beacon health options

Addressing Alcohol Use Disorders in Primary Care

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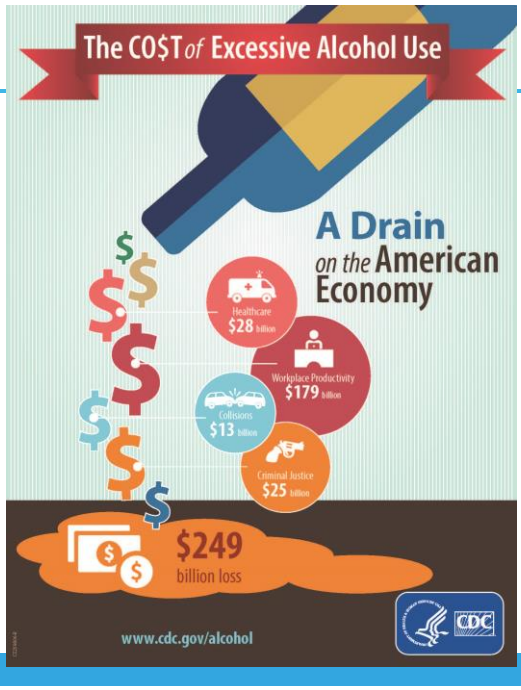
No industry disclosures



Costs of Alcohol

Economic Costs:

- Excessive alcohol consumption cost the United States $249 billion in 2010. This amounts to about $2.05 per drink, or about $807 per person.
- The costs due to excessive drinking largely resulted from losses in workplace productivity (72% of the total cost), health care expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.
- Excessive alcohol use cost states and DC a median of $3.5 billion in 2010, ranging from $488 million in North Dakota to $35 billion in California.
- Binge drinking, defined as consuming 4 or more drinks per occasion for women or 5 or more drinks per occasion for men, was responsible for about three-quarters (77%) of the cost of excessive alcohol use in all states and DC.
- About $2 of every $5 of the economic costs of excessive alcohol use were paid by federal, state, and local governments.

Source: Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and State Costs of Excessive Alcohol Consumption. *Am J Prev Med* 2015; 49(5):e73–e79.

Massachusetts Data

	Total Cost	Cost per Drink	Per Capita
Massachusetts	$5,634,600,000	$1.93	$861

Source: Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and State Costs of Excessive Alcohol Consumption. Am J Prev Med 2015; 49(5):e73–e79.

Alcohol/Primary Care

Alcohol

- Common 10-15% prevalence
- Barely covered in medical school
- 50-60% genetic: twin studies, adoption
- Polygenic
- Medical Illness
- Root cause of major healthcare costs
- 30% of liver transplants
- Should be diagnosed and treated in PRIMARY CARE
- Opposition to medication

Missed Opportunities in Primary Care

- Most patients (68-98%) with alcohol abuse or dependence are not detected by physicians
- Physicians are less likely to detect alcohol problems:
  - When screening tools are not used universally
  - In patients who they do not expect to have alcohol problems: White/Caucasian, women, higher SES

Role of Primary Care

- PCPs are the front line for identifying patients in need, who may feel stigma for seeking treatment from a specialist, or might not be aware that their substance use is a problem.
- While only 10% of people with SUD receive treatment for it, over 50% of people see a PCP each year.

Missed Opportunities in Primary Care

Prevalence of ever discussing alcohol use with a health professional:

- 16% of U.S. adults overall
- 17% of current drinkers
- 25% of binge drinkers
- 35% of those who reported binge drinking ≥10 times in the past month

Why Implement Screening?

