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Patient and Provider-Level Factors Underlie Treatment offer and Acceptance for Alcohol Use Disorder in Veterans with Cirrhosis

*Rahul Chaudhari¹ MD MRCP, *Nikki Duong¹ MD, Shreesh Shrestha¹ MD, Bryan Badal¹ MD, Neerav Dharia¹ MD, Ernesto Robalino Gonzaga² MD, Patrick Spoutz³ PharmD, Linda Chia⁴ PharmD, James B Wade⁵ PhD, Shari Rogal⁶ MD, MPH, Jasmohan S Bajaj¹ MD



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INTRODUCTION

Abstinence can reverse liver damage from alcohol.

In the Veterans Health Administration (VHA), cognitive, behavioral, and psycho-social factors increase the burden of alcohol-associated liver disease (ALD).

Nationwide analysis of AUD in the VHA reported **14% of veterans received therapy**. Several potential barriers to presenting and accepting therapies exist.

AIM

To determine patient, provider, or system level factors associated with offering and acceptance of AUD treatment to veterans with cirrhosis.

METHODS

Multicenter cohort study including three VA medical centers (Richmond, VA; Orlando, FL; Pittsburgh, Pennsylvania).

Patients from 2020 were identified via ICD-9 and ICD-10 codes.

Structured medical record review conducted by four trained housestaff including demographic, co-morbid conditions, and medical care data.

Treatment offer: documented discussions or addiction services referral placement

Treatment acceptance: follow-up for therapy after clinician encounter

Analysis: bivariate and multi-variable logistic regression

RESULTS

Cohort of 652 veterans: Men (95%); mean age of 64 ± 9.7 years; White (56%), Black (42%), LatinX (8%). From urban (n = 537) areas; others from rural areas.

Of 412 veterans eligible for treatment; 64% were offered treatment; 40% accepted. Most common therapy was: behavioral.

Treatment discussions documented by PCP (N = 162), Hepatology (N = 45), both (N = 41). AUD Rx more frequently offered in outpatient setting (than inpatient).

Factors significantly affecting treatment offers: bipolar disorder, depression, younger age

Factors significantly affecting treatment acceptance: hospitalization in prior year, prior AUD treatment, higher PHQ-2 depression score

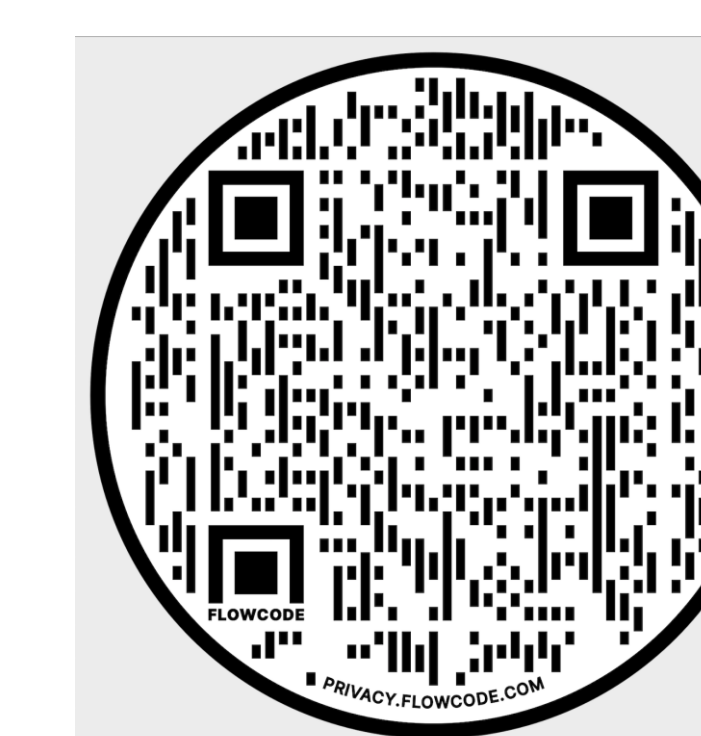
CONCLUSIONS

From 3 large VA medical centers, **majority of patients were offered AUD Rx**, with only a **minority accepting** therapy. Missed opportunities remain.

AUD prevalence increasing during COVID-19 with higher impact on minorities and poor SES patients.

Multi-disciplinary approach with AUD care integrated into hepatology clinic may be a successful model.

Cornerstones of success: linkage to care, awareness of local practice, knowledge of community-based resources.



AUTHOR AFFILIATIONS

¹Division of Gastroenterology, Hepatology and Nutrition, Virginia Commonwealth University and Richmond VA Medical Center, Richmond, Virginia, USA.

