Pharmacotherapy Prescribing Patterns in Alcohol Use Disorder (AUD) for Patients Enrolled in the Ria Health Treatment Program (RHTP)

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Abstract

Background

Despite many safe and effective AUD pharmacotherapies little is known about anti-alcohol prescribing practices. For most diseases, combination pharmacotherapies are superior to monotherapy yet there are few reports on the use of rational drug combinations in AUD. Here we report the rates, duration and clinical outcomes for anti-alcohol drugs prescribed to patients treated for AUD by RiaHealth.

Methods

The RHTP is an AUD telehealth treatment program deployed on smartphones. Alcohol use is quantified with 1-2x/day breath alcohol concentrations (BAC) and patients are treated with medications and coaching. Prescription data were obtained through the Ria application and EHR interfaces which tracks all prescribing to Ria patients. Prescribing of Naltrexone (NTX), acamprosate (ACAM), gabapentin (GABA), baclofen, topiramate (TOP) were assessed.

Results

From 1/2017-1/2020 1,045 Ria patients were prescribed anti-AUD meds. At treatment initiation NTX was prescribed to 81.7% followed by GABA (7.6%), NTX-GABA (4.46%), ACAM (3.65%) Baclofen (1.05%) and TOP (0.71%). At 6 months 612 patients remained NTX has decreased to 64.76%, GABA had increased to 8.60%, NTX-GABA had increased to 14.04%, ACAM decreased to 2.01%, Baclofen increased to 2.01% and TOP increased to 0.86%. At 6 months, 36% of patients remain in treatment and mean BAC declined from 0.077 to 0.027 g/L (64.94%). Non-drinking days increased from 1.94 to 3.96 days/week.

Conclusions

Medication management in AUD is effective, safe and well tolerated and can be improved with telehealth. In the Ria cohort NTX is the most commonly prescribed monotherapy and NTX-GABA is the most commonly prescribed combination. NTX-GABA combinations appear safe and well tolerated but more research is needed to assess therapeutic switching and synergy.

Results

NTX is the most prescribed medication in the program, used at the start to help members who are looking to moderate their drinking. The most popular combination is NTX and GABA. NTX helps curb cravings for alcohol and GABA keeps withdrawal symptoms at bay. NTX alone tapers off in usage as members go through the program as members either switch medication entirely or add a medication. Day 1 prescriptions are 81.8% NTX, 7.4% GABA, 4.3% NTX and GABA, 4.0% ACAM, 0.8% Baclofen, and 1.7% other combinations. Day 90 prescriptions are 63.7% NTX, 18.0% NTX + GABA, 7.8% GABA, 2.0% NTX + Baclofen, 1.8% ACAM, 1.5% NTX + GABA + Baclofen, 0.8% Baclofen, and 4.4% other combinations. Day 180 prescriptions are 64.8% NTX, 14.0% NTX + GABA, 8.6% GABA, 2.9% NTX +Baclofen, 2.0% ACAM, 2.0% Baclofen, and 5.7% other combinations. Day 365 prescriptions are 55.1% NTX, 17.6% NTX + GABA, 12.5% GABA, 3.7% NTX +Baclofen, 2.2% TOP, 2.2% GABA + Baclofen, 1.5% NTX + GABA + Baclofen, and 5.2% other combinations.

BAC level baselines started on average at 0.077 g/L. By Day 90 the average BAC level of the cohort dropped to 0.031 g/L. By Day 180 the average BAC level decreased to 0.029 g/L. By Day 365 the average BAC level dropped to 0.027 g/L. A limitation of this study is that the outcomes are taken as averages across the entire population as opposed to outcomes per medication cohort.

References

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Methods

The RHTP is an AUD telehealth treatment program deployed on smartphones. Alcohol use is quantified with a 1×2/day breath alcohol concentrations (BAC) and patients are treated with medications and medications. Prescription data were obtained through the Ria application and EHR interfaces which tracks all prescribing to Ria patients. Prescribing of Naltrexone (NTX), acamprosate (ACAM), gabapentin (GABA), Baclofen, and topiramate (TOP) were assessed.

Results

From 1/2017-1/2020 1,045 Ria patients were prescribed anti-AUD meds. At treatment initiation NTX was prescribed to 81.7% followed by GABA (7.6%), NTX-GABA (44.6%), ACAM (3.65%) Baclofen (1.05%) and TOP (0.71%). At 6 months 612 patients remained NTX has decreased to 64.76%, GABA had increased to 8.60%, NTX-GABA had increased to 14.04%, ACAM decreased to 2.01%, Baclofen increased to 2.01% and TOP increased to 0.86%. As of 6 months, 36% of patients remain in treatment and mean BAC declined from 0.077 to 0.027 g/L (64.94%). A limitation of this study is that the average BAC level decreased to 0.029 g/L. By Day 365 the average BAC level baselines started on average at 0.077 g/L. By Day 90 the average BAC level decreased to 0.029 g/L. By Day 180 the average BAC level decreased to 0.028 g/L. By Day 365 the average BAC level decreased to 0.027 g/L. A limitation of this study is that the outcomes are taken as averages across the entire population as opposed to outcomes per medication cohort.

Conclusions

Medication management in AUD is effective, safe and well tolerated and can be improved with telehealth. In the Ria cohort NTX is the most commonly prescribed monotherapy and NTX-GABA is the most commonly prescribed combination. NTX-GABA combinations appear safe and well tolerated but more research is needed to assess therapeutic switching and synergy.

Background

The Ria Health Platform provides AUD treatment with pharmacotherapy, coaching and quantification of Breath Alcohol (BAC) levels with a breathalyzer managed by the Ria app. The platform quantifies medical and coaching visits, medication prescriptions, BAC levels and displays results to the patient, the patient supports the care team. The analytic engine produces in depth data for pharmacotherapies, coaching and quantification of Breath Alcohol levels with a breathalyzer managed by the Ria app. The platform quantifies medical and coaching visits, medication prescriptions, BAC levels and displays results to the patient, the patient supports the care team. The analytic engine produces in depth data for pharmacotherapies, coaching and quantification of Breath Alcohol levels with a breathalyzer managed by the Ria app. The platform quantifies medical and coaching visits, medication prescriptions, BAC levels and displays results to the patient, the patient supports the care team. 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