Welcome to DH Learning Collaborative

- *As you join you will be promoted to presenter.*
- *You will be muted.*
- *Please unmute yourself by clicking on the microphone icon for asking questions and participation in discussions.*
- *You may also put your questions and comments in the Chat box.*
- *We encourage active participation!*

Monthly Webinars

- ***Virtual CO MAT Learning Forum***

  1st Thursday 12:30pm-1:30pm

  REGISTER

- ***Induction Basics: Tips from the Trenches****

  2nd Tuesday 7:30am-8:30am

  REGISTER

  *same topic each month

- ***Denver Health Learning Collaborative***

  3rd Wednesday 12:15pm-1:15pm

  REGISTER

Denver Health Addiction Journal Club

Scheduled dates for 2020

- *Every fourth Tuesday January-October*
- *November 10th*
- *December 8th*

Time; noon to 1 pm

To join; email ITMATTTRs2@UCDENVER.EDU

- See our website for previous presentations & resources as well as upcoming topics
  - https://www.practiceinnovationco.org/itmatttrs2/mat-forum/

June 17, 2020

Counselor and Prescriber Meeting

Outpatient Management of Alcohol Use Disorder : What's the evidence?

Joshua Blum MD

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

Scope of the problem

- 2-9% of all U.S. outpatients meet criteria for AUD
- About $250 billion/year in excess cost (likely underestimate)
- Perhaps <20% of patients with alcohol withdrawal symptoms require inpatient detoxification
- Availability of detoxification often a barrier to ongoing treatment and sobriety

Why outpatient?

Inpatient

- Standard of care
- Limited access (hospital admission or medical detox)
- Expensive

Outpatient

- Underutilized
- Less disruption of work, family life
- Inexpensive
- Multiple

SO WHAT'S THE EVIDENCE THAT OUTPATIENT WITHDRAWAL MANAGEMENT IS SAFE AND EFFECTIVE?

American Family Physician 2004

- "Patients with mild or moderate AWS can be safely treated in the outpatient setting."
  - Level "C" recommendation
  - Based on a single reference

Muncie HL, Ysainian Y, Oge L. Outpatient Management of Alcohol Withdrawal Syndrome. *Am Fam Phys* 2004;88:589-595.

Alcohol and Alcoholism 1995

- 28 patients
- Uncontrolled
- Data collected at time of detox and 2 months later
- Results:
  - 8 patients with “good” outcome (7 abstinent)
  - 9 patients “improved”

Klijnsma MP, Cameron ML, Burns TP, et al. Out-patient alcohol detoxification—outcome after 2 months. *Alcohol Alcohol*. 1995; 30(5):669-673.

British Journal of Psychiatry 1990

- Referral program based in psychiatric ED
- 173 referred in year 1
  - 44% accepted
  - 79% completed detox
    - No medical complications
- 50% reduction in inpatient hospital detox admissions

Collins MN et al. A structured programme for out-patient alcohol detoxification. *Br J Psychiatry* 1990;156:871-4.

Other studies

- Callow T et al. Effectiveness of home detoxification: a clinical audit. *Br J Nurs* 2008
    - 59/154 participated in home detox; 96% completion
    - Main exclusions: no caregiver, pre-existing med or psych dz
- Allan C et al. Detoxification From Alcohol: A Comparison of Home Detoxification and Hospital-Based Day Patient Care. Alcohol 2000

2017 Systematic Review

- Most studies conducted in 1990's-2000's
- 20 studies
    - 13 in UK, 2 in U.S., 2 in Australia. 4 RCTs
- High completion rates
- Reported safe
- Good acceptability
- Cost-saving
    - Hospitalization 6-22x more expensive

Nadkarni A et al. Community detoxification for alcohol dependence: a systematic review. *Drug Alcohol Rev* 2017;36:389-399

2017 Systematic Review

- Barriers
  - ***Time constraints***
  - Concerns about patient medication misuse
  - Absence of caregiver
  - Children at home
  - Multiple detoxifications
  - Housing instability
  - Social isolation/poor support
  - Medical, psychiatric disease
  - ***Provider prescribing expertise***

Nadkarni A et al. Community detoxification for alcohol dependence: a systematic review. *Drug Alcohol Rev* 2017;36:389-399

2017 Systematic Review Conclusions

- Safe
- Cost-saving
- Improves outcomes
- Absence of evidence, even in resource-rich settings

- "A safe and effective community detoxification program should be characterized by ***clearly defined eligibility criteria***, ***non ambiguous medication protocols*** based on ***objective measurement of withdrawal symptoms***, at least **daily structured monitoring** of the patient's progress, and linkage with ***continuing psychosocial care*** after completion of detoxification."

Nadkarni A et al. Community detoxification for alcohol dependence: a systematic review. *Drug Alcohol Rev* 2017;36:389-399

Partnership Healthplan of CA: ED Screening Guidelines

- Risk factors for severe withdrawal
- Contraindications for outpatient withdrawal management
- Patient assessment and disposition
- Treatment

Partnership Healthplan of CA: ED Screening Guidelines

Criteria for outpatient management

- No head trauma/brain injury, active seizure disorder
- No hx medically-complicated withdrawal (DTs, seizures)
- No decompensated medical or psychiatric conditions, incl. cognitive impairment
- Stable mental status (conversant, no confusion)
- Baseline level of functionality, ambulatory
- No or mild anxiety or insomnia
- No alcohol consumption, with observation for ≥2 hours without deterioration

Partnership HealthPlan of CA

Setting	ASAM Level	CIWA-Ar Score	Other Criteria
Inpatient	4-WM	>8	Poly-SUD, hx DT, comorbidities, pregnancy, etc.
		≥15	
Residential	3.2, 3.7-WM	≤8	With comorbidities
		9-15	Without comorbidities
Outpatient	2-WM		
	1-WM		

- "Organized outpatient services are delivered in **regularly scheduled sessions** in **some combination of** one or more of: a **physician's office, addiction treatment facility, or patient's home.**

- "Services include **individual assessment, medication/non-medication withdrawal management, education, clinical support and discharge planning**

Partnership HealthPlan of CA

Outpatient Treatment

- No or mild withdrawal sx (CIWA <10)
  - **Non-BZD**: Gabapentin
  - **BZD**: Secure med storage, supervision by friend or family recommended
    - Chlordiazepoxide: 15 tablets of 25 mg
    - Oxazepam: 15 tablets of 15 mg

Conclusions

- Outpatient detoxification is likely safe, effective, and cost-saving
- Incomplete evidence, most studies old
- No widely accepted criteria for outpatient detox
  - Most studies exclude prior complicated withdrawal, baseline severe medical or psychiatric disease, or absence of a caregiver
- Barriers to greater utilization include:
  - Time constraints
  - Intensity of monitoring
  - Prescriber comfort

References

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- Elholm B, et al. A psychometric validation of the short alcohol withdrawal scale (SAWS) *Alcohol Alcohol.* 2010;45(4):361-365
- ASAM Guideline for Alcohol Withdrawal Management
- Medication for the Treatment of Alcohol Use Disorder: A Brief Guide
- Pharmacist Toolkit: Alcohol Use Disorder, by James J Gasper and Bethany A DiPaula
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- . Community detoxification for alcohol dependence: a systematic review. *Drug Alcohol Rev* 2017;36:389-399

ASAM Guideline Recommendations

- Monitoring:
  - Use CIWA-Ar at home, or SAWS for self-administration
  - Assess daily x 5 days. May assess by phone or video on alternating days
- Caretaking:
  - Create caring, low stimulation environment
  - Ensure fluid intake (non-caffeinated)
  - Educate re: signs/sx severe withdrawal