²Division of Gastroenterology, Johns Hopkins School of Medicine, Baltimore, Maryland, USA

³Pharmacy Benefits Management, Veterans Integrated Service Network 20, Vancouver, Washington, USA

⁴Pharmacy Benefits Management, Veterans Integrated Service Network 8, Bay Pines, Florida, USA.

⁵Department of Psychiatry, Virginia Commonwealth University, Richmond, Virginia, USA.

⁶Division of Gastroenterology, Hepatology, and Nutrition, University of Pittsburgh, Pittsburgh, Pennsylvania, USA

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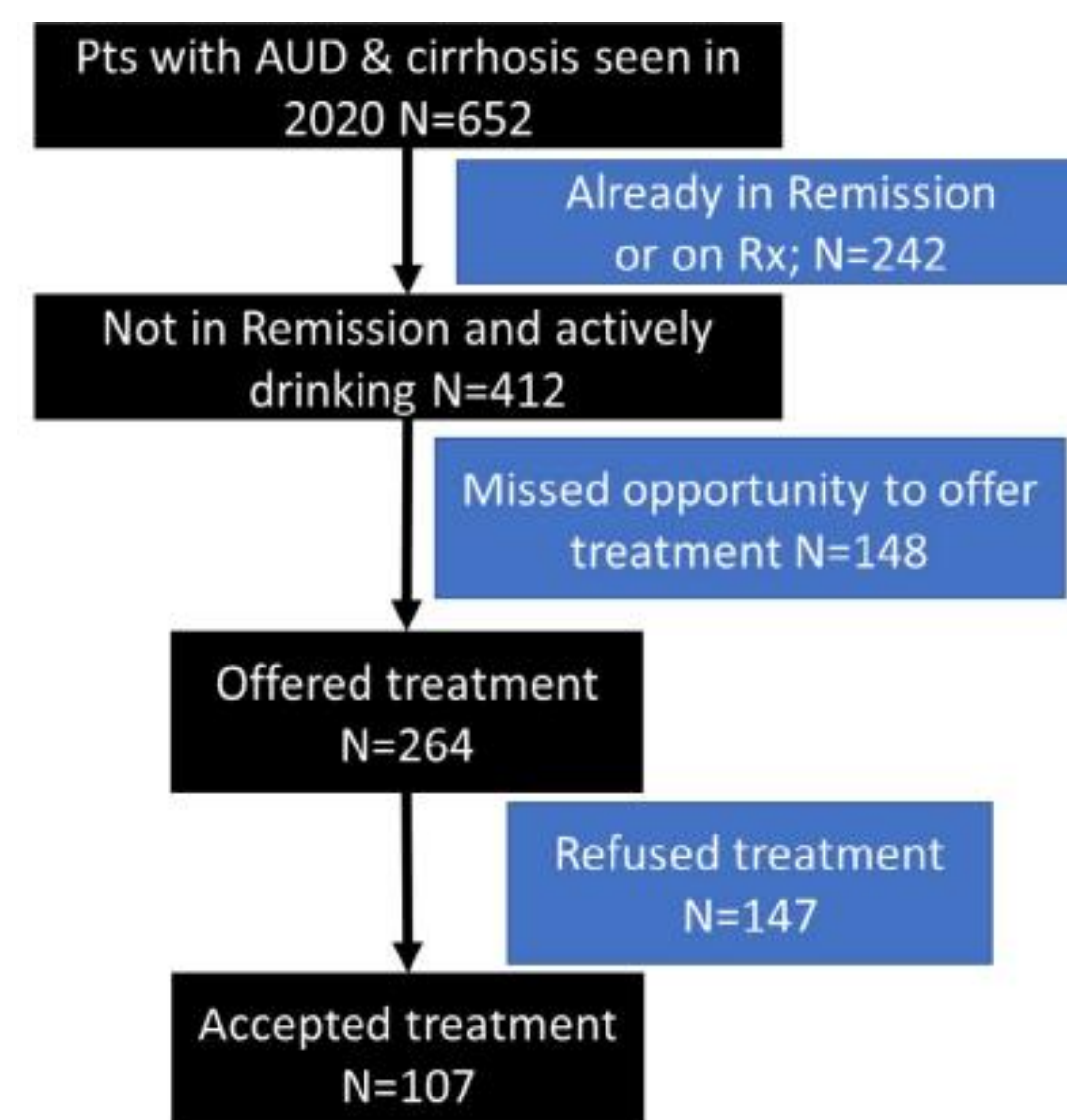


FIGURE 1 Flowchart of patients who accepted treatment