

## Hope, Compassion, Knowledge: Compiling the evidence

### Why is it important to spread the word about new medications that treat Alcohol Use Disorder?

Approximately 10% of BC's population has AUD (400,000 people), yet it is estimated that less than 3% are ever offered any of the 7 recent medications (naltrexone, acamprosate, topiramate, gabapentin, baclofen, ondansetron, disulfiram) that can successfully treat this addiction.

There are several reasons why AUD pharmacotherapy is under-utilized: perceived low patient demand; pharmacy or formulary restrictions; inadequate provider training in the use of such medications; lack of provider confidence in the effectiveness of medications; and lack of patient awareness of these medications.

### Consequences of untreated alcoholism:

- Alcohol is a leading cause of death around the world for men between the ages of 20 and 50
- 5% of all cancers are caused by alcohol
- More than 20% of all hospital beds are taken up by people who are only there because they are alcoholics
- 30% of all of the women dying of cancer over the age of 50 is due to alcohol
- One-third of all suicides involve alcohol
- 7% of all alcoholics die of suicide

### How does Dr. Harries' CME help?

Evaluation findings show that Dr. Harries' CME presentations in Penticton, from one physician to colleagues, results in a long-lasting significant change to practices of his/her colleagues, hence impacting the healthcare system as a whole (see appended poster, p.2).

Dr. Harries used data from Pharmanet to show that presentations in Penticton resulted in an increased prescribing of naltrexone by the community physicians. It also shows that the effects were maintained until another presentation was provided, which then increased the number of prescriptions again. These effects are significant and it can be concluded that they are due to the presentations, as the control community, which did not receive these presentations, showed little effect. In fact, it is considered that the increased effects in the control community was a carry over effect from presentations in Penticton.

In a retrospective analytic study, Dr. Harries is now evaluating the impact of his small group CMEs in eight other communities, using a further 6 communities as a control group. This study will examine Pharmanet new and renewal prescription rates for seven medications: naltrexone, acamprosate, topiramate, gabapentin, baclofen, ondansetron, disulfiram. Preliminary data indicates a 9-fold increase.

In addition, Dr. Harries is leading a study on the impact of his small group CME sessions on prescribing practices and the effects on the Penticton Regional Hospital emergency department.

Hope, Compassion, Knowledge Poster

**The New Standard of Care for Alcohol Use Disorder (AUD)  
Hope, Compassion and Knowledge**

**TEAM INVOLVED**

Dr. Jeff Harries, Project Lead  
Bruce Harries  
Lori Motluk, Executive Director,  
IH Clinical Operations South  
Izabela Szelest



**Special thanks to :**

- Sadia Sharmin MBBS, MSc, PQI Data Analyst
- Wrae Hill MSc RRT, PQI Consultant

**IMPROVEMENT MODEL**

**What are we trying to accomplish?**

- Increase MD/NP awareness of medical treatment options for Alcohol Use Disorder (AUD)
- Increase the proportion of AUD patients treated appropriately & according to best evidence

**How will we know that a change is an improvement?**

- Increased # of AUD patients on AUD pharmacotherapy
- Increased prescribing of AUD medications (PharmaNet)

**What changes can we make that result in improvement?**

- CME Knowledge Translation Project (awareness)
- Monitoring / Feedback: Monitoring of physician prescribing practices and physician feedback

**DATA APPROACH**

Dispensing data of **Naltrexone** (and other AUD medications) was gathered from the PharmaNet database for community pharmacies in Interior Health.

The data represent medications that were *potentially* prescribed for managing Alcohol Use Disorder (AUD) before and after the CME intervention on AUD treatment options.

By looking at selected local health areas (LHAs) across time, the team explored if the intervention had a positive impact on the goal of increasing treatment of AUD.

**BACKGROUND**

A new standard of care exists for **Alcohol Use Disorder (AUD)**, but most clinicians are not yet aware of this.

The team is trying to change that, so people get the right care as soon as possible. Jeff brings a new way of understanding and treating people with Alcohol Use Disorder to communities in a very accessible way through multiple interactive, small scale, Continuing Medical Education (CME) events.

- BC Quality Forum 2019 <http://www.quebecforum.com/qaqa-2019-07-24/>
- National Post - Feb 2019 2019 <https://nationalpost.com/news/bc-qaqa-meds-control-only-drinking-as-wf-were-drugs-prescribing-then/>

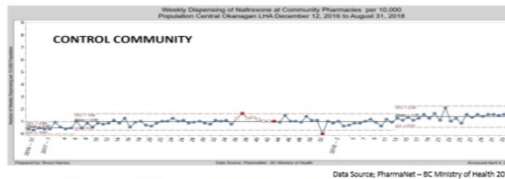
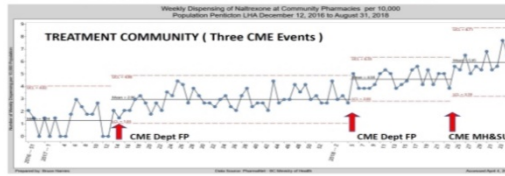
**PATIENT VOICE**



"Halfway through my first glass, I lose interest," she said. Today, she takes Naltrexone whenever she and her husband have company and she is going to drink. "I don't feel safe without it."  
- Pentiction

**NALTREXONE PRESCRIBING**

**Post CME Event (Pentiction) vs. Control (Central Okanagan)**



**INITIAL PROBLEM**

Approximately 10% of BC's population have active **Alcohol Use Disorder (AUD)**, yet less than 3% are on any medical treatments for this addiction. That's greater than **400,000** BC residents. (Harries 2017)

Pharmacotherapies for Alcohol Use Disorder are very underused in spite of evidence to support their use. Studies show MD's provide a variety of reasons why medications are not prescribed.

**New Alcohol Use Disorder Guidelines Emphasize Medications (2018)**

- American Psychiatric Association - Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder - Release 22, Issue 1, January 2018, pp. 48-61 <http://www.psychiatryonline.org/doi/full/10.1176/appi.books.2017.guidelines.1>
- <http://www.bcmagazine.ca/health>



**CLINICIAN FEEDBACK (CME Events)**

Dr. Harries has presented to over **1200** clinicians and staff in **54** groups across BC. It is making a difference to people, their families, communities and to the providers of their care.

*"It is such a hopeful message that a different way, having a much higher rate of success, is the new standard of care for AUD."*  
- Dr. Jeff Harries

*"Best and most useful talk I've been to for a very long time."*  
- Salmon Arm

*"Thank you for your energy and dedication to those who struggle with this disorder."*  
- Vernon

*"Very relevant. A large, common problem. Clear explanations of complex biology."*  
- Kamloops

*"Best education I've experienced in 30 year as a nurse."*  
- Nelson



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