

National Estimates of Alcohol Use Disorder Diagnosis and Treatment in Pregnancy, 2006-2019

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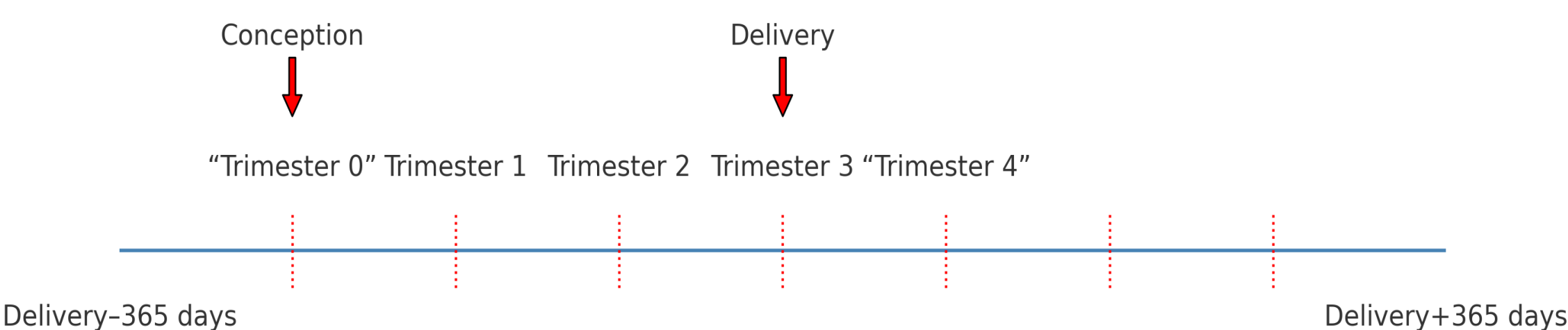
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INTRODUCTION

- Prenatal alcohol exposure is the leading cause of preventable disability in the United States.
- The prevalence of alcohol use disorder (AUD) diagnosis and treatment receipt has not been examined in pregnant and postpartum people using detailed national data.
- We used an electronic health records (EHR)-based dataset of >100 health care organizations (all-payer types) in the U.S. to estimate the prevalence of AUD diagnoses and medications for AUD (MAUD) receipt from 2006 to 2019.

METHODS

- TriNetX is a U.S.-based dataset agnostic to payer type. As a "near real-time" database, it is continuously refreshed and is a component of the FDA's efforts in drug safety surveillance.
- We identified people with 1+ delivery-related encounter from 2006-2019 and evaluated the number of individuals with AUD +/- 12 months from delivery who received >1 fill for acamprosate, disulfiram, and naltrexone during that timeframe. We secondarily calculated the prevalence of AUD from 2006-2024.



S Roberts, G Liu & M Terplan, 2024 MarketScan Commercial, 2006-2019; TriNetX (all-payer+uninsured, Epic records, 2006-2019)

Figure 1: Timeline used to compare our TriNetX analysis with MarketScan.

RESULTS

- Few people with AUD received MAUD in the year before through after delivery (<5%).

