WELCOME
Addiction Medicine ECHO Clinic

The session will begin promptly at **12 pm**.

Please **mute** the audio on your device.

Sessions take place **Thursday on the 2cd and 4th week of the month**.

Please connect your **camera**.

Need technical assistance? Call 907.729.2622 or text your phone number into the chat.

Project ECHO®

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Foundation *for* Opioid Response Efforts

Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

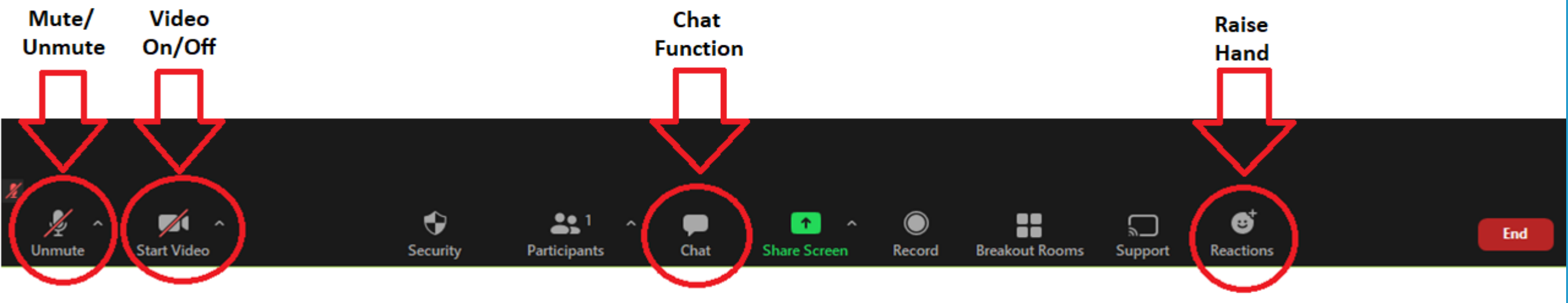
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- Please mute microphone when not speaking
- Use chat function
- Position webcam effectively
- Test both audio & video

Need technical assistance? Use the chat function or call 729-2622



ANTHC Clinical ECHO Series

Approved Provider Statements:

ANTHC is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

AKPhA is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education.

Contact Hours:

ANTHC designates this Live/Virtual Activity for a maximum of 12 AMA PRA Category 1 Credit(s) ™ for the entire series, provided in 1 credit/session certificates. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum of 12 hour(s) for the entire series, provided in 1 contact hour certificates/session attended.

The Alaska Pharmacists Association (AKPhA) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Through a Joint Providership, ANTHC and AKPhA designates this pharmacist activity for a maximum of 1 hours(s) per session. To receive CE credit, participants must be included in attendance record of facilitator/virtual format moderator with the NABP e-profile number including MM/DD birthdate, and complete the evaluation or post session survey. CPE credit will be posted to the online CPE Monitor System within 60 days of activity completion. CPE credit is offered at no charge to ANTHC/SCF employees and AKPhA members. Fees may apply to participants not affiliated with either organization.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

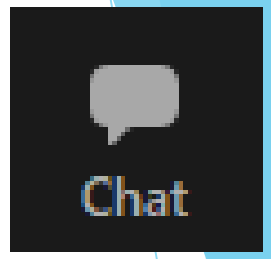
Requirements for Successful Completion:

To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: https://forms.gle/QhwCeGTf4zLNwpBX7

