PRACTICE INNOVATION PROGRAM COLORADO

FACILITATING ALCOHOL SCREENING & TREATMENT (FAST)

Alcohol Use Disorder: Treatment Monitoring and Follow-up in Primary Care

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Objectives

1. Review AUD treatment plans in primary care.
2. Discuss biologic and behavioral monitoring options for patients on MAT for AUD in primary care.
3. Interpret urine and blood drug testing results for alcohol.
4. State when referral to higher level of care and Addiction Medicine is appropriate.

Reminder: Medication-Assisted Treatment

- The use of medications to treat substance use disorders
  - Typically accompanied by psychosocial interventions (counseling, mutual support groups or AA, etc.)
  - Plus other clinical support (resources, care management)
- For heavy drinkers, primary care management with pharmacotherapy and counseling is as effective as specialized addiction management

Why is MAT so effective in primary care?

- High rates of engagement with primary care compared to specialties
- Patients trust and confide in their PCP
- Little to no delay initiating the intervention
  - Immediate treatment access and long term follow-up may have greater effect on drinking outcomes than intensity of treatment

Appropriate Patients for MAT

- Not all patients with unhealthy alcohol use should be offered MAT

- Found to be mostly effective in those with severe disease
  - Psychosocial interventions alone may be effective for those with mild disease

Appropriate Patients for MAT

- MAT is indicated for patients with:
  - Current heavy alcohol use and ongoing risk for consequences
  - DSM-5 criteria of *moderate to severe* AUD
  - Motivation to reduce alcohol intake
  - Preference for medication (along with or instead of psychosocial intervention)
  - No medical contraindications

DSM-5 Criteria for AUD

- Recurrent drinking resulting in failure to fulfill role obligations
- Recurrent drinking in hazardous situations
- Continued drinking despite alcohol-related social or inter-personal problems
- Tolerance
- Withdrawal
- Drinking more/more often than intended
- Unable to quit/cut back drinking
- Spent a lot of time drinking or recovering
- Gave up or reduced important activities due to drinking
- Continued drinking despite knowledge of consequences
- Cravings

To diagnose AUD:

- Patient must meet at least 2 criteria in past year
- Mild: 2-3 criteria present
- Moderate: 4-5 criteria
- Severe: 6 or more criteria

MAT Options for AUD

- Three “first-line” medications for outpatient setting:
  - Naltrexone (Vivitrol)
  - Acamprosate (Campral)
  - Disulfiram (Antabuse)… kind of

“First-line” = FDA approved

- **Naltrexone** (oral) and **acamprosate** are most strongly supported in evidence to reduce alcohol use
  - One is not necessarily thought to be more effective than the other

Treatment Plan

- Medication
- Offer counseling
- Follow-up visits and lab testing
- Mutual-help groups
- Review rehab treatment options
- Involvement of family or significant others in treatment
- Plan for treating co-occurring medical or behavioral conditions (or other substance use disorders)
- Criteria for discontinuing medication

Treatment Goals

- Provider and patient should mutually agree on initial goal
  - Abstinence versus decreased drinking
- Abstinence may be best for some patients
  - Particularly for: pregnant patients, end-stage liver disease/cirrhosis, seizure disorders
  - May be easier for those with severe disease
- Acceptable alternative: Reduction of heavy drinking (fewer episodes of ≥ 5 drinks/day for men and ≥ 4 drinks/day for women)
  - Particularly for those with milder AUD and few life consequences

Treatment Goals

- Treatment goals may change over time

- Treatment is not considered a failure after one relapse or return to heavy drinking
  - AUD is a chronic, relapsing disease
  - It takes weeks to months for these medications to have effects

Follow-up

- After starting MAT, provide frequent visits initially
  - To provide patient support, resources, and monitor treatment response
  - Consider weekly visits for at least the first month, and then at least monthly visits after
- Once patient and situation has stabilized, consider spacing visits to every 3-6 months

