Single-dose intravenous ketamine or intramuscular naltrexone for high-utilization inpatients with alcohol use disorder: pilot trial feasibility and readmission rates

PRESENTER: Zachary Haave

BACKGROUND
Alcohol use disorder (AUD) impacts 15 million Americans leading to 5 million annual emergency department (ED) visits and 2 million admissions. AUD poses a burden on the healthcare system, yet hospitalization provides a prime opportunity to intervene. We set out to assess two pharmacologic interventions at reducing ED visits and readmissions along with characterizing AUD impacts among 15 million Americans leading to hospitalization.

METHODS
1. Adult hospitalized patients with severe AUD recruited into one of three trial groups: extended-release naltrexone injection, intravenous ketamine infusion, or enhanced linkage alone
2. Demographics, adverse childhood experiences (ACE), timeline back drinking history (TLFB), and depressive symptoms (PHQ-9), are recorded at baseline
3. Initiate treatment based on group before discharge
4. 30-day chart review for ED visits and hospital admission
5. Data analysis for correlations and significance performed (Pearson r correlations, Means, T-test)

RESULTS

- Ketamine vs LA Re-admit RR 0.37, *p=0.17
- Naltrexone vs LA Re-admit RR 0.52, *p=0.27

Demographics:
- Race: 63.6% non-Hispanic, 56.8% white/Caucasian
- 79.6% male
- 38.6% without stable housing

Clinical Characteristics:
- Mean Past year ED visits: 10.9
- Mean Past year Hospital Admissions: 3.2
- Mean Daily Drinks: 12.14

Participants with AUD who received one dose of IV ketamine or IM naltrexone pre-discharge had lower* 30-day hospital re-admission risks and ED visits than controls.

*not statistically significant

References:
3. Zach Haave, BS [b].

No financial disclosures for any authors.