

Use of Naltrexone for Alcohol Use Disorder: Closing The Gap in Inpatient Initiation

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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)

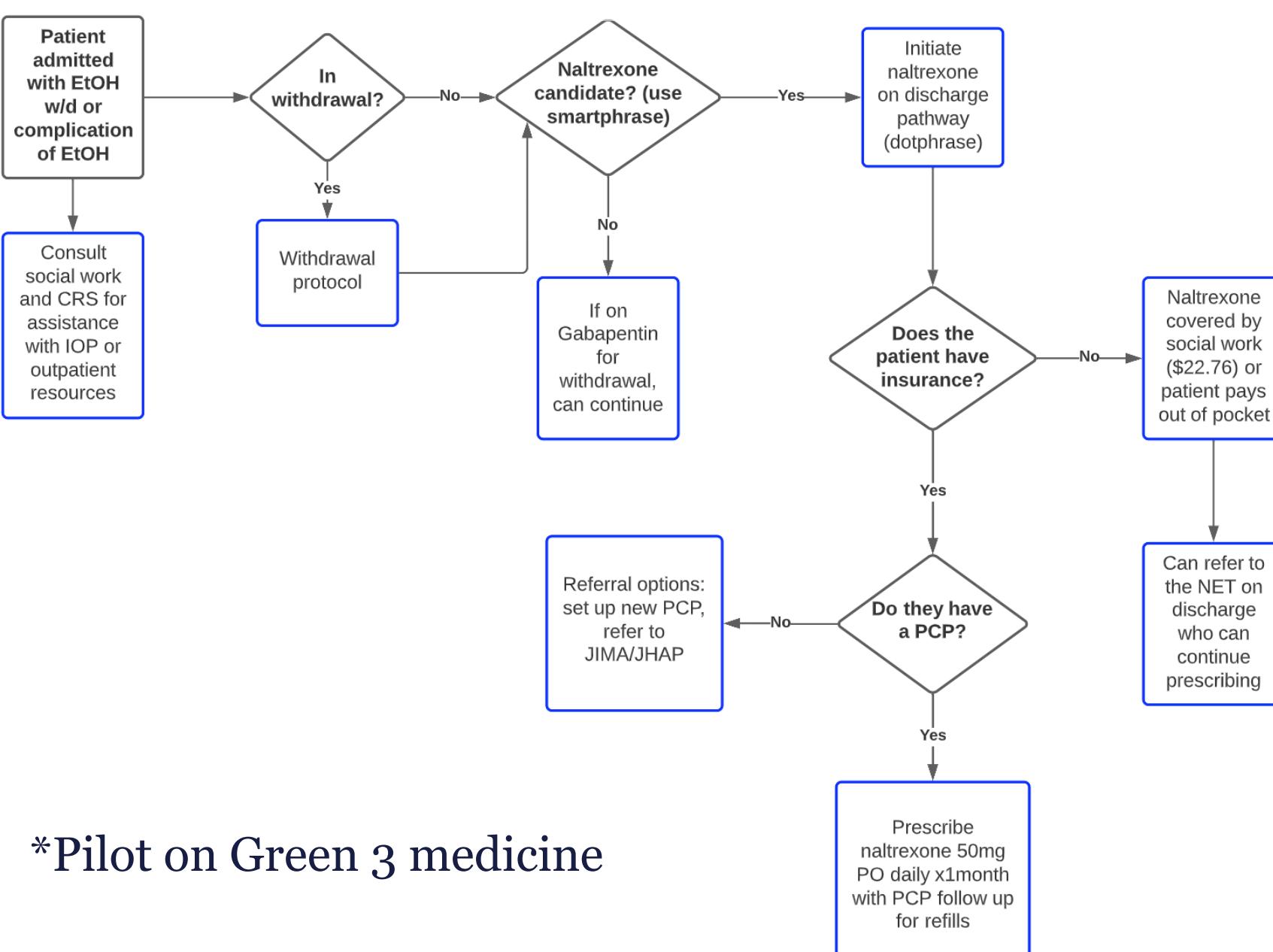
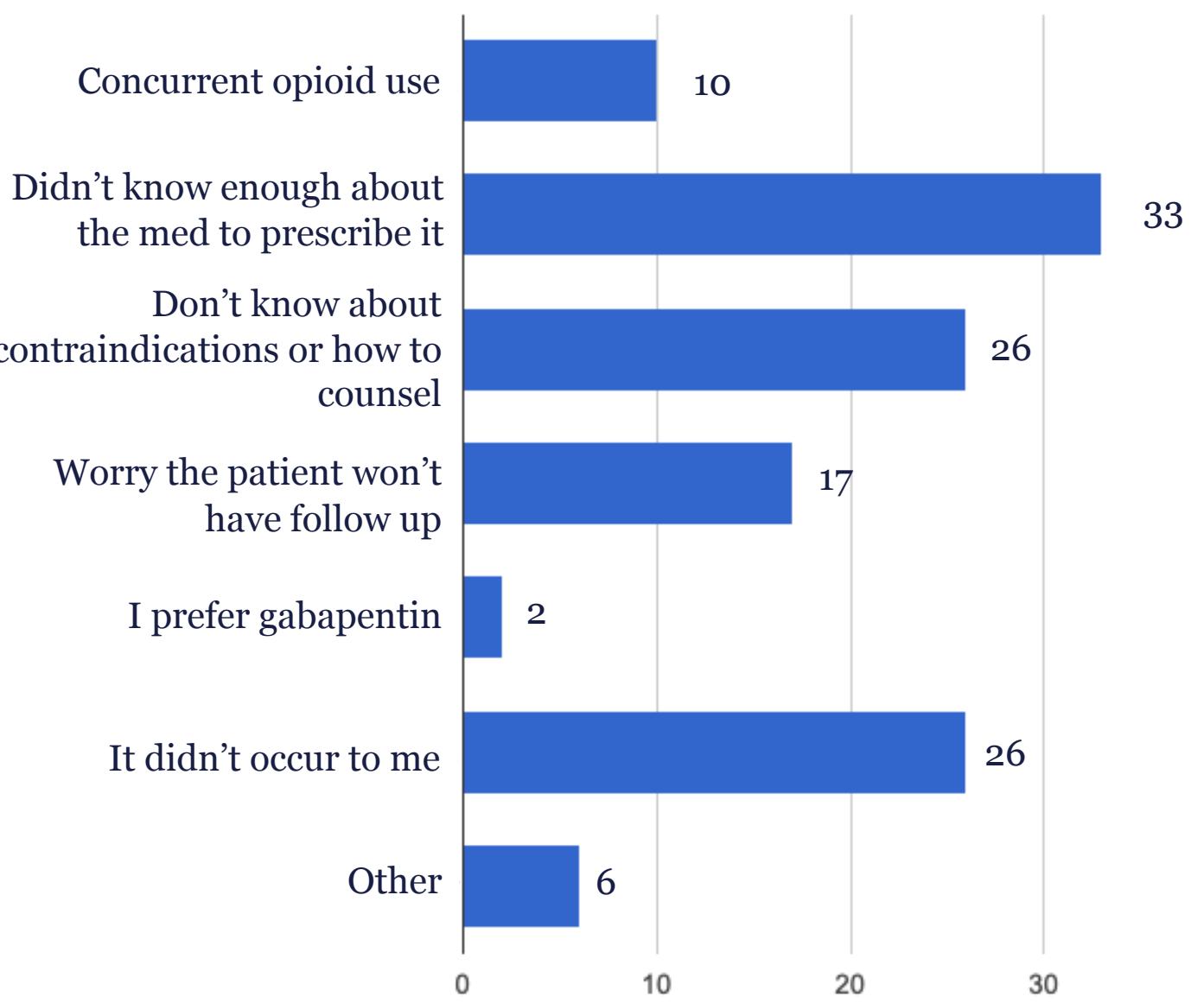
Contraindications: significant liver injury, concurrent opioid use



