

Inpatient Addiction Consult Service

Expertise for Hospitalized Patients with Complex Addiction Problems



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KEYWORDS

- Addiction • Inpatient management • Consult service • Withdrawal
- Hospitalized patient • Substance use disorder

KEY POINTS

- Hospitalized patients have a high prevalence of substance use; however, this problem often goes unaddressed.
- Inpatient addiction consult services are an important intervention to use the reachable moment of hospitalization to engage patients and initiate addiction treatment.
- Addiction consultation involves taking an addiction-specific history, motivational interviewing, withdrawal symptom management, and initiation of long-term pharmacotherapy.
- Addiction consult services have the potential to decrease readmissions and utilization costs for medical systems, improve substance use outcomes for patients, and increase provider knowledge.

INTRODUCTION: THE NEED FOR ADDICTION CONSULT SERVICES IN THE GENERAL HOSPITAL SETTING

Substance use disorders (SUDs) affect 40 million Americans and place an enormous burden on society, with a cost of \$740 billion annually.^{1,2} Hospitalization is an increasingly frequent and costly occurrence among individuals with an SUD, with almost

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one-quarter of hospitalized patients having an SUD, presenting a huge opportunity for intervention.^{3,4} Despite this, only a minority of patients receive any treatment of SUDs in a hospital setting.⁵

Previous research has demonstrated not only the feasibility of providing addiction treatment to individuals in an acute care setting but also its efficacy. A recent meta-analysis demonstrated brief intervention for unhealthy alcohol use in the hospital as associated with a significant reduction in weekly alcohol consumption 6 months later.⁶ Furthermore, hospitalized individuals with an alcohol use disorder have been shown more likely to participate in outpatient addiction treatment if they receive motivational interviewing and facilitated referral to treatment.⁷ Similarly, pharmacotherapy initiation for alcohol, tobacco, or opioid use disorder in acute care settings has been associated with several positive outcomes, including a reduction in substance use, improvement in treatment retention, and a decrease in hospital readmission rates.^{8–10} More specifically, 1 study of 302 individuals with an opioid use disorder initiated on methadone maintenance therapy in a hospital demonstrated an 82% follow-up rate to an outpatient methadone maintenance program.¹¹ Given the high prevalence of SUDs and recurring need to access medical care, hospitalization offers a critical opportunity for effective intervention and provision of evidence-based addiction treatment to dramatically reduce morbidity and mortality.

To date, an important barrier identified in the delivery of evidence-based addiction treatment pertains to many health care providers overall feeling ill equipped to accurately screen for, diagnose, or treat SUDs.^{12,13} In an attempt to overcome this in hospital, 1 strategy has been the creation of an inpatient addiction consult service (ACS). Although varied in the nature and background of program clinical staff, patient recruitment strategies, and interventions offered, all ACSs share a common goal of reducing morbidity and mortality associated with SUDs by improving access to evidence-based addiction treatment while in a hospital and successfully transitioning individuals from acute to community settings. Hospital-based ACSs can further provide support, effective role modeling, and education about SUD interventions, which, in turn, may improve preparedness among health care providers in managing SUDs, reducing stigma associated with the condition, and ultimately improving clinical practice.¹⁴

CURRENT ADDICTION CONSULT SERVICE MODELS

To date, more than half a dozen hospital-based ACSs exist within North America. A range of model types, including different strategies of patient identification and team composition are described below.

Patient Identification

Although some hospitals use a universal screening approach for substance misuse or an SUD with validated tools, such as the Alcohol Use Disorders Identification Test, a majority of ACS referrals occur directly from the primary admitting medical or surgical team according to clinical judgment.

Team Composition

Although some pioneering consult services relied solely on a physician, current models often involve additional staffing, with compositions varying according to the needs and resources of each institution. A physician is essential to manage pharmacotherapy for withdrawal symptoms and long-term treatment. In addition, a nurse may assist with day-to-day clinical assessments and symptom management, whereas a social worker, nurse care manager, or resource specialist might assist with

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