

Abstract

In 2018 alone, the Substance Use and Mental Health Services Administration found that close to 14.8 million people 12 years or older in the United States were classified as having Alcohol Use Disorder. In 2017, 2.6% of 2.8 million deaths in the United States involved alcohol or a combination of alcohol with other drugs. This project will discuss the rates of prescribing pharmacotherapy for Alcohol Use Disorder within a large safety-net community health care center, while also identifying predictive factors. Electronic health records of patients were collected at Southern Illinois Healthcare Foundation with diagnosis codes inclusive of Alcohol Use Disorder while also identifying predictive factors (patient demographics, co-occurring conditions) for receiving guideline-driven pharmacotherapy. Cases were matched with a separate query containing all prescription orders for index Alcohol Use Disorder treatment medications (acamprosate, disulfiram, naltrexone IR or XR, topiramate, and gabapentin). Patients 18-89 years of age were included in the study based solely on diagnosis, there were no inclusion or exclusion criteria based on gender, sex, race, or ethnicity. Three thousand nine hundred thirty-six (91.1%) cases involved never having Federal Drug Administration approved therapy. One thousand two hundred twenty-one (28.3%) cases involved a current or prior history of evidenced-based medicine treatment. Three thousand ninety-eight (71.7%) of cases had no record of having been prescribed evidence-based medicine treatment. Low rates of pharmacological treatment of Alcohol Use Disorder with only approximately one-third of patients with an inclusive diagnosis having any record of any evidence-based pharmacotherapy. When therapy was utilized, off-label therapy was the most performed practice utilized by prescribers for treatment. Rates of prescribing various guideline-driven pharmacotherapies for Alcohol Use Disorder at Southern Illinois Healthcare Foundation over a 5-year span were suboptimal. Suggestions that may be considered: an updated standardized AUD treatment plan for all prescribers, reeducation for clinical prescribers and the public, and further research and development of medications that may be utilized for the treatment of Alcohol Use Disorder.