- High prevalence of unhealthy alcohol and drug use
- Significant morbidity, mortality, and cost
- Screening instruments work
- Brief interventions effective, inexpensive, and acceptable

SBIRT

- Evidenced based practice to identify problematic use of substances
- Utility in Behavioral Health Screening
- Recent impact with Diet and Exercise

SBIRT

- Screening
- Brief Intervention
- Referral to Treatment

Evaluations of SBIRT

- Meta-Analyses & Reviews:
  - More than 34 randomized controlled trials
  - Focused primarily on at-risk and problem drinkers
  - Result: 13-34% reduction in alcohol consumption at 12 months

SBIRT Workflow

Annual Screen

+

Full Screen

+

Brief Intervention or BI plus Referral

Screening

- Screening tools identify patients for intervention:
  - Tiered screening
    - Intake
    - Provider

Annual Screen

- One Alcohol question
- One Drug question
- Depression screening

Alcohol

- Alcohol screening (National Institute of Health):
  - Do you sometimes drink alcoholic beverages?
  - If positive response, ask the following:

    a) On average, how many days a week do you have an alcoholic drink? _____

    b) On a typical drinking day, how many drinks do you have? _____

    c) Item (a) x Item (b) = Total weekly drinks _____

Unhealthy Alcohol Use

- Men: 14 drinks per week, 4 drinks per day
- Women: 7 drinks per week, 3 drinks per day

Annual Screen: Alcohol

Alcohol: One drink = 

12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	○	○
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	○	○

Annual Screen: Drugs

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	○	○

Annual Screen: Depression

Mood:	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	○	○
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	○	○

Depression Suicide

- Suicide is the 11th leading cause of death for all ages
- Rates increasing especially with economic issues
- Primary care contact frequently before suicide
- C-SSRS rating scale for suicide

Positive Response

- Defines unhealthy behavior and identifies patients who need further screening
- Brief intervention may prevent escalation to risky, harmful, or dependent substance use

Full Screens

- AUDIT
- DAST
- CSSRS

Tips for Introducing a Behavioral Health Screening

"*It's not uncommon for people with an illness to be feeling unhappy or distressed. In order to help you access the care or resources you may need, do you mind if I ask you a few questions about how you've been doing in the past month*."

Tips for Introducing a Behavioral Health Screening

- It sounds as though you have a lot on your plate right now.
- Sometimes when there are physical problems it can effect how you are feeling as well…
- You sound really down.
- You sound really stressed.
- I would like to ask you a couple of extra questions to get a sense of where you are currently.

Columbia Suicide Rating Scales

- Positive findings for prediction American Journal of Psychiatry 2001
- Approved SAMSHA rating scale
- Available in multiple versions and languages

CCSRS Risk Assessment

RISK ASSESSMENT VERSION

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Suicidal and Self-Injurious Behavior (Past week)		**Clinical Status (Recent)**	
☐	Actual suicide attempt ☐ Lifetime	☐	Hopelessness
☐	Interrupted attempt ☐ Lifetime	☐	Major depressive episode
☐	Aborted or Self-Interrupted attempt ☐ Lifetime	☐	Mixed affective episode
☐	Other preparatory acts to kill self ☐ Lifetime	☐	Command hallucinations to hurt self
☐	Self-injurious behavior without suicidal intent ☐ Lifetime	☐	Highly impulsive behavior
Suicidal Ideation (Most Severe in Past Week)		☐	Substance abuse or dependence
☐	Wish to be dead	☐	Agitation or severe anxiety
☐	Suicidal thoughts	☐	Perceived burden on family or others
☐	Suicidal thoughts with method (but without specific plan or intent to act)	☐	Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
☐	Suicidal intent (without specific plan)	☐	Homicidal ideation
☐	Suicidal intent with specific plan	☐	Aggressive behavior towards others
Activating Events (Recent)		☐	Method for suicide available (gun, pills, etc.)
☐	Recent loss or other significant negative event	☐	Refuses or feels unable to agree to safety plan
	Describe:	☐	Sexual abuse (lifetime)
		☐	Family history of suicide (lifetime)
☐	Pending incarceration or homelessness	**Protective Factors (Recent)**	
☐	Current or pending isolation or feeling alone	☐	Identifies reasons for living
Treatment History		☐	Responsibility to family or others; living with family
☐	Previous psychiatric diagnoses and treatments	☐	Supportive social network or family
☐	Hopeless or dissatisfied with treatment	☐	Fear of death or dying due to pain and suffering
☐	Noncompliant with treatment	☐	Belief that suicide is immoral; high spirituality
☐	Not receiving treatment	☐	Engaged in work or school
Other Risk Factors:		**Other Protective Factors:**	
☐		☐	