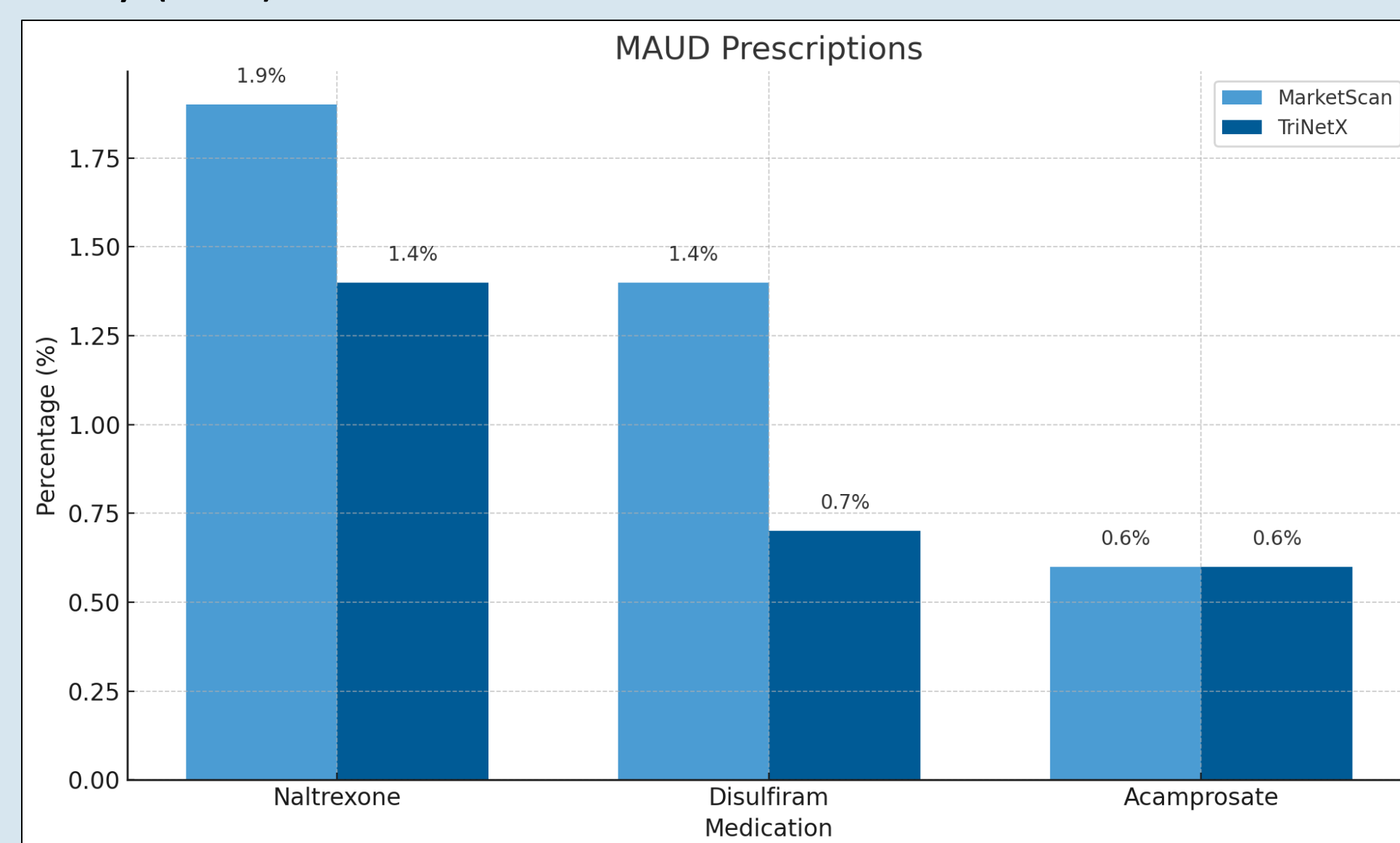


Figure 2: Percentage of birthing persons who received a MAUD prescription in the year before or after delivery in the TriNetX database.