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

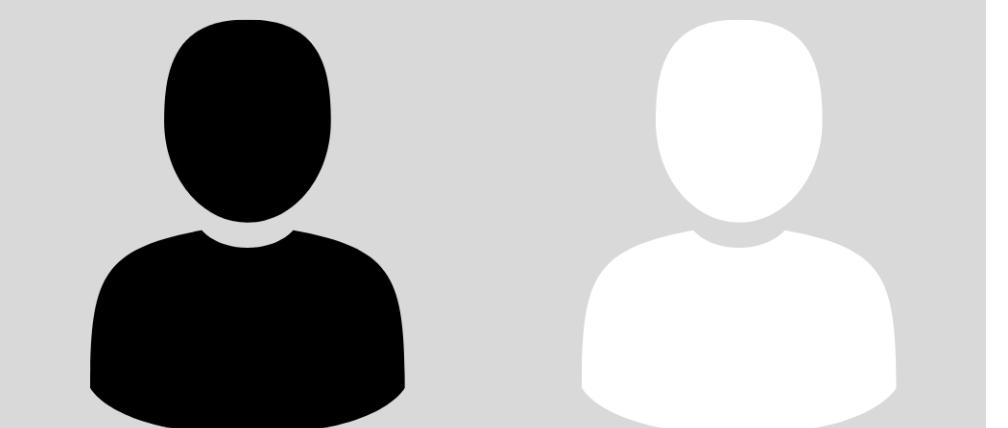


*Pilot on Green 3 medicine



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

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