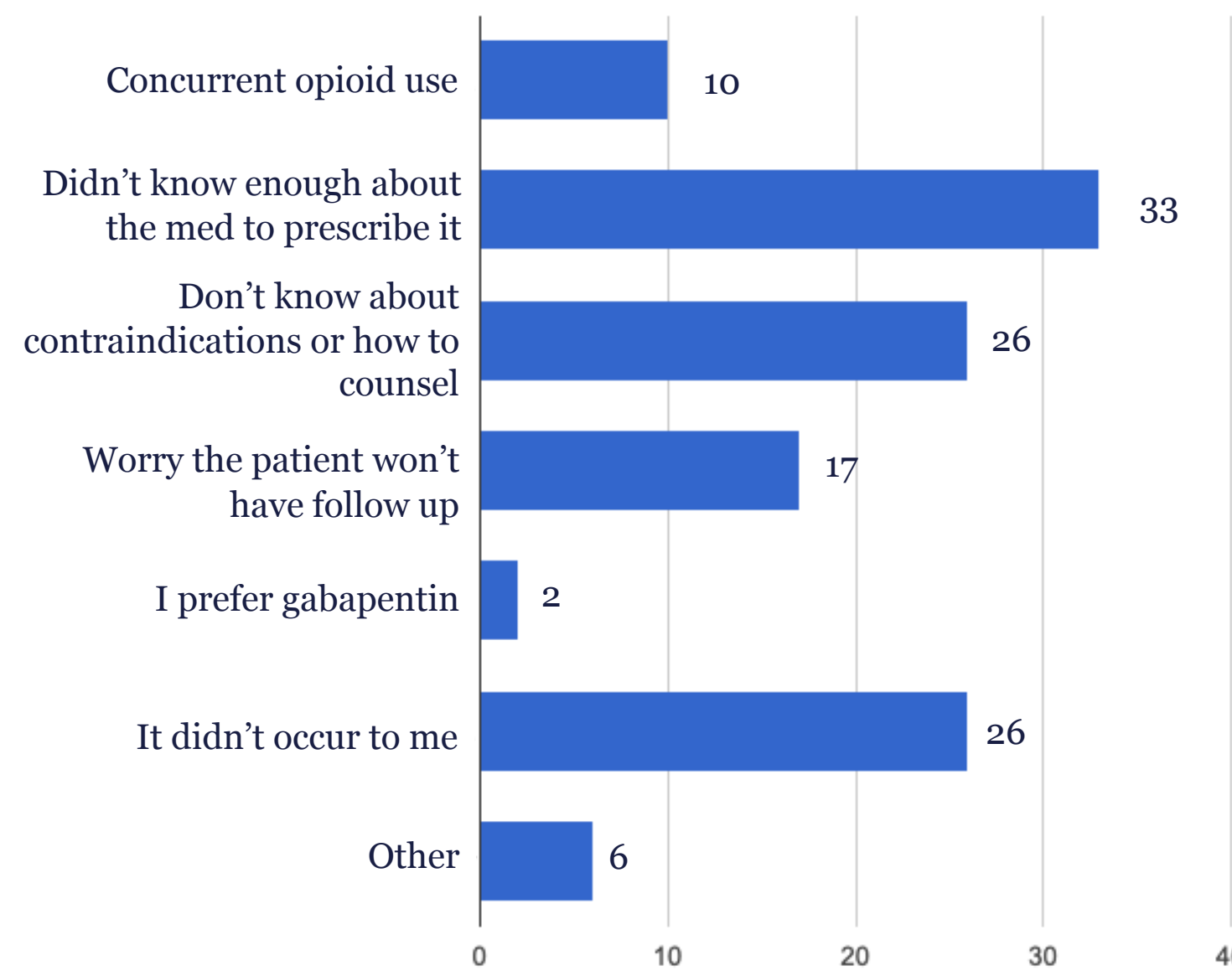
Once a day dosing, affordable, minimal side effects. No street value (vs. Gabapentin)  
Contraindications: significant liver injury, concurrent opioid use



## Results and Intervention Planning

48 responses: 29 residents, 5 HM, 2 hepatology, 1 pharmacy, 5 GI, 6 PCP

39/42 have not prescribed naltrexone, but 38/42 would definitely, if they had more resources

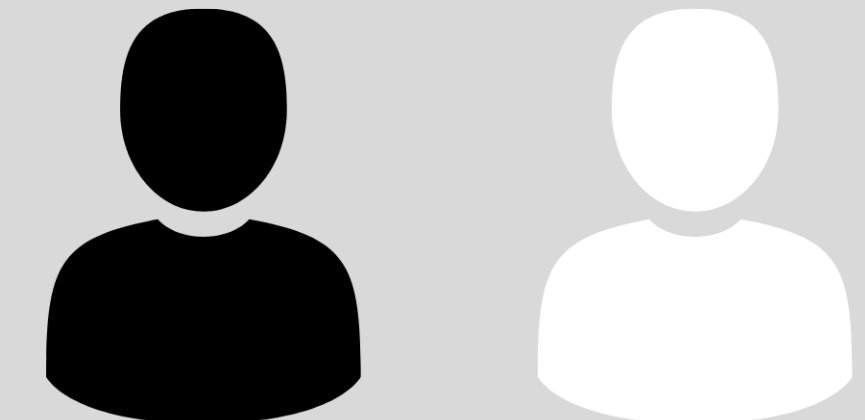


\*Pilot on Green 3 medicine



QR for above flow sheet and dot phrases

## Healthcare Disparities



**Racial/ethnic minorities** are **LESS** likely to have AUD, but **MORE** likely to have complications from it (liver disease, social consequences, etc) and **LESS** likely to be prescribed MAT [2].

## Challenges and Lessons Learned

- Lack of awareness
- Some are skeptical of naltrexone effectiveness (lack of faculty response to survey for baseline data)
- Need to engage key stakeholders
- Culture change?
- Too many patients with contraindications?

## Future Directions

- Automate the process?
- Order sets?
- Education sessions?
- Discuss other institution practices?

## Acknowledgements and References

- Lisa Matonti, PharmD
- Mason, B. J., Quello, S., Goodell, V., Shadan, F., Kyle, M., & Begovic, A. (2014). Gabapentin treatment for alcohol dependence: a randomized clinical trial. *JAMA internal medicine*, 174(1), 70-77.
- Williams, E. C., Gupta, S., Rubinsky, A. D., Glass, J. E., Jones-Webb, R., Bensley, K. M., & Harris, A. H. (2017). Variation in receipt of pharmacotherapy for alcohol use disorders across racial/ethnic groups: a national study in the US Veterans Health Administration. *Drug and alcohol dependence*, 178, 527-533.