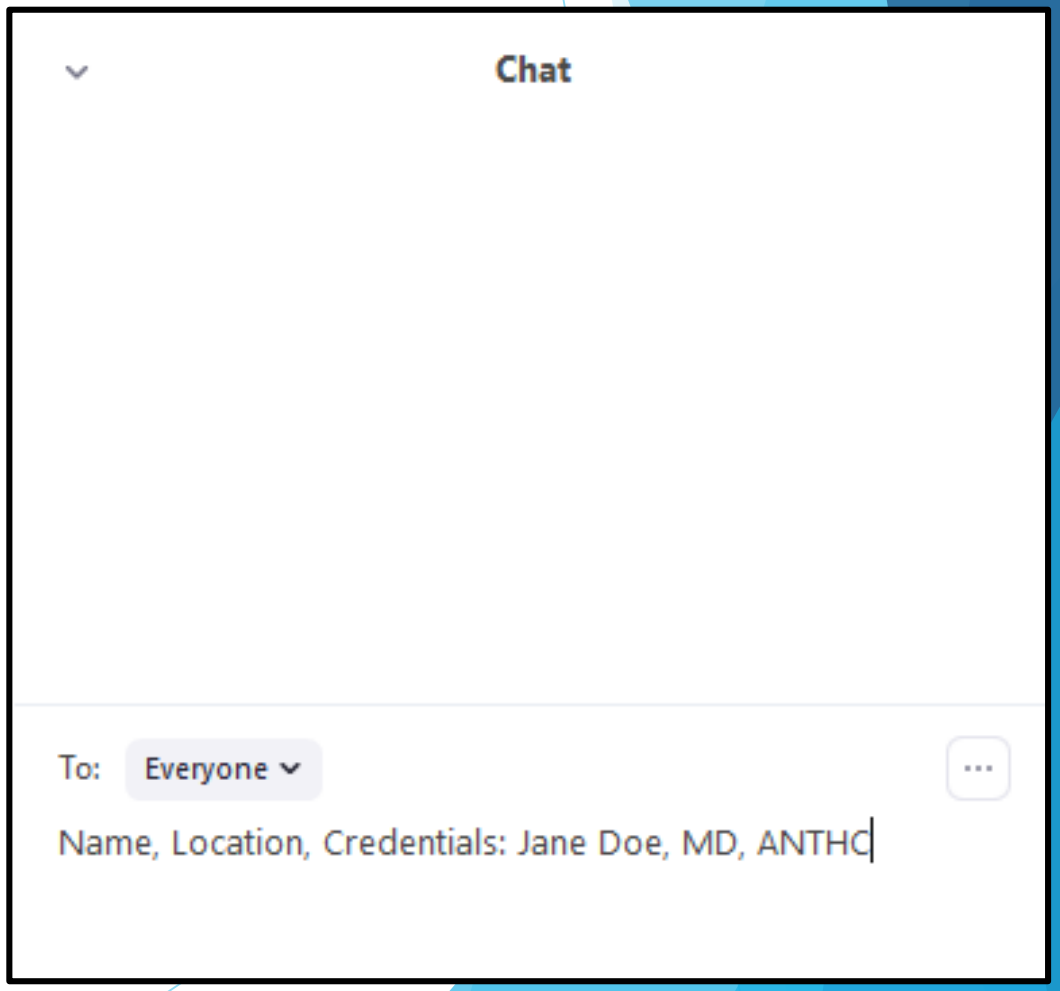
For more information contact Jennifer Fielder at jlfielder@anthc.org or (907) 729-1387

Introductions

Addiction Medicine ECHO



- Please introduce yourself in the chat :
  - Name
  - Location
  - Profession/Credentials
  - *Note*: The chat will be saved as our attendance record for continuing education credits.



MAT For Alcohol Use Disorder

Sarah Spencer DO, FASAM

ANTHC Addiction Medicine ECHO

July 2021

Conflict of Interest Disclosure

- No conflict of interest to disclose

Objectives

- Participants will understand the science and evidence base behind medication assisted treatment (MAT) for Alcohol Use Disorder.
- Participants will demonstrate knowledge of FDA-approved medications for Alcohol Use Disorder.

Table 1

FDA-approved medications for alcohol use disorders

Medication	Dosing	Mechanism of action	Common side effects	Relative contraindications
Naltrexone[4]	50 to 100 mg/d	Mu receptor blockade interrupts reward pathways in the brain	GI upset, headache, dizziness, nervousness, fatigue	Opioid use or opioid withdrawal, severe liver inflammation or cirrhosis
Acamprosate[5]	666 to 999 mg, 3 times daily	Modulate overactive glutamatergic brain activity that occurs after stopping chronic heavy alcohol use	Diarrhea; nervousness, fatigue, insomnia, depression have been reported with high doses	Severe renal impairment
Disulfiram[6]	125 to 500 mg/d	Accumulation of acetaldehyde in the blood produces unpleasant	Nausea, vomiting, hypertension if taken with alcohol	Patients who recently received metronidazole, paraldehyde, alcohol, or alcohol-containing

