# Current practices and barriers to alcohol use disorder treatment for hospitalized adults with alcohol-associated liver disease

Eric An PhD[1], Yun Wang MD[1], Arpan Patel MD PhD[1]
[1]David Geffen School of Medicine at UCLA

## Background

- **Alcohol-associated liver disease (ALD)** is the single most important driver of cirrhosis and liver cancer-related deaths over the past decade.[1]
- Despite ALD being an expensive and increasingly common condition[2], there is **low utilization** of alcohol use disorder (AUD) treatment in **hospitalized patients with ALD**.[3]
- **Few studies** have aimed to investigate barriers to implementing AUD interventions for hospitalized ALD patients.

## Objective

- To assess **current practices** and **barriers** of linking hospitalized patients with alcohol-associated liver disease (ALD) to alcohol use disorder (AUD) treatment at UCLA

## Methods

- **Study design:** qualitative; data collection method: in-person via video teleconferencing, semi-structured interviews, April 2021 – May 2021
- **Setting:** UCLA Ronald Reagan Medical Center
- **Participants:** *Providers (N=17):* healthcare professionals responsible for providing care to hospitalized patients with ALD
- **Interviews:** guides developed to explore the current process for connecting hospitalized patients with ALD to AUD care. Pilot tested in 2 individuals. Observational notes written after each interview.
- **Analysis:** transcribed audio-files; iterative analysis and discussions of observational notes

| Role | Providers (N=17) |
|---|---|
| Hepatologist | 4 (23%) |
| Hepatobiliary transplant surgeon | 1 (6%) |
| Advanced practice provider | 3 (17%) |
| Registered nurse | 2 (12%) |
| Social worker | 2 (12%) |
| Transplant coordinator | 2 (12%) |
| Psychiatrist | 2 (12%) |
| Pharmacist | 1 (6%) |

## Major Themes and Representative Quotes

### Current practices

**1. AUD treatment is limited to minimal participation in Alcoholics Anonymous (AA) in the hospital setting.**
"So, regarding the medications for addiction. I would just say that I think we probably do a pretty poor job at it. A very poor job at it, in fact." **(LT Registered nurse)**
"I don't know. I don't think much. Because the thing is that this is all in the inpatient setting. What else can we do? I don't even know. They say do your AA and that's like the only thing I feel like we can offer. I don't know what else we can." (**LT Hepatologist**)

**2. There is limited support from addiction psychiatry services in the hospital setting.**
"It's very difficult to get addiction psychiatry consultation…I don't know, for some reason, the psychiatry department here are very selective who they want to see and who's not." **(LT Hepatologist)**

### Barriers

**3. There is poor knowledge of best practices in addressing AUD.**
"No, no [we didn't get any addiction medicine training]. And I think that's probably one of the hesitancy of, "Do we treat?" 'cause it's a complex thing of addiction in itself, you know?" (**LT Transplant Coordinator**)

**4. There is poor support for addiction follow up. Successful referral to addiction services is dependent on the patient's initiative.**
"[Finding a psychiatrist through insurance] becomes the patient's responsibility, and that's another issue, too…I feel like, for me, because I always say – or if I try to put myself in this situation, for me, the bigger barrier would be just figuring it out." (**LT Advanced Practice Provider**)

**5. There is a lack of shared understanding of what interventions need to be implemented based on patient factors.**
"I guess [who manages medications] depends on who's got the most active role. Either hepatologist or addiction medicine specialist or psychiatrist." (**LT Hepatologist**)

## Conclusions

- Identified themes reflect **current deficits**, specifically in delivering medical and psychological interventions for AUD, along with establishing AUD treatment referrals.
- There is **low prioritization** to integrate AUD treatment in inpatient settings due to multiple barriers.
- **Efforts are needed** to improve delivery of AUD treatment to hospitalized patients with ALD.

## Limitations

- Given this was a qualitative study, the frequencies of behaviors (e.g., current practices) could not be measured.
- The practices and barriers in the medical center of this study may not be generalizable to other medical centers.
- We could not investigate all perspectives involved in addressing AUD care at this medical center (e.g., psychology; family medicine/addiction medicine).

## References

1. Tapper EB, Parikh ND. Mortality due to cirrhosis and liver cancer in the United States, 1999-2016: observational study. BMJ. 2018; 362: k2817.
2. Hirode G, Saab S, Wong RJ. Trends in the burden of chronic liver disease among hospitalized US adults. JAMA Netw Open. 2020;3(4):e201997.doi:10.1001/jamanetworkopen.2020.1997
3. Winters A, et al. Gaps in the quality of care delivered to hospitalized patients with alcohol-associated liver disease [abstract 239]. Hepatology 2020;72:131A-1159A