Patient Perspectives on Naltrexone Prescription from the ED for Alcohol Use Disorder

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Background

- **Alcohol Use Disorder (AUD)** is incredibly common, affecting 17.8% of people in their lifetime, but only 10% receive treatment [1,2].
- **Emergency Department** presentations related to AUD have increased by 75% from 2006 to 2014, but only 15% of US EDs screen for and treat AUD [5, 6].
- **Naltrexone (NTX)** is a competitive opioid receptor antagonist that has been shown to reduce alcohol cravings in patients with AUD and is available in IM and PO options [3,4].
  - Reduces rate of 30-day ED revisits and readmissions [4].
- **Olive View – UCLA** recently started a protocol to offer and prescribe naltrexone to patients with AUD in the ED.

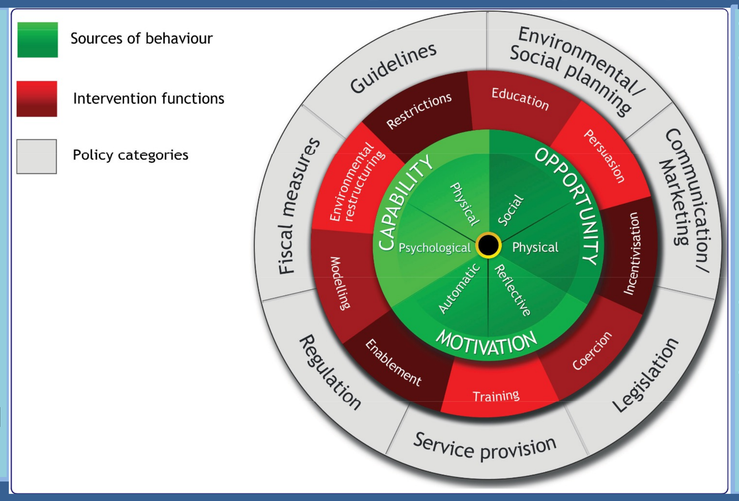
Project Aims

1. **Identify barriers and facilitators to treatment, specifically naltrexone**, for ED patients experiencing AUD.
2. **Propose modifications and improvements** to the to the ED-based MAT program for AUD at Olive View – UCLA to address barriers identified.

Methods

1. **Study Design** – This qualitative study uses semi-structured, individual interviews with ED patients with AUD. We used an implementation science approach rooted in behavioral change theory to construct the interview guide and approach the data.
2. **Subjects:** Patients presenting to the OV-UCLA ED who were identified as having AUD by the clinician and who were prescribed NTX using the ED based AUD treatment protocol.
3. **Setting:** OV-UCLA's ED is a public, safety-net ED located in Sylmar, CA with an annual census of approximately 60,000 visits/year.
4. **Procedures:** Interviews conducted both in person within the ED or by phone after discharge based on patient preference. Interviews performed in English and Spanish after consent was obtained. Interviews were recorded and professionally transcribed.
5. **Data Analysis:** Transcripts were coded for barriers and facilitators with both inductive and deductive analysis using ATLAS.ti qualitative analysis software. Identified thematic barriers and facilitators categorized under Behavioral Change Wheel (BCW) sources of behavior and mapped to intervention functions to design modifications to existing AUD services.

Behavioral Change Wheel (BCW)



Results – In Progress

- **Enrolled 11** patients and **interviewed 9** so far.
- **Interviewee Demographics**
  - **Languages:** 6 interviews in English, 2 Spanish, 1 in mixed English and Spanish
  - **Age Range:** 30-52
  - **Self-identified Race**: 3 "Mexican-American," 2 "White," 1 "Indian Asian," 1 "Mexican," 1 "Hispanic," and 1 "Central American"
- Patient enrollment & interviews will continue after summer period.
- **Barriers and Facilitators** were identified from interview transcripts, mapped to BCW categories and appropriate intervention functions.

Results – Barriers & Facilitators

BCW	Patient Quote	Barrier/Facilitator	Intervention Function
Capability (Psychological)	"I think also the pamphlets would work too because you can have a conversation and then forget details later. Like you give the- give the information in-person and then you have a pamphlet to take home with all the same information, maybe even more."	Patient can't recall all information about naltrexone after discharge.	*Enablement:* Create pamphlets about naltrexone for AUD including its effects, expected side effects, and known interactions with other drugs.
Opportunity (Physical)	"And when I say crave, I mean, I was drinking basically just to survive, um, and get through anxiety attacks. I suffer from really bad anxiety, um, and PTSD from the trauma I spoke about."	A past traumatic experience contributes to further alcohol use or prevents the patient from getting care for their alcohol use.	*Enablement:* Connection to trauma-informed therapy to supplement treatment for alcohol use.
Motivation (Reflective)	"I-I-I can't sleep. I can't sleep. If-if-if I sleep, like maybe an hour, two hours a day, that's a lot. And the-the-the medication I googled it and says like, trouble sleeping. Even after this whole like, "No, fuck that. I'm not gonna drink this shit."	Patient does not want to take naltrexone because of anticipated side effects	*Persuasion:* When applicable, ER provider explaining the benefit vs. risk of naltrexone to make a clearer explanation of benefits and clarify side effect risks.
Motivation (Automatic)	"I've even been to some hospitals out here where they didn't give me any medicine to get through the withdrawals … I was shaking. I was sweating. I felt like my mouth was on fire. I was dehydrated. Um, and I ended up walking out, because I knew that it might even be more conducive to me getting through that withdrawal for me to go home and, you know, have more alcohol just to … get to the right place."	Poor experience with care in the past prevents the patient from seeking care.	*Environmental Restructuring:* Provision of an accessible, private reporting system to report discrimination in care with option for email follow-up about resulting actionable changes.
Opportunity (Social)	"I just felt like I was talking to a real person who actually cared. He was looking at me in the eyes. He-he asked very personal questions. He didn't hold back. You know, he wasn't trying to be too polite. I-I just think he really, like, he was trying to get into my head that way, you know?"	Seeing a therapist who connects with the patient facilitates treatment for alcohol use.	N/A - Facilitator
Opportunity (Physical)	"I really hadn't done a lot of research on the medicine before. … when I came in and spoke with you and Dr. Forsgren, um, about the benefits of it, I just, you know, I decided to take the-- Do the shot."	Patient conversation with ER provider about naltrexone, uses, benefits, and risks.	N/A - Facilitator
Opportunity (Physical)	" I was actually surprised that you even had like a pill form treatment for this kind of thing. And I was happy … I knew I needed some extra help and I was happy to- that the option was there, especially a-a pill form."	Learning that naltrexone is available in pill form makes the patient more likely to take the medication	N/A - Facilitator

Limitations

- Patients interviewed were only those who presented to Olive View – UCLA and were prescribed naltrexone in the ED
  - Results therefore can only be generalized to the population who seeks care at OV-UCLA.
- Enrollment of patients in the study was limited by natural presentation of patients to the ED who met study criteria

Conclusion

Navigating treatment for AUD is complex and unique to the individual. Although there are a broad variety of individual barriers and facilitators, across interviews, common themes emerge that present opportunities for intervention. As we continue to recruit, enroll, and interview patients, we aim to transform this qualitative data into specific interventions to improve the current ED based AUD treatment protocol.

References

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