

Patient perspectives on pharmacotherapy to treat alcohol use disorder

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Alcohol use disorders (AUDs) cause nearly 90,000 deaths a year in the United States, making them the third leading cause of preventable death. Rates of AUD are particularly high among military personnel. According to the 2015 Department of Defense Health Related Behaviors Survey, 35 percent of service personnel met criteria indicative of hazardous drinking or a possible AUD. Because of the acutely high risk among this demographic, the Veteran's Health Administration (VHA) mandates FDA-approved pharmacological and psychosocial treatment to veterans with substance use disorders, including AUD.

Pharmacotherapies for AUD are available in [primary care](#) settings at VHA facilities, but are vastly underused, being prescribed for only 3 percent of VHA patients with an AUD. An intervention program, the Alcohol Use Disorder Pharmacotherapy and Treatment in Primary Care (ADaPT-PC), was implemented at three VHA facilities with the goal of increasing pharmacotherapy prescribing rates for patients with a diagnosed AUD. Analysis of the intervention uncovered low rates of medication adoption, leading researchers to seek out a better understanding of patient perspectives towards AUD pharmacotherapy and the treatment cascade, a representational model used to identify gaps in care delivery, to improve future intervention efforts.

Sean J. Haley, Assistant Professor of Health Policy and Management at CUNY SPH, led a mixed methods study that looked at patients' experiences and attitudes towards AUD treatment and the ADaPT-PC intervention through qualitative interviews and [quantitative data](#) from

patient records. The study was published in the journal Substance Abuse.

The analysis showed that most patients who received information about pharmacotherapy welcomed a discussion about their alcohol use and pharmacotherapy with their medical provider. Of the patients who were reticent about pharmacotherapy as a [treatment option](#), some felt that their alcohol use was not yet severe enough to warrant medication, while others questioned whether pharmacotherapy was an appropriate intervention for AUD.

"Although we have known for some time that prescriptions for medications to assist patients' recovery efforts can provide additional support, we have been less clear about why their utilization has lagged," Haley says.

Analysis of the treatment cascade indicated that of the 455 patients at the three facilities identified as having AUD or at high risk, only about two thirds of those patients' records indicated they had received any treatment for AUD, pharmacological or otherwise. The data showed low rates of conversations about alcohol use at medical appointments reducing the opportunity for providers to educate patients about treatment options. Furthermore, few of the patients who had engaged in treatment discussions with their primary care providers had documentation of subsequent treatment initiation. These gaps suggest substantial opportunities to improve patient engagement in pharmacological treatment of AUD.

"Results from this study suggest that most—although not all—[patients](#) who experience problems with alcohol use welcome a conversation with their primary care provider about alcohol use and information about how medication may help," Haley says. "However, many providers appear reluctant to initiate conversations about alcohol or treatment options, including pharmacotherapies."

The data collected from this study is highly valuable for enhancing understanding of barriers to the uptake of pharmacological AUD [treatment](#) so that future implementation efforts may yield greater success.

More information: Sean J. Haley et al. Patient perspectives on alcohol use disorder pharmacotherapy and integration of treatment into primary care settings, *Substance Abuse* (2019). [DOI: 10.1080/08897077.2019.1576089](#)

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