**Title:** Outcomes in Alcohol-Associated Liver Disease and Follow-Up with a Substance Abuse Treatment Program

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**Purpose/Background:** Alcohol use disorder is a main cause of preventable disease and liver-disease associated mortality both worldwide and in the United States. Alcohol use disorder however does not mean a patient will develop clinically significant alcoholic liver disease, and only about 10-20% of patients who chronically drink heavily will develop severe forms of alcoholic liver disease. Patients with alcoholic liver disease should have treatment aimed at managing both alcohol use disorder and liver disease. Medications for Alcohol Use Disorder (MAUD) can be used to help manage alcohol use disorder to induce or maintain abstinence. Prolonged abstinence is the most effective way to prevent progression of the disease. However, MAUD are often underutilized in these patients.

**Objective:** This project aims to evaluate outcomes of patients with advanced liver disease who followed-up with the Substance Abuse Treatment Program (SATP) at the Central Virginia VA Health Care System, versus patients who did not follow-up with SATP.

**Methods:** A retrospective chart review was conducted of patients seen in the advanced liver disease clinic at the Central Virginia VA Health Care System with a positive AUDIT-C score (5 or greater) from December 1, 2019 to September 1, 2021. These patients were then divided into cohorts based on if they did have follow-up with SATP or if they did not. The primary outcome is the number of veterans prescribed MAUD in each group. Variables collected included age, race, gender, if MAUD was prescribed, specific MAUD medication, if the veteran was hospitalized due to alcohol use disorder, and barriers to follow-up with SATP. Data was deidentified and analyzed using descriptive statistics.

**Results:** Fifty-four patients with a positive AUDIT-C score were identified, with nineteen having follow-up with SATP and 35 having no follow-up with SATP. The primary outcome was the number of patients prescribed MAUD in each cohort. Twelve out of nineteen patients who had follow-up with SATP were prescribed MAUD, while five out of thirty-five patients who did not have follow-up with SATP were prescribed MAUD. A chi-square test of independence showed that there was a significant association between SATP intake and MAUD prescription, x2 (1, n= 35), 13.64, p <.05. Three patients in the SATP follow-up group were hospitalized for alcohol use disorder, while one patient who did not have SATP follow-up was hospitalized for alcohol use disorder. The most common barrier to having follow-up with SATP was due to patient preference.

**Conclusion:** This retrospective chart review did demonstrate that in patients with advanced liver disease, referral and intake in SATP may increase MAUD prescribing rates. Pharmacists could play a role in this population by helping to identify patients with advanced liver disease who need MAUD and providing appropriate recommendations.