

High-utilization, hospitalized patients with alcohol use disorder: initial RCT participant characteristics and correlations



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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 this population.

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 Follow Back drinking history (TLFB), and depressive symptoms (PHQ-9) are recorded at baseline
3. Data analysis for correlations and significance performed (Pearson r correlations, Means, T- test)
4. Initiate treatment based on group before discharge*
5. 30-day chart review for ED visits and hospital admissions*

*part of larger trial-see future directions

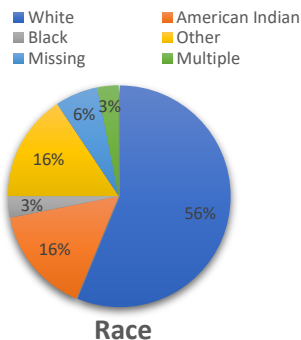
RESULTS

Demographics:

- Mean Age: 45
- 75% male
- **34.4% without stable housing**

Clinical Characteristics:

- Mean Past year ED visits: **13**
- Mean Daily Drinks: **12.14**
- Mean PHQ-9 Score: **13.2/27**
- Mean ACE Score: **4.16/10**
- Mean DSM5 Criteria Total: **9.5/11**



Statistically Significant Results:

- Daily Drinks correlated with Admissions: $r=0.517$, $p=0.0029$
- Daily Drinks correlated with ED Visits: $r=0.372$, $p=0.039$
- ED utilization for persons experiencing homelessness vs stably housed: $t(28)=4.025$, $p=0.00039$

Among a population of patients hospitalized with alcohol use disorder, individuals experiencing homelessness were significantly more likely to utilize the emergency department



<https://www.cpr.org/show-segment/new-sanctioned-encampments-just-one-step-in-helping-people-experiencing-homelessness/>

Discussion

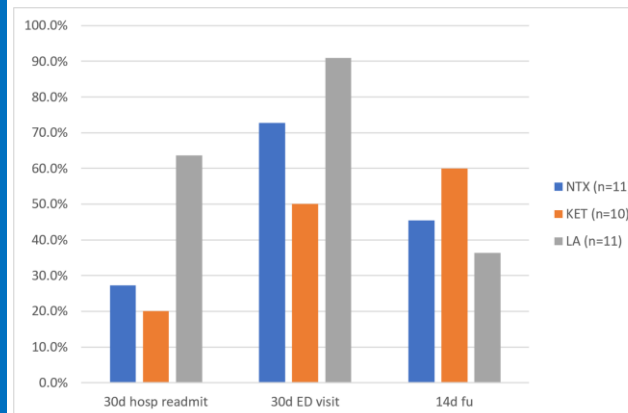
- This study conducted at a safety net hospital represents those with AUD as high acuity
 - High hospital utilization, daily drinks, and high-risk addiction/psychiatric state
- Housing status was significantly associated with ED utilization
- Number of daily drinks reported correlated with hospital utilization.
- Modest correlations observed are limited by sample size
- This characterization data is distinct from other studies involving ketamine/naltrexone which showed much lower daily drinks (6.6) and PHQ-9 scores¹

Conclusion

- Areas with higher populations of people experiencing homelessness may have an increased burden on hospital resources from those with AUD
- This is an opportune time to intervene
- The final study data may help expand resources available for combating this devastating disease

Future Directions

- Preliminary data from the full trial suggests that ketamine is significantly reducing 30-day readmissions and ED visits
- Note that this feasibility trial is still underway and limitations due to blinding, cross-control and sample size exist



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Reference: Dakwar E, Levin F, Hart C, et al (2019). A Single Ketamine Infusion Combined With Motivational Enhancement Therapy for Alcohol Use Disorder: A Randomized Midazolam-Controlled Pilot Trial. The American Journal of Psychiatry, appiajp201919070684.