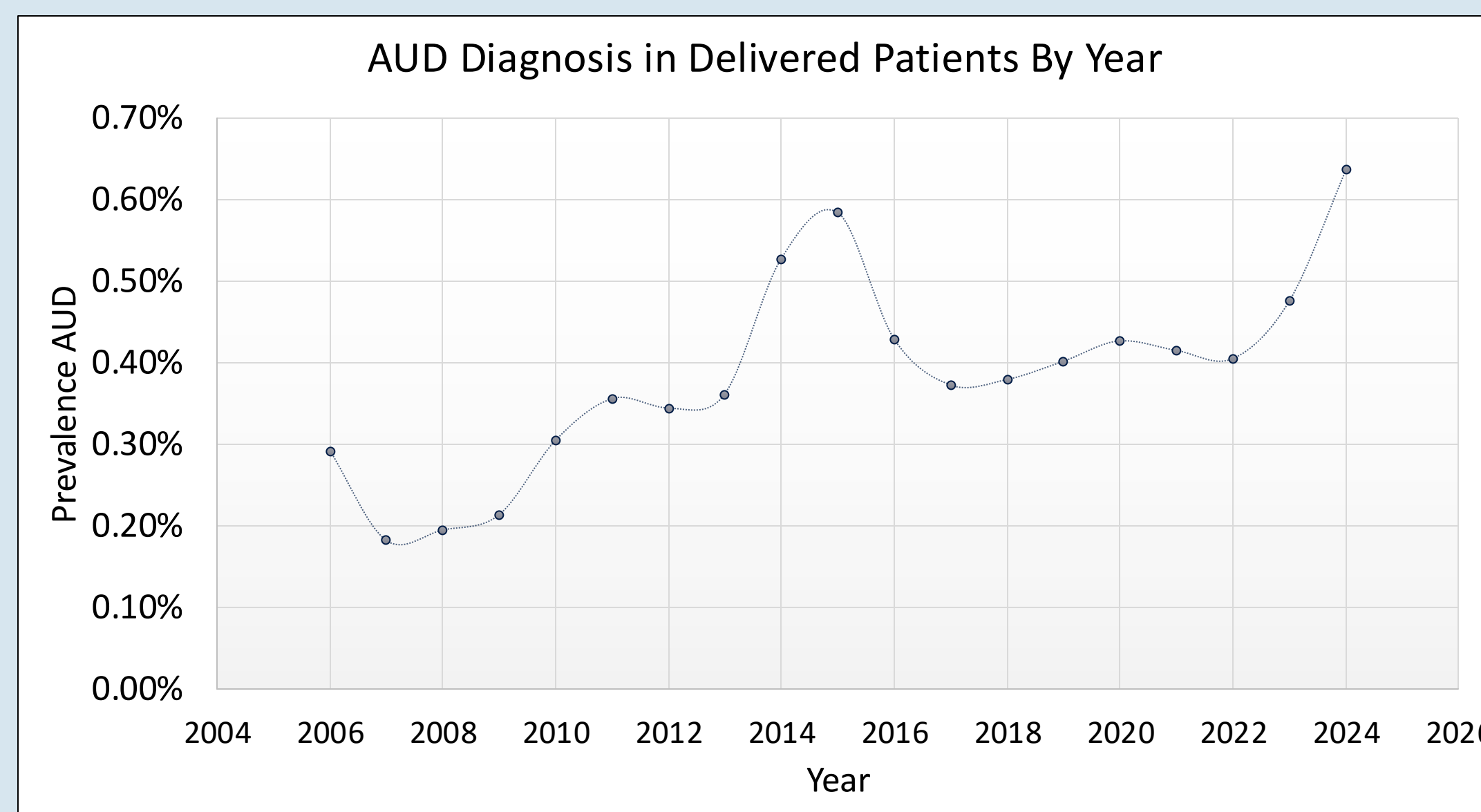


Figure 3: Percentage of birthing persons delivering annually who had 1+ diagnosis of AUD in the year of delivery.

RESULTS

- Even as AUD's prevalence is rising in pregnancy, the low percent of MAUD prescriptions in pregnant people with AUD was consistently observed across different datasets.
- In our TriNetX analysis, approximately 40% of birthing people with AUD had diagnoses for mood disorders (i.e., major depressive disorder) postpartum.

CONCLUSION

- The rising rates of AUD in pregnancy and low MAUD prescribing among birthing patients highlight important unaddressed gaps in perinatal substance use disorders care in the United States.
- While limitations exist in the clinical significance of AUD diagnoses in claims data (e.g., bias in reporting), the increase in prevalence of these diagnoses over time warrants further investigation.
- Multiple opportunities across the AUD cascade of care exist to address unmet needs of pregnant and postpartum people, with our data suggesting that receipt of AUD treatments is an area for targeted intervention.

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