

Alcohol Use Disorder Clinical Care Q&A

Framing Medication Expectations to Clients:

When we prescribe AUD medications, they're not as clearly as effective/obvious to clients as something like Opioid Agonist Therapy (OAT), for example. What do you say to frame to client, so expectations are set in good way?

Medications for AUD (Alcohol Use Disorder) may not have immediately obvious effects like Opioid Agonist Therapy (OAT). It's crucial to frame expectations around specific benefits and encourage clients to track these benefits. E.g.,

- Naltrexone: Reduces euphoric effects of alcohol. Clients should track their drinking patterns to notice easier reduction.
- Acamprosate: Focus on cravings and overall feelings. Tracking can be challenging, but follow-up is key.
 - Question: If person keeps drinking, should they stay on it? Answer: Ineffective if the patient continues drinking. It's meant to prevent taking the first drink. If ineffective, consider alternative treatments.
- Gabapentin: Helps with anxiety and sleep, indirectly reducing alcohol consumption. Particularly effective for clients with OUD (Opioid Use Disorder).
- Topiramate: Preferred for patients who binge drink or use stimulants. Anecdotal experience suggests familial connections.

Supporting Clients in Following Their Treatment Plan:

- Monitoring whether people are filling prescription via Pharmanet.
- Collaboration with Primary Care Network (PCN) Registered Nurses and outreach support to help ensure clients are able to follow their treatment plans.
- Investigating reasons behind perceived medication failure, e.g., insufficient trial period, "it didn't work" but only took it one time.
- Closer follow-up after initiating medications is essential. E.g., Utilize widgets in EMR to visualize and track patients who have started new medications. Ensure next appointments are booked before patients leave the clinic to maintain a closed-loop system.

Special Considerations:

- Some patients use stimulants when consuming alcohol. Naltrexone can reduce the risk of overdose from contaminated stimulants. E.g., has been very effective for encouraging some patients to keep taking their Naltrexone who are worried about overdose risk if they buy street drugs while they're intoxicated
- Monitoring Naltrexone use in patients with liver disease is challenging. Ideally, baseline and periodic labs are needed but often difficult to obtain. Reliance on clinical signs is common. If benefits are

evident, continuation is what the provider in the room would recommend experientially despite potential liver risks.

- Awareness of the free Reframe app by Stanford Medicine for additional support? Shared by a participant, no one had direct experience with it - <https://www.reframeapp.com/>
- Injectable Naltrexone – something on the horizon that we can offer? Withdrawn from the Canadian market about a decade ago, still available but expensive in the US. Manufacturer has not indicated interest in expanding to Canada.

Key Points:

- Emphasize benefits and track progress with specific AUD medications.
- Leverage tools and support networks to enhance clients' ability and desire to follow their treatment plan.
- Address challenges with medication monitoring, particularly for liver disease.
- Explore alternatives if initial medication is ineffective.
- Implement effective follow-up systems to support ongoing care.
- Explore opportunities to use and optimize your EMR!