Medications for AUD treatment

1st /2nd Line

- Naltrexone or Acamprosate

3rd Line

- Disulfiram

Off label /adjunctive

- Gabapentin, Topiramate, Baclofen, Suvorexant, Ondansetron

Naltrexone

Mu receptor antagonist, interrupts the reward pathways in the brain

Dosing 50-100 mg po daily, or 380 mg IM monthly

Hold for LFT >5 times normal, OK in cirrhosis as long as compensated and no acute failure

Nausea is most common side effect (also watch for depression)

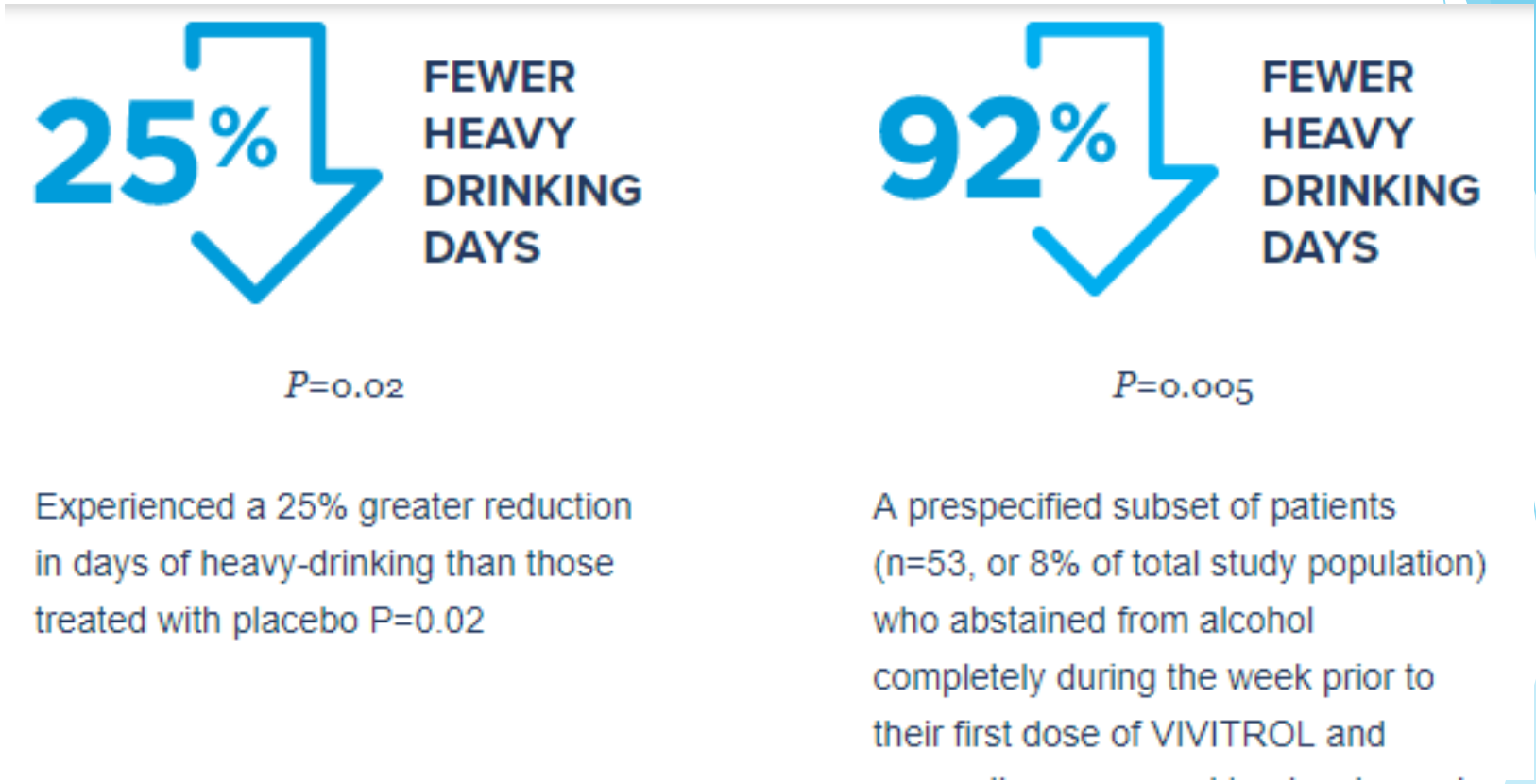
Off Label use: dosed prn prior to anticipated drinking episode