Describe any suicidal, self-injurious or aggressive behavior (include dates):

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

SUICIDAL IDEATION DEFINITIONS AND PROMPTS:	Past week	Lifetime
Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** If yes, describe:		
Suicidal Thoughts: General, non-specific thoughts of wanting to end one's life/commit suicide. *"I've thought about killing myself"* without thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?*** If yes, describe:		
Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it."* ***Have you been thinking about how you might do this?*** If yes, describe:		
Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to, *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?*** If yes, describe:		
Suicidal Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** If yes, describe:		
If any suicidal ideation items are endorsed, complete intensity ratings for the most severe level of ideation:	**Past week**	**Lifetime**
Frequency: ***Do you usually have these thoughts? How many times have you had these thoughts in the last week?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day		
Duration: ***When you have these thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous		
Controllability: ***Could / can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts		
Deterrents: ***Are there things – anyone or anything (e.g., family, religion, pain of death) – that stopped you from taking your life or acting on these thoughts?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply		
Reasons for Ideation: ***What sort of reasons did you have for thinking about wanting to die or to kill yourself?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply		

Audit

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

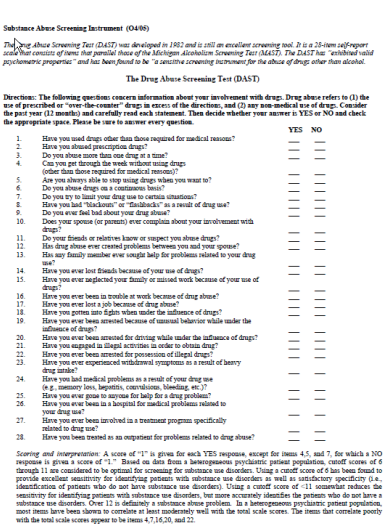
One drink equals: 12 oz. beer; 5 oz. wine; 1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W:	0-3	4-12	13-19	20+

DAST



Substance Abuse Screening Instrument (04/08)

The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has "exhibited valid psychometric properties" and has been found to be "a sensitive screening instrument for the abuse of drugs other than alcohol.

The Drug Abuse Screening Test (DAST)

Direction: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or "over-the-counter" drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

		YES	NO
1.	Have you used drugs other than those required for medical reasons?	___	___
2.	Have you abused prescription drugs?	___	___
3.	Do you abuse more than one drug at a time?	___	___
4.	Can you get through the week without using drugs (other than those required for medical reasons)?	___	___
5.	Are you always able to stop using drugs when you want to?	___	___
6.	Do you abuse drugs on a continuous basis?	___	___
7.	Do you try to limit your drug use to certain situations?	___	___
8.	Have you had "blackouts" or "flashbacks" as a result of drug use?	___	___
9.	Do you ever feel bad about your drug abuse?	___	___
10.	Does your spouse (or parents) ever complain about your involvement with drugs?	___	___
11.	Do your friends or relatives know or suspect you abuse drugs?	___	___
12.	Has drug abuse ever created problems between you and your spouse?	___	___
13.	Has any family member ever sought help for problems related to your drug use?	___	___
14.	Have you ever lost friends because of your use of drugs?	___	___
15.	Have you ever neglected your family or missed work because of your use of drugs?	___	___
16.	Have you ever been in trouble at work because of drug abuse?	___	___
17.	Have you ever lost a job because of drug abuse?	___	___
18.	Have you gotten into fights when under the influence of drugs?	___	___
19.	Have you ever been arrested because of unusual behavior while under the influence of drugs?	___	___
20.	Have you ever been arrested for driving while under the influence of drugs?	___	___
21.	Have you engaged in illegal activities in order to obtain drug?	___	___
22.	Have you ever been arrested for possession of illegal drugs?	___	___
23.	Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	___	___
24.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	___	___
25.	Have you ever gone to anyone for help for a drug problem?	___	___
26.	Have you ever been in a hospital for medical problems related to your drug use?	___	___
27.	Have you ever been involved in a treatment program specifically related to drug use?	___	___
28.	Have you been treated as an outpatient for problems related to drug abuse?	___	___

