

## BACKGROUND

- Alcohol is a widely utilized substance in the United States (U.S.) that may result in a substance use disorder.

## OBJECTIVES

- Primary Objective:** To describe current prescribing rates of evidence-based pharmacotherapy in patients with a documented diagnosis of AUD in a large federally qualified health center.
- Secondary Objective:** Identify (if any) predictive factors for the receipt of EBM pharmacotherapy for the treatment of AUD.

## METHODS

- A retrospective chart review of electronic health records at SIHF Healthcare of patients with Alcohol Use Disorder (AUD).
- EHR data was queried for all patients with a diagnosis of AUD over a 60-month lookback period.
- There were no inclusion or exclusion criteria based on gender, sex, race, or ethnicity. Patients were excluded if less than 18 or greater than 89 years of age.

## RESULTS

**Table 1. Demographic characteristics**

| Characteristic  | Frequency, n (%)                          |             |
|-----------------|---|-------------|
| Age             | 18-30                                     | 323 (7.5)   |
|                 | 31-40                                     | 811 (18.9)  |
|                 | 41-50                                     | 983 (22.8)  |
|                 | 51-60                                     | 1155 (26.8) |
|                 | 61-70                                     | 874 (20.3)  |
|                 | 71-80                                     | 144 (3.3)   |
|                 | 81-90                                     | 12 (0.3)    |
| Weight Category | Overweight                                | 1230 (46.7) |
|                 | Class 1 Obesity                           | 760 (28.9)  |
|                 | Class 2 Obesity                           | 365 (13.9)  |
|                 | Class 3 Obesity                           | 278 (10.6)  |
| Smoking Status  | Smoker                                    | 2603 (60.3) |
|                 | Non-Smoker or previous smoker             | 1716 (39.7) |
| Sex             | F   | 1618 (37.5) |
|                 | M   | 2701 (62.5) |
| Race            | Caucasian                                 | 2852 (66.0) |
|                 | African American                          | 1309 (30.3) |
|                 | Native American                           | 30 (0.7)    |
|                 | Asian                                     | 7 (0.2)     |
|                 | Native Hawaiian or Other Pacific Islander | 7 (0.2)     |
|                 | Arab                                      | 1 (0)       |
|                 | Other                                     | 14 (0.3)    |
|                 | Patient Declined                          | 99 (2.3)    |

**Table 2. Prescribing rates**

|                        | Frequency, n (%)                   |             |
|------------------------|------------------------------------|-------------|
| FDA Approved Therapy   | History of FDA approved therapy    | 383 (8.9)   |
|                        | No history of FDA approved therapy | 3936 (91.1) |
| Any EBM EtOH Treatment | History of EBM Treatment           | 1221 (28.3) |
|                        | No history of EBM Treatment        | 3098 (71.7) |

**Table 3. Rates of pharmacotherapy utilization**

| Medication    | Frequency, n (%) |
|---------------|------------------|
| None          | 3098 (71.7)      |
| Acamprosate   | 53 (1.2)         |
| Disulfiram    | 31 (0.7)         |
| Naltrexone PO | 299 (6.9)        |
| Naltrexone ER | 70 (1.6)         |
| Gabapentin    | 699 (16.2)       |
| Topiramate    | 69 (1.6)         |
| Total         | 4319 (100.0)     |

## DISCUSSION/LIMITATIONS

- Low rates of pharmacological treatment of AUD.
- Limitations: medications may have been indicated for co-occurring conditions, socioeconomic factors not examined, subjects may have been using non-pharmacological therapies, and retrospective analysis collection method.

## CONCLUSION

- Rates of prescribing various guideline-driven pharmacotherapies for AUD at SIHF Healthcare over a 5-year span were suboptimal.
- Suggestions: an updated standardized AUD treatment plan for prescribers, reeducation for prescribers and the public, and research and development of medications that may be utilized for the treatment of AUD.