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

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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  $64 \pm 9.7$  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

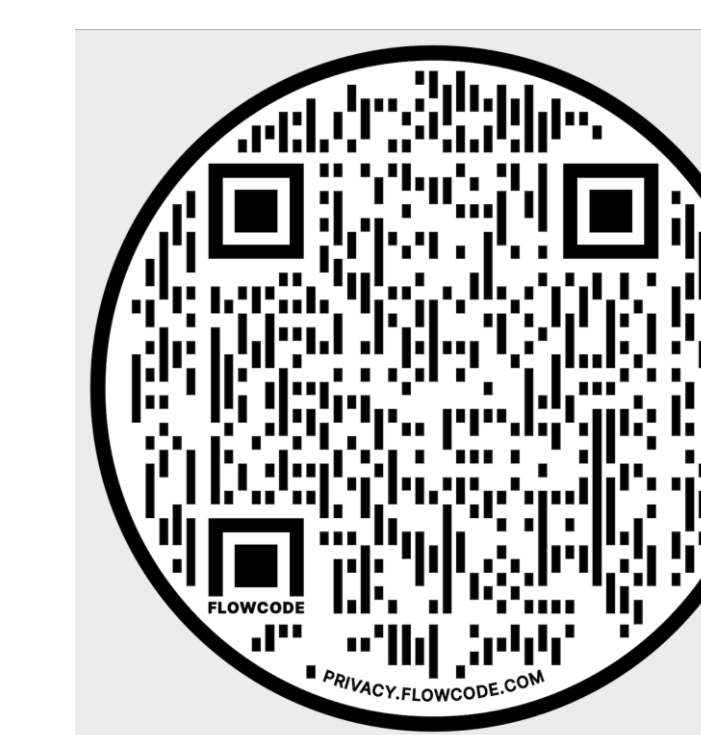
## CONCLUSIONS

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.



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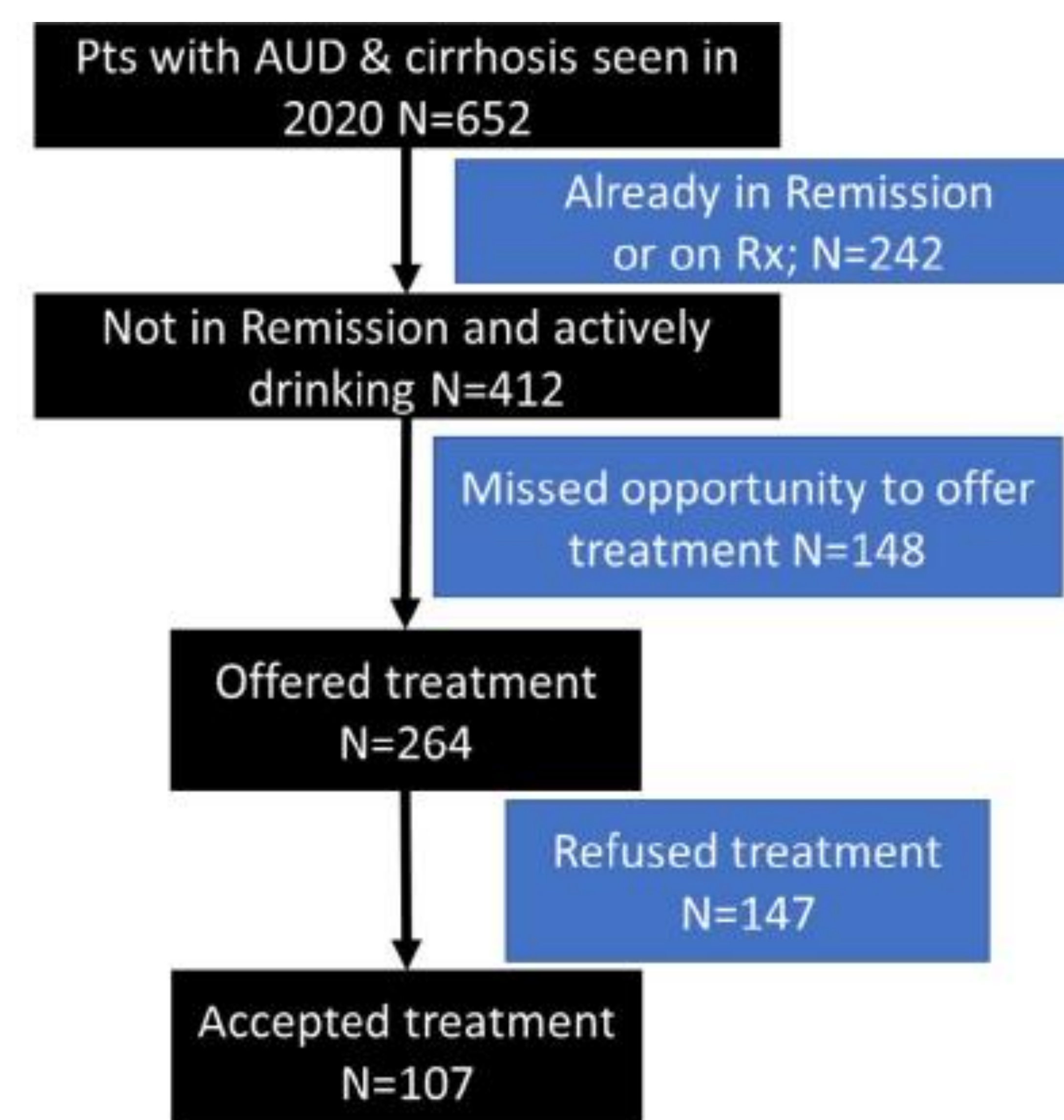


FIGURE 1 Flowchart of patients who accepted treatment