Scoring and interpretation: A score of "1" is given for each YES response, except for items 4,5, and 7, for which a NO response is given a score of "1." Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of "11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4,7,16,20, and 22.

Screening Results

- Identify risky behavior
- Brief intervention
- Identify harmful / At-risk behavior
  - Brief intervention/ referral
  - Direct referral

SBIRT

Brief Intervention

Patient History

"A patient is a married, 38-year-old male/female with recurrent abdominal pains. He/she has intermittently elevated blood pressure and gastritis visible on gastroscopy, as well as waking up frequently at night and irritability. He/she also reports normal libido and no previous psychiatric history."

Based on this information alone, what are the top five diagnoses that come to mind?

Survey of a nationally representative sample of 648 primary care physicians.

CASA: Missed Opportunity, 2000

Hypothetical Patient: Top 5 Physician Diagnoses

- Ulcer (80 %)
- IBS (60%)
- Reflux (50%)
- Anxiety (40%)
- Depression (20%)
- Alcohol abuse (8% in males and 2% in females)

Clinician Barriers to Discussing Alcohol with Patients

- 57.7% Belief that patients lie
- 35.1% Time constraints
- 29.5% Fear that it will question a patient's integrity
- 25.0% Fear of frightening/angering patient
- 15.7% Uncertainty about treatments
- 12.6% Personally uncomfortable with subject
- 11.0% May encourage patient to see other MD
- 10.6% Insurance doesn't reimburse PCP time

Survey on Patient Attitudes

- Agree/Strongly agree

"If my doctor asked me how much I drink, I would give an honest answer."
92% - Yes

"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."
96% - Yes

"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."
93% - Yes

Survey on Patient Attitudes

- Disagree/Strongly Disagree

"I would be annoyed if my doctor asked me how much alcohol I drink."
86%

"I would be embarrassed if my doctor asked me how much alcohol I drink."
78%

How do you approach conversations about behavior change with your patients?

- 3 minutes or more
- Aimed to motivate behavior change
- Designed to:
  - Provide personal feedback; enhance motivation; promote self-efficacy; promote behavior change

Communication Styles

- Directing
- Guiding

Brief Intervention

- Explain why
- Telling how
- Emphasize importance
- Persuade

Directing

- Explain why
- Telling how
- Emphasize importance
- Persuade

Guiding Communication

- Patient is expert
- Empathy, non-judgmental, respect
- Ambivalence
- Readiness to change

Case Example

- VIDEO: Sample Interview

Documenting Positive Full Screen plus Brief Intervention

- Mr. Davis was given a _____ screening form today. His score placed him into the _____ zone of use.
- In discussing this issue, my medical advice was that he _____
- His readiness to change was _____ on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient's own.
- He agreed to _____, and to make a follow-up appointment in 6 weeks.

Referral for Treatment

- Integration with Beacon Case Management or ICM services for treatment
- Specialist telephone consultation