The utility of naltrexone is the ability of the drug to reduce cravings for alcohol and to result in a reduction in the amount of alcohol consumed per sitting.

Using naltrexone alone does not generally result in abstinence from alcohol

Naltrexone does not block the intoxicating effects of alcohol or cause unpleasant side effects when patients drink

XR Naltrexone (Vivitrol)

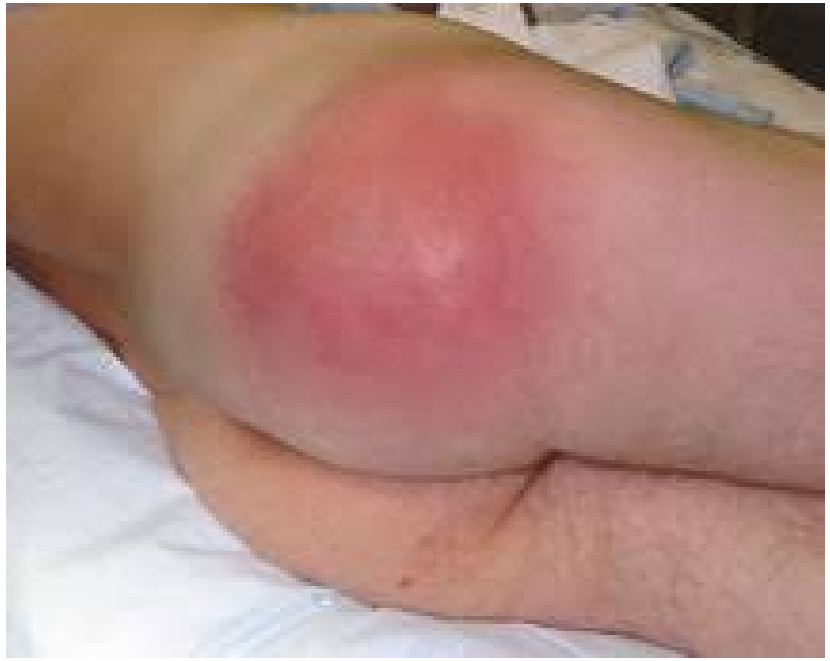


0.2 heavy-drinking days on Naltrexone vs 2.5 heavy-drinking days on placebo

The same results were not seen in the subset of patients (n=571, or 92% of the total study population) who were actively drinking at the time of starting treatment.

Injection Site Reaction with Vivitrol

- Increased risk if injection occurs in SC adipose layer
- Redness, induration, swelling, tenderness
- Can lead to cellulitis, abscess, necrosis



ACAMPROSATE

Modulates overactive GABA activity that occurs with alcohol cessation (more effective if patient has stopped drinking)

May be particularly helpful in patients whose cravings are triggered by anxiety symptoms, can help with insomnia

Dose 333 mg 2 pills TID → compliance difficulties

Renal dosing: for CrCl 30-50 cut reduce dose by half
avoid in CrCl <30

Most common side effect is diarrhea (in early treatment)

No significant drug-drug interactions

Acamprosate was shown only to support abstinence; it did not influence alcohol consumption after the first drink. When the efficacy profiles of the two drugs were compared, acamprosate was found to be more effective in preventing a lapse, whereas naltrexone was better in preventing a lapse from becoming a relapse. (Rosner 2018)