Monitoring Patients on MAT

- Medication/Treatment
- Behavioral
- Biologic
  - Physical exam
  - Labs
  - Drug testing

Overall Treatment Monitoring

- Adherence to treatment plan
  - If issues with adherence, think about other strategies or treatment modalities (pharmacologic and non)
  - Offer increased visits or counseling
- Ability to maintain abstinence or reduced drinking
  - Quantity and level of drinking
- Overall health status and social functioning
  - Increased family/social activities, less interpersonal conflict
  - Improved work or school performance
  - Improved mood, sleep

Behavioral Monitoring

- Cravings vs. Triggers
  - Cravings: Internal compulsive drive to consume alcohol
  - Triggers: External factors causing someone to think about drinking
- MAT only treats *cravings*
  - Monitor patient's level of craving
  - In past week, how have you felt on a scale of 1-10?
  - 1= no cravings, 10= daily, intense cravings
- Helpful to also strategize about triggers
  - Awareness, preparation, avoidance

Tips to reduce cravings and urges

- Delay technique
  - I will not act on this craving right away. I will wait 5 (or 10 or 15) minutes to decide whether to act on this craving
- Distract technique
  - Prepare a list of distractions ahead of time (call a friend or sponsor, go for a walk, houseclean)
- Urge surfing technique
  - Picture the urge as an ocean wave and imagine yourself surfing, using your breath as the surfboard. Ride this wave through its peak and its decline, without being submerged or wiped out.

Tips to reduce drinking

- Set a specific goal that includes nondrinking days
- Record drinks in a calendar or app
- Arrive and leave drinking events at predetermined times
- Pace drinking (no more than 1 drink per hour)
- Sip drinks slowly
- Start drinking later in the day
- Alternate alcoholic drinks with nonalcoholic drinks
- Wait 20 minutes between the decision to drink and actually having a drink

Tips to maintain abstinence

- Make recovery top priority in first few months
- Avoid triggers (pubs, drinking buddies)
- Avoid known stressors
- Find methods to reduce stress such as exercise or meditation
- Spend time with supportive family
- Use AA or other support groups
- Have a contingency plan to interrupt a relapse
- In the case of a relapse, immediately contact PCP office or sponsor

Behavioral Monitoring

- Lifestyle
  - Watch for increased carbohydrate intake
  - Dietary counseling
- Mood
  - Screen for, monitor, and treat anxiety and depression
  - May become more apparent as patients stop drinking

Biologic Monitoring: Physical Exam

- Sequelae of alcohol use
  - Hepatosplenomegaly
  - Spider angiomata, caput medusa
  - Ascites
- Neuro exam and cognitive function
  - Encephalopathy
  - Tremors, tongue fasciculation, asterixis
  - Neuropathy
- When exam abnormalities present, suggest severity of alcohol problem

Biologic Monitoring: Labs

- Labs to monitor overall health status, identify alcohol-related damage, and monitor med response
- Hepatic and renal testing
  - Particularly pertinent for MAT options
  - Also necessary to monitor for development of cirrhosis
- Blood counts
  - Etoh can cause anemia, bone marrow suppression, thrombocytopenia
- Vitamin deficiencies
  - Thiamine, folic acid, B12

Biologic Monitoring: Based on MAT

- Naltrexone
  - Baseline and follow-up liver function tests
    - Can cause hepatitis or hepatic toxicity (mostly injectable form)
    - Discontinue if LFTs > 3x normal or end-stage liver disease
  - Use with caution in moderate to severe renal impairment

- Acamprosate
  - Baseline and regular renal function monitoring
    - Reduced dose for severe renal impairment

Biologic Monitoring: Based on MAT

- Disulfiram
  - Baseline LFT, rapid repeat (10-14 days)
    - Hepatic toxicity rare
- Other
  - Pregnancy test
  - Urine toxicology screen to assess for other substances

