

Alcohol use disorder medication initiation during alcohol withdrawal hospitalizations



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The authors have no conflicts of interest to disclose.

BACKGROUND

- Alcohol withdrawal hospitalizations present opportunities to initiate medications for alcohol use disorder (MAUD)
- There are limited data on hospital-level variability in MAUD initiation rates which are needed to inform future interventions

METHODS

- Retrospective cohort study of MAUD-naïve hospitalized patients with alcohol withdrawal using electronic health records (2022-2024) across 15 hospitals in a CO health system
- Outcome:** MAUD initiation defined as a prescription of oral naltrexone, acamprosate, or disulfiram and/or administration of injectable naltrexone prior to discharge
- Covariates:** Patient-level demographics, clinical laboratory values, and medical and psychiatric comorbidities and hospital-level factors
- Analysis:** Generalized linear mixed model with hospital site as a random effect

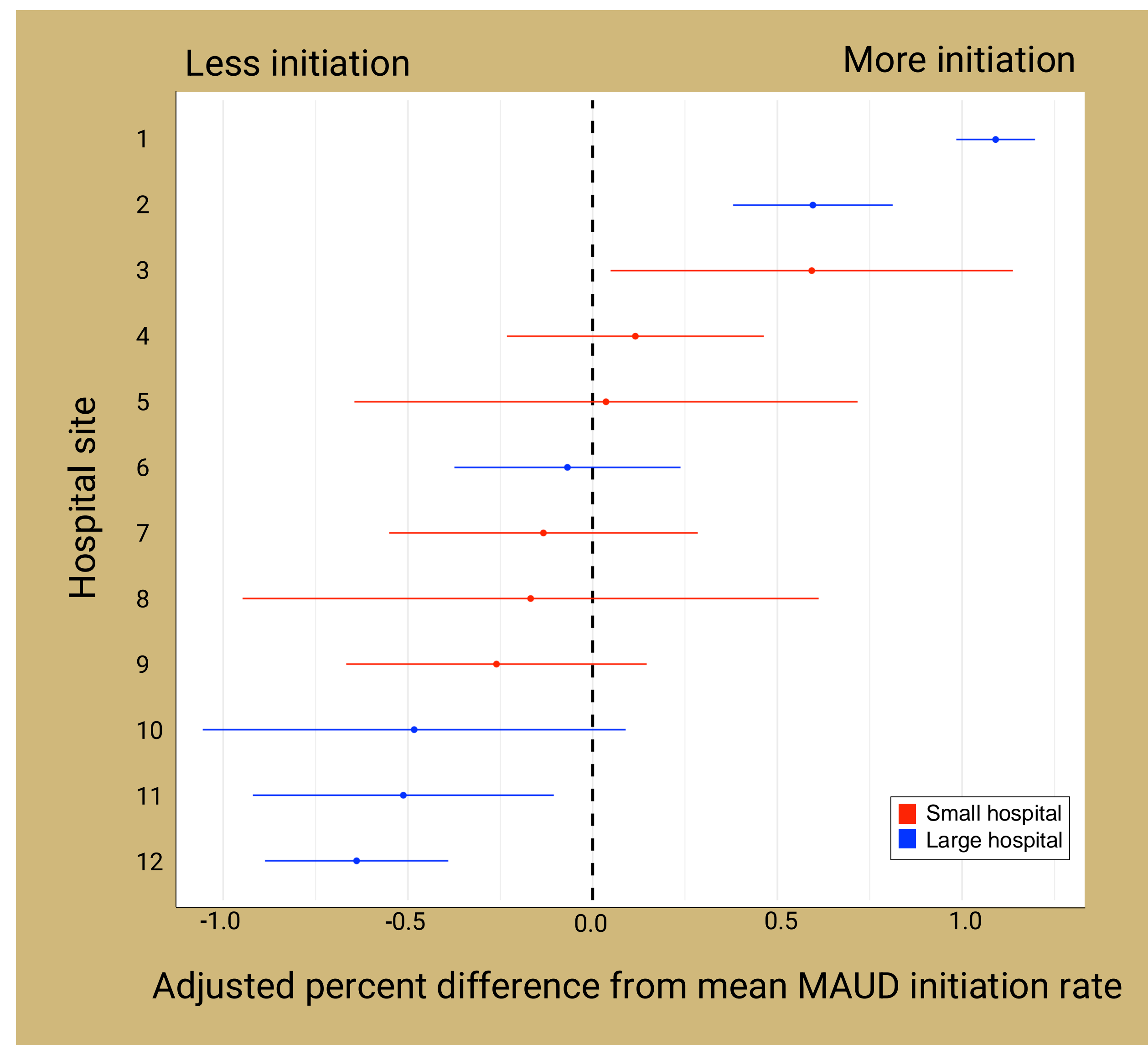
RESULTS

Table 1. Most patients were non-Hispanic White males

Characteristic	Overall, %
No.	5,557
Age, mean (SD)	47 (14)
Female sex assigned at birth	29
Hispanic	18
Non-Hispanic Black	8
Non-Hispanic White	69
Insured by Medicaid	49
Liver injury ^a	10
Reduced renal function ^b	1
Opioid use disorder	6
Surgical service	7
Addiction or psychiatry consult	31