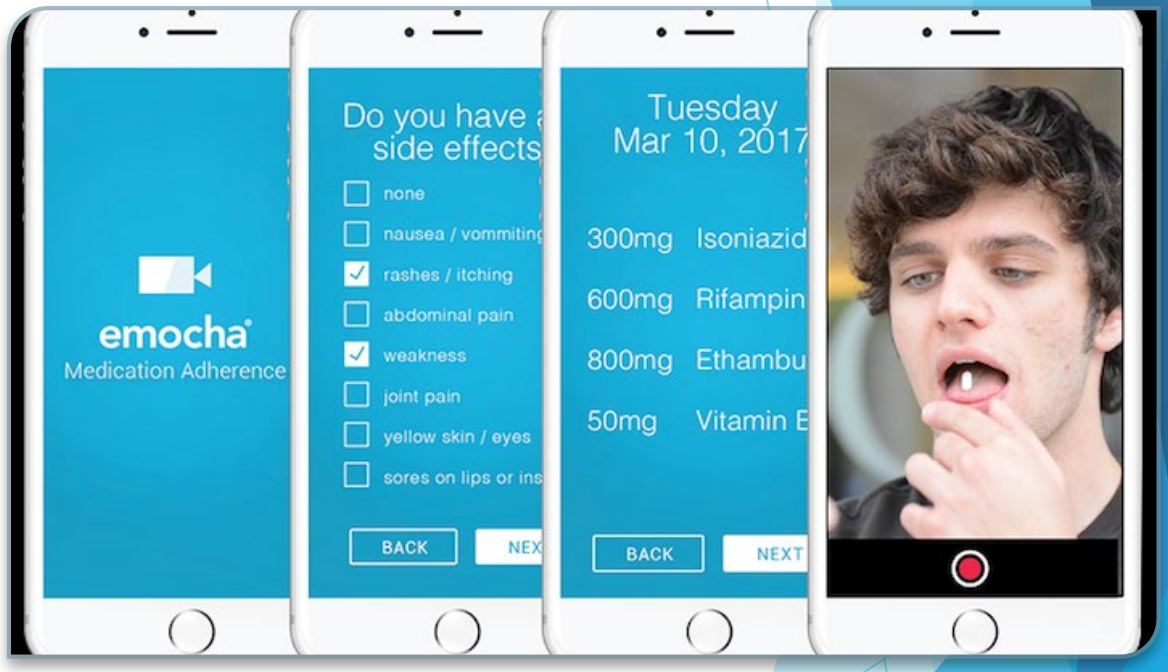
Acamprosate had a significantly larger effect size than naltrexone on the maintenance of abstinence, and naltrexone had a larger effect size than acamprosate on the reduction of heavy drinking and craving. For naltrexone, requiring abstinence before the trial was associated with larger effect sizes for abstinence maintenance and reduced heavy drinking compared with placebo. For acamprosate, detoxification before medication administration was associated with better abstinence outcomes compared with placebo. (Maisel 2013)

DISULFIRAM

- Enforces abstinence through accumulation in acetaldehyde inducing unpleasant side effects if alcohol is consumed (nausea, vomiting, flushing, tachycardia, hypertension)
- Dose 250-500 mg po qd
- Many drug-drug interactions (benzos, warfarin, metronidazole, rifampin)
- Consider avoiding in patients with severe CAD/autonomic dysfunction
- Monitor for worsening neuropathy and liver dysfunction (rare)

DISULFIRAM

- Limited evidence for efficacy (poor compliance)
- Establish plan for directly observed therapy (family member or App)
- Monitor for signs of return to use



Off-Label MAT for AUD

Topiramate: GABA mediated neuronal inhibition, start at 25 mg/d, increase by 25-50 mg weekly to 300 mg/d,

Gabapentin: balances GABA/glutamate dysregulation, 600 mg tid,

Ondansetron: serotonin receptor type 3 antagonist, 0.2 mg bid

Baclofen: GABA receptor antagonist, 5mg tid, titrate to 20 mg tid

Efficacy of Gabapentin for the Treatment of Alcohol Use Disorder in Patients With Alcohol Withdrawal Symptoms

Anton et al, JAMA 2020 https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2762700

Gabapentin compared with placebo significantly increased the number of people with total abstinence and reduced drinking. This effect was most significantly observed in those with greater pretreatment alcohol withdrawal symptoms—41% of participants with high alcohol withdrawal symptoms had total abstinence on gabapentin compared with 1% of participants in the placebo arm. (NNT 3)

A sleeping giant:
Suvorexant for the treatment of alcohol use disorder?

