The DRAM, Vol. 20(13) – Medications for alcohol use disorder are associated with fewer hospital readmissions

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Medications can be helpful for treating alcohol and substance use disorders, but they are often underused. It might be useful to begin administering these sorts of medications to patients during hospitalization, especially if healthcare providers take the time to address potential misinformation patients might believe about them. This week, The DRAM reviews a study by Eden Bernstein and colleagues that investigated the impact of medications for alcohol use disorder on clinical outcomes among patients who initiated taking these medications at hospital discharge.

What were the research questions?

To what extent are medications for alcohol use disorder (AUD), such as naltrexone, associated with hospital readmission, emergency department visits, returning to hospitals, and patient mortality 30 days after hospitalization for alcohol-related conditions?

What did the researchers do?

The researchers conducted a retrospective cohort study using the national sample of

Centers for Medicare & Medicaid Services (CMS) administrative and pharmacy claims from 2015 to 2017. All participants in the study were patients with acute care AUD hospitalizations in 2016 who were discharged to the community. The researchers looked at differences between people who initiated AUD medications when they were discharged from the hospital and people who did not. To assess group differences, the researchers used modified poisson regression models to predict the likelihood that participants were readmitted to the hospital, visited an emergency room, or died within 30 days after their initial hospitalization.[1]

What did they find?

Receiving medications for AUD at hospital discharge was associated with a 51% decreased incidence of alcohol-related return to hospital, a 39% decreased incidence of alcohol-related emergency department visits, and a 64% decrease in alcohol-related readmissions (see Figure). Medications for AUD were also associated with a 44% decreased incidence of returning to the hospital for any reason, 43% decreased incidence of emergency department visits for any reason, and a 58% decrease in all-cause hospital readmissions. Medications were not related to the likelihood of dying in the month after the hospital discharge.

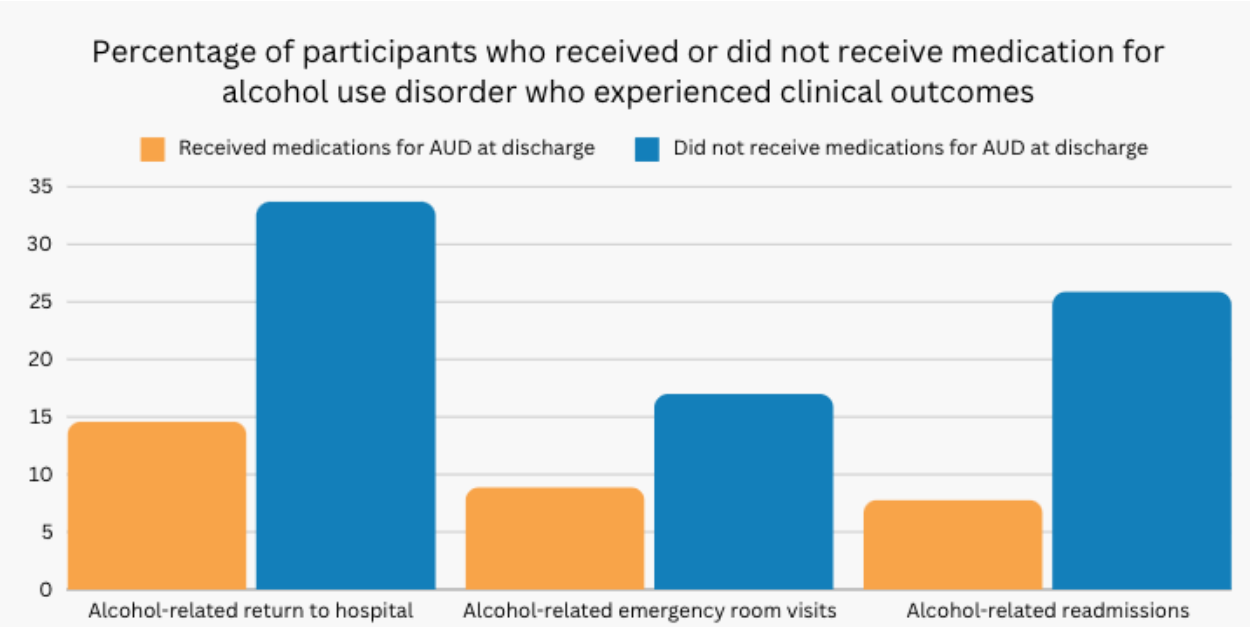

Figure. This Figure, adapted from Bernstein and colleagues, depicts the percentage of participants who experienced clinical outcomes according to whether they received medications for alcohol use disorder (MAUD) at hospital discharge. Click image to enlarge.

Why do these findings matter?

This study highlights the potential of medications for alcohol use disorder in preventing dangerous outcomes. Specifically, the results suggest that hospital discharge might be an effective point of intervention. This could be because discharge marks a change in a patients' care journey where they resume responsibility for their own care and wellbeing. Educating patients about how they can best promote their own health prior to leaving the hospital setting has been effective at reducing hospital readmissions in other contexts. As such, it warrants more attention for how hospital staff members can intervene at this time point to promote the health and wellbeing of people with alcohol use disorder.

Every study has limitations. What are the limitations in this study?

This study has several limitations. First, the researchers were not able to discern the severity of participants' alcohol use disorder. This is important because people with more severe symptoms might have a higher likelihood of incurring alcohol-related injuries or harms, which would increase their likelihood of hospital readmission or visiting an emergency room. The researchers also did not examine whether certain medications for alcohol use disorder were more effective than others at reducing the likelihood of patients experiencing clinical outcomes.

For more information:
The National Institute on Alcohol Abuse and Alcoholism also has tips and resources for people struggling with problem drinking. For additional drinking self-help tools, please visit our Addiction Resources page.

— Seth McCullock, PhD

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1. The researchers controlled for sociodemographics, clinical factors, and hospitalization factors.