^a Liver injury was defined as elevations in liver enzymes ≥ 5 times the upper limit of normal
^b Reduced renal function was defined as estimated glomerular filtration rate ≤ 30 milliliters/minute

Figure 1. MAUD initiation rates varied across hospitals*



*Three hospitals with < 30 patients were excluded to improve stability of estimates

Figure 2. Oral naltrexone was the most common MAUD initiated

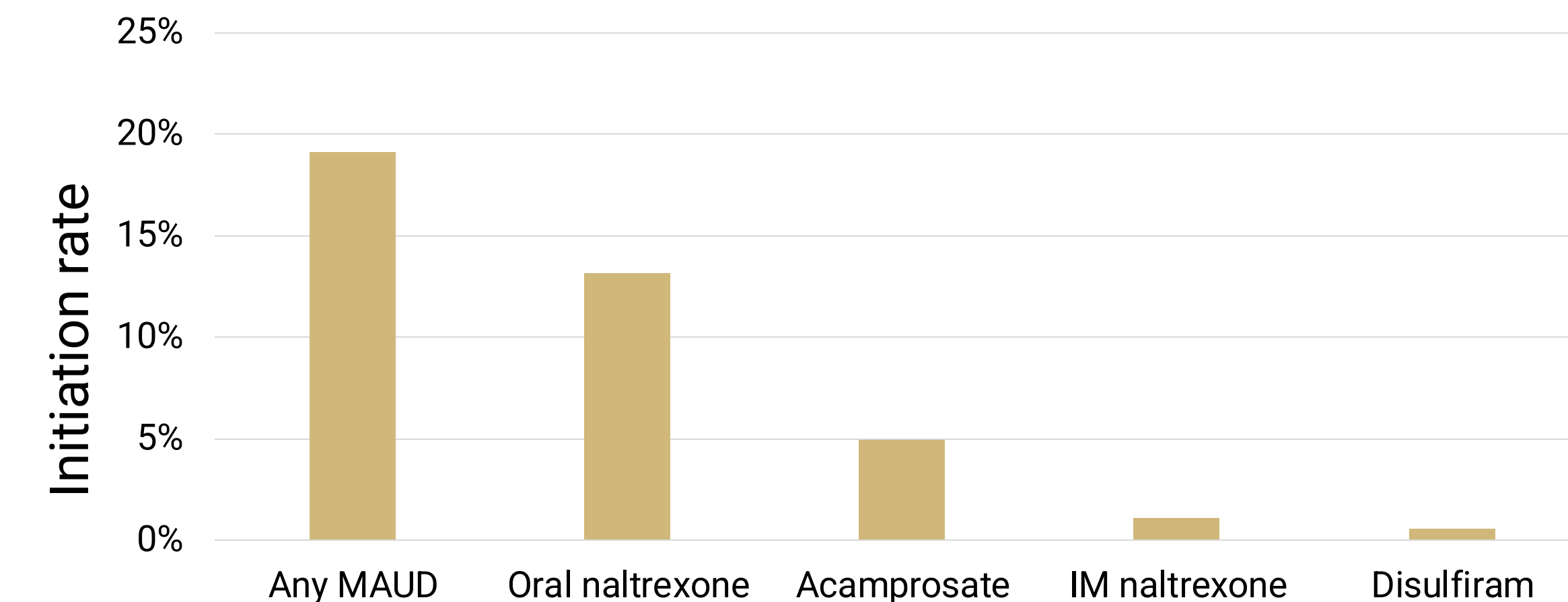


Table 2. Older age, comorbidities, and surgical service were associated with less prescribing, addiction/psych consult was associated with more

Characteristic	Adjusted % difference (95% CI)
Age (ref = 18-29)	
30-49	0.04 (-0.22,0.30)
50-64	-0.21 (-0.50,0.08)
65+	-0.65 (-1.12,-0.19)
Insurance (ref = commercial)	
Medicare	-0.01 (-0.37,0.36)
Medicaid	0.03 (-0.18,0.24)
Uninsured	0.18 (-0.13,0.48)
Other ^A	0.51 (0.11,0.91)
Liver injury (ref = no liver injury)	-0.31 (-0.61,-0.01)
Reduced renal function (ref = not reduced)	-1.31 (-2.21,-0.40)
Opioid use disorder (ref = no opioid use disorder)	-0.83 (-1.18,-0.48)
Surgical service (ref = medical service)	-1.01 (-1.37,-0.65)
Addiction medicine or psychiatry consult (ref = no consult)	1.50 (1.31,1.70)

Covariates sex, race and ethnicity, social vulnerability index, cardiac disease, stimulant use disorder, and psychiatric comorbidities did not have a statistically significant association

^A Other insurance mostly included coverage by Veterans Affairs or Tricare

CONCLUSIONS

- 4 out of 5 hospitalized patients with alcohol withdrawal did not initiate MAUD
- Initiation varied by patient and hospital factors and ranged from 5% to 44% across hospitals
- Research is needed to identify reasons for variation in MAUD initiation to improve alcohol use disorder treatment delivery