

Background

Alcohol use disorder (AUD) is becoming more prevalent in the US, especially after the global pandemic.

AUD is a common precursor to developing alcohol-related liver disease.

Pharmacotherapy, also known as medication-assisted treatment (MAT) for AUD is an underutilized but effective intervention that, unlike behavioral therapies, is within reach of most clinicians.

Methods

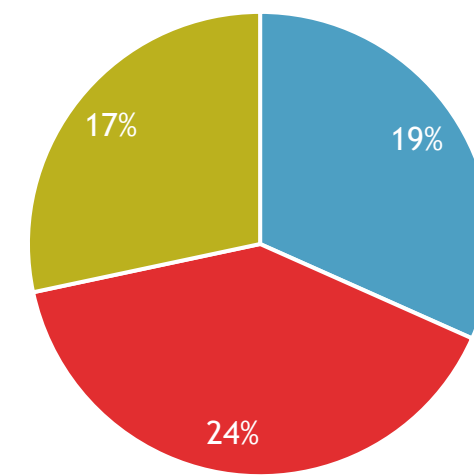
A survey was conducted using RedCap platform and sent to internal medicine hospitalists, residents, primary care physicians, and attending GI and hepatologists.

Asked questions specifically pertaining to prescribing practices surrounding naltrexone.

Data was analyzed to better understand culture/patterns.

Results

Response rate



■ GI/hepatology ■ IM residency ■ Hospitalists

Internal medicine

~85% Had never prescribed naltrexone

~90% Would prescribe if they had more information about how to do so

Gastroenterology/Hepatology

0% Had prescribed naltrexone in the past

~71% Would be willing to prescribe

~86% Don't know enough about the medication

Discussion

There is a clear need for, yet clear gap in, delivering MAT for AUD.

Our single center survey indicates that the biggest barriers pertain to information regarding the medication.

Naltrexone is a relatively safe and easy to prescribe med.

Subspecialists do not need to be addiction specialists to offer MAT to patients.

Future research

Longitudinal studies to look at effect of MAT on preventing liver disease progression to cirrhosis.

Initiate education intervention to assess effectiveness in increasing medication prescribing practice.

Qualitative review of prescribing practices and patient experiences in receiving counseling on MAT from a general practitioner vs specialist.