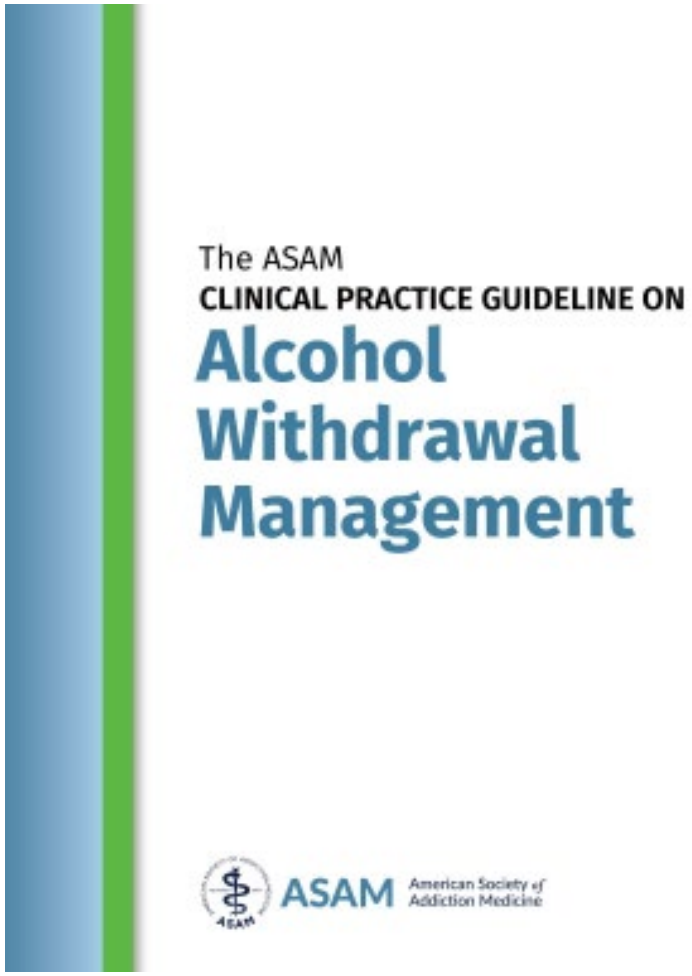
"Importantly, sleep disruptions occur during both acute and prolonged alcohol exposure and sleep deprivation is a potent factor promoting relapse to alcohol use. In this mini review article, we explore the therapeutic potential of suvorexant for the treatment of AUD. In particular, we highlight that in addition to altering the motivational properties of alcohol, suvorexant may also address key physiological components associated with alcohol withdrawal and abstinence, such as sleep disruptions, which should in turn help reduce or prevent relapse."
Campbell et al, 2020 https://www.sciencedirect.com/science/article/abs/pii/S0006899318304190

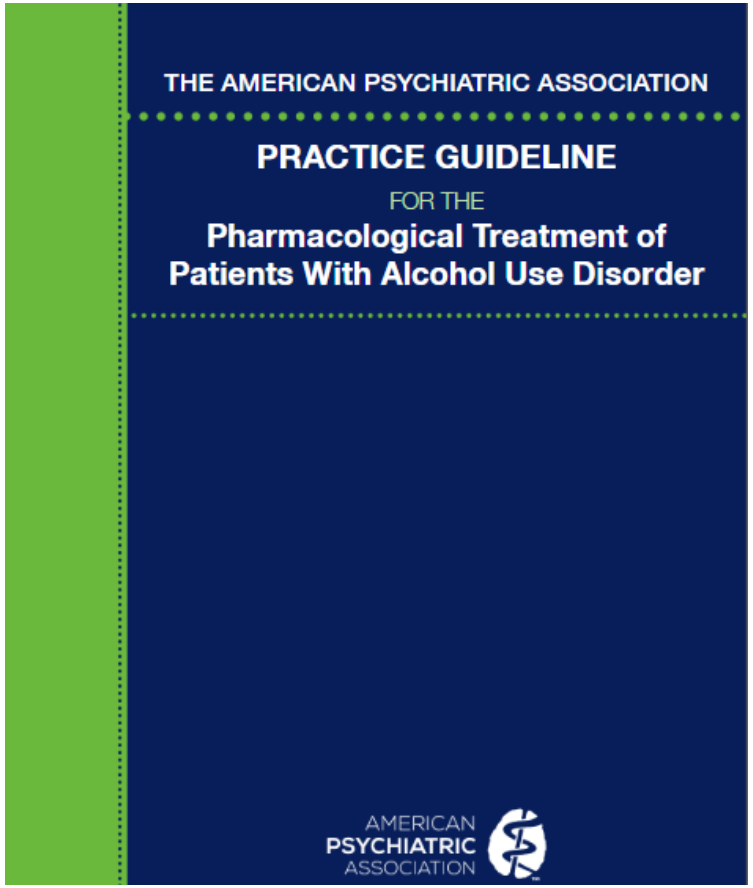
Suvorexant to treat alcohol use disorder and comorbid insomnia: Plan for a phase II trial

