



Exploring gaps in knowledge and demographic factors of patients with substance use disorders

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Background