Medical Treatment of Alcoholism

Treatment of Alcoholism in USA

<10% receive treatment

Medications only for treatment of withdrawal

Medications for Alcohol Use

FDA Approved Medications

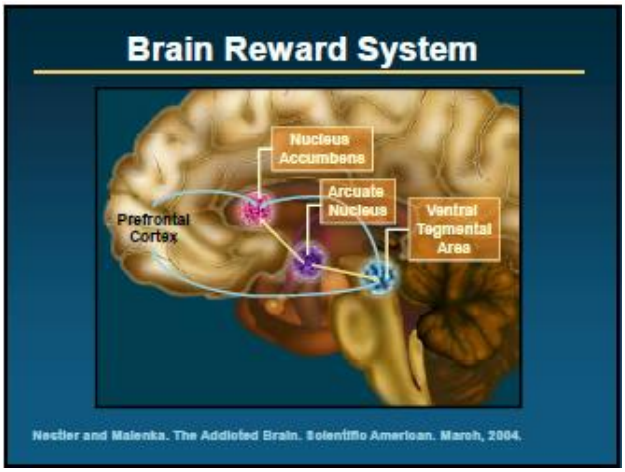
- **Disulfiram (Antabuse)**
- **Naltrexone (generic)**
- **Acamprosate (Campral)**
- **Depot Naltrexone (Vivitrol)**

Drinking relapse rates high following non medical treatment

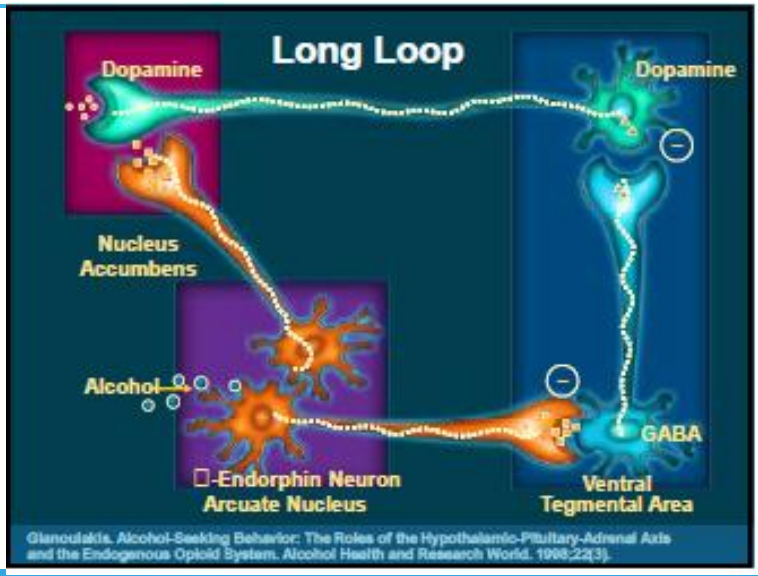
80 % relapse

Medications underutilized, less than 10 percent of those in treatment

Alcohol Pathways



Alcohol Pathways



Relapse

Definition

Cued cravings

Stress induced relapse

Outcome Studies

COMBINE Study

- N = 1383; 9 randomized groups
  - MM + Placebo
  - MM + Naltrexone
  - MM + Acamprosate
  - MM + Naltrexone + Acamprosate
    - CBI only

+/- CBI

- At least 4 days abstinence at baseline
- Endpoints
  - Percent days abstinent
  - Time to first heavy drinking day

Anton et al. *JAMA*. 2006;295:2003.

CBI = cognitive behavioral intervention;
MM = medical management

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Combine Study

Combine: NIAAA Good Outcome

Nalt	A/G, GG	95%	N = 28
Nalt	A/A	73%	N = 86
Plac.	A/G, GG	63%	N = 60
Plac.	A/A	65%	N = 205

Odds ratio, nalt good resp, GVA = 10.25 (95% CI 1.31 - 80.0 P= .03)

*VA multi-site study: sample size with G allele small

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Off Label/New Medications

Gabapentin

Pregabalin

Topamax

Mifepristone(Europe)

Resources

- CDC alcohol use https://www.cdc.gov/alcohol/index.htmn
- SBIRT Oregon http://www.sbirtoregon.org/
- SAMSHA SBIRT https://www.samhsa.gov/sbirt
- Evidence based treatment of Alcohol use disorder Charles O'Brien, MD, PHD, APA 2016
- Shedding New Light of an old problem: Novel treatments for Alcohol use disorder Barbara Mason PHD ASAM 2017

Thank you