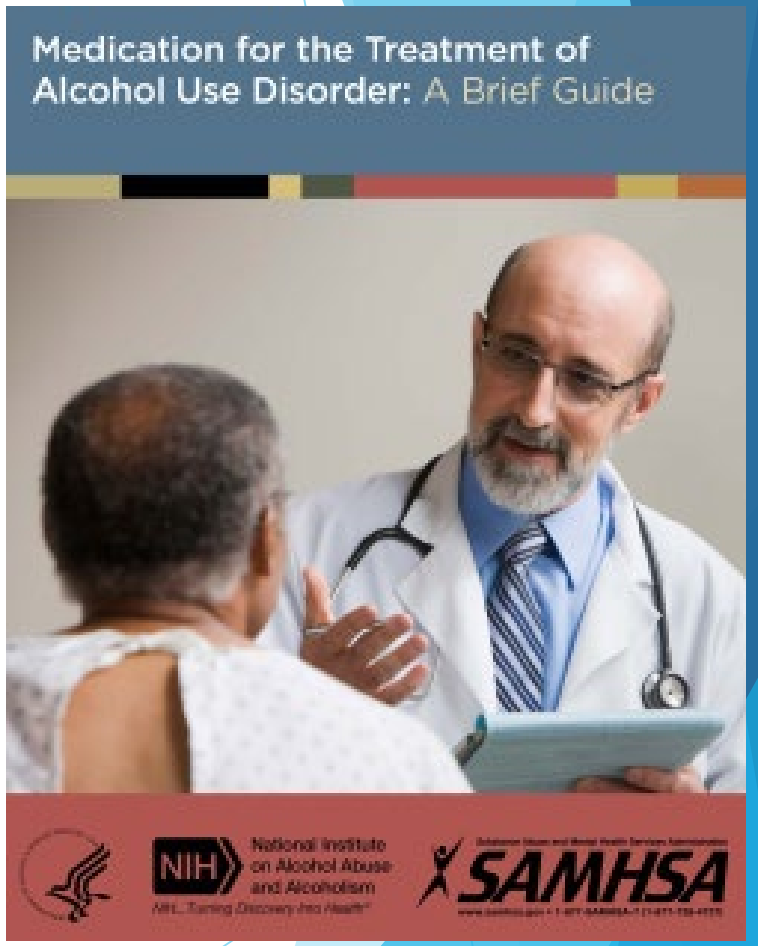
Suvorexant, a dual orexin receptor antagonist, has been licensed for the treatment of insomnia in the USA, Australia and Japan. The orexin system also plays a role in the emotional dysregulation that occurs during withdrawal from alcohol use and in alcohol-seeking behaviors. https://pubmed.ncbi.nlm.nih.gov/31837287/

Orexin-1 receptor blockade suppresses compulsive-like alcohol drinking in mice https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5065[illegible]

References: NATIONAL PRACTICE GUIDELINES







Case Presentation

Project ECHO's goal is to protect patient privacy

- To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- **References: For a complete list of protected information under HIPAA, please visit www.hipaa.com**

Thank you for joining us today.
We appreciate your participation and hope to see you at the **NEXT ECHO Session:**
August 12, 2021 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CEs.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