Biologic Monitoring: Drug Testing

- Why test?
  - Not for every patient
  - Clinical accountability, used to help motivate patients and track treatment progress
  - Reporting to legal entity
  - If need to identify heavy drinking
  - Might be required for certain medical procedures (liver transplant)

Biologic Monitoring: Drug Testing

- BAL and breathalyzer
  - Captures active intoxication
  - Not used in outpatient setting, primarily useful for incapacity to perform tasks like driving
- Urine tests: ethyl glucuronide (EtG)
  - Tests for an alcohol metabolite
  - Only captures past 2-4 days
  - Highly sensitive, however this means you can get false positives from small amounts of alcohol (i.e. foods, cosmetics)

Biologic Monitoring: Drug Testing

- Carbohydrate Deficient Transferrin (CDT)
  - Often elevated in people with chronic and significant alcohol use
    - Due to change in glycosylation pattern of transferrin from Etoh
  - Half life is ~ 15 days
  - Significantly elevated if drinking 4 or more drinks per day, at least 5 days per week, over the past 2 weeks
  - False negatives can occur: obesity, cirrhosis, women
  - Consider using in combination with gamma-glutamyl transpeptidase (GGT) and aspartate aminotransferanse (AST) +/- urine EtG

Biologic Monitoring: Drug Testing

- Phosphatidylethanol (PEth)
  - An alcohol metabolite
  - Highly sensitive (99%) in detecting chronic drinking (average of 2-3+ drinks per day over 1-2 weeks)
  - Can remain elevated for 2-4 weeks after drinking has stopped
  - Higher utility in outpatient care, generally replaced CDT
  - Can trend quantitatively

Biologic Monitoring: Imaging

- Imaging is not necessary other than in certain circumstances
  - If persistent LFTs → abdominal ultrasound

Duration of treatment

- MAT should ideally be continued for at least 1 year
  - This duration has been shown to reduce risk of relapse
  - Patients may need to use medications for long periods or may have multiple interruptions to their treatment

- Consider psychotherapy for at least 6 months-1 year
  - Can enhance adherence to treatment plan

Relapses

- Very common
  - Patients may go through many cycles of relapse before achieving long-term remission
- Patients may feel shame, so address and normalize this
- After a relapse:
  - Evaluate social, medical, and behavioral factors that contribute to alcohol use
  - Increase patient monitoring
  - Adjust dose of medication
  - Increase or change intensity of psychosocial services
  - Refer patient for specialty care

MAT Discontinuation

- Patient has maintained stable abstinence over sustained period and reports decreased cravings
- Patient feels ready to discontinue medication
- Patient is engaged in ongoing recovery activities involving community supports (i.e. mutual-help group meetings)

When to Refer: Addiction Medicine

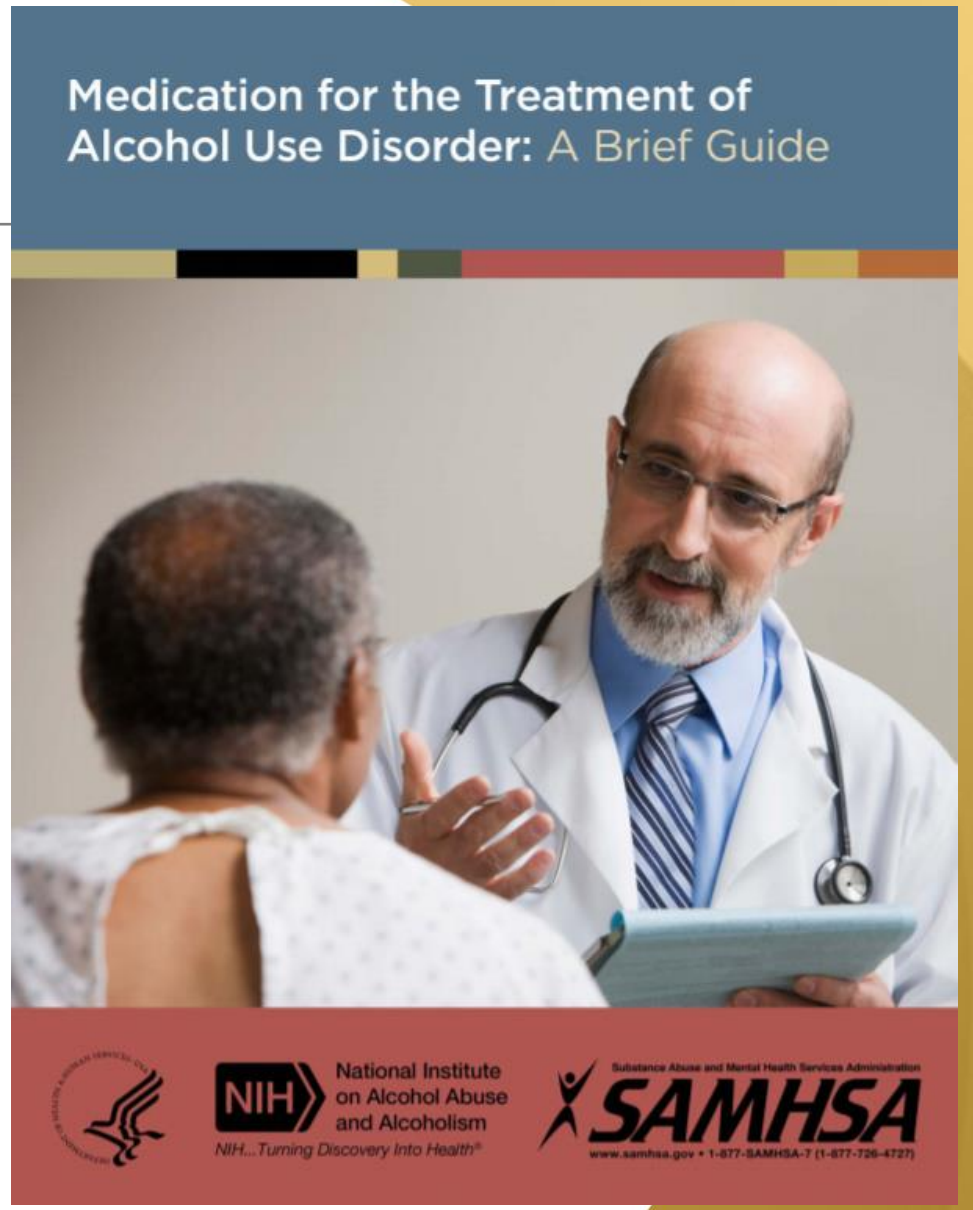
- Contraindications to MAT
  - Or significant medical comorbidities
- Pregnant patients
- Office-based treatment is not effective
- Patient interest
- Need for extra support
  - Psychosocially complex patients
  - Concurrent substance use disorders

When to Refer: Inpatient Rehab

- Failure of outpatient treatment
- Severe AUD
  - Requiring need for medically observed withdrawal treatment
  - Need for comprehensive treatment (including psychological)
  - Legal concerns
- Patient interest
- Patients living in environments where recovery is difficult
  - Homelessness, abusive relationships, partner has substance use issues
- Legal requirement

Resources

- SAMHSA
- NIAAA.nih.gov
- AHRQ website
  - https://effectivehealthcare.ahrq.gov/products/alcohol-misuse-drug-therapy



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Thank you!

Questions?

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FAST Learning Series

Alcohol Use Disorder in Primary Care

https://www.practiceinnovationco.org/alcohol/for-practices/

Sept 30, 2020; Screening and Diagnosis of AUD in Primary Care

Oct 28, 2020; Medication Assisted Treatment (MAT) for Alcohol Use Disorder (AUD)

Nov 11, 2020; Alcohol Use Disorder (AUD): Treatment Monitoring and Follow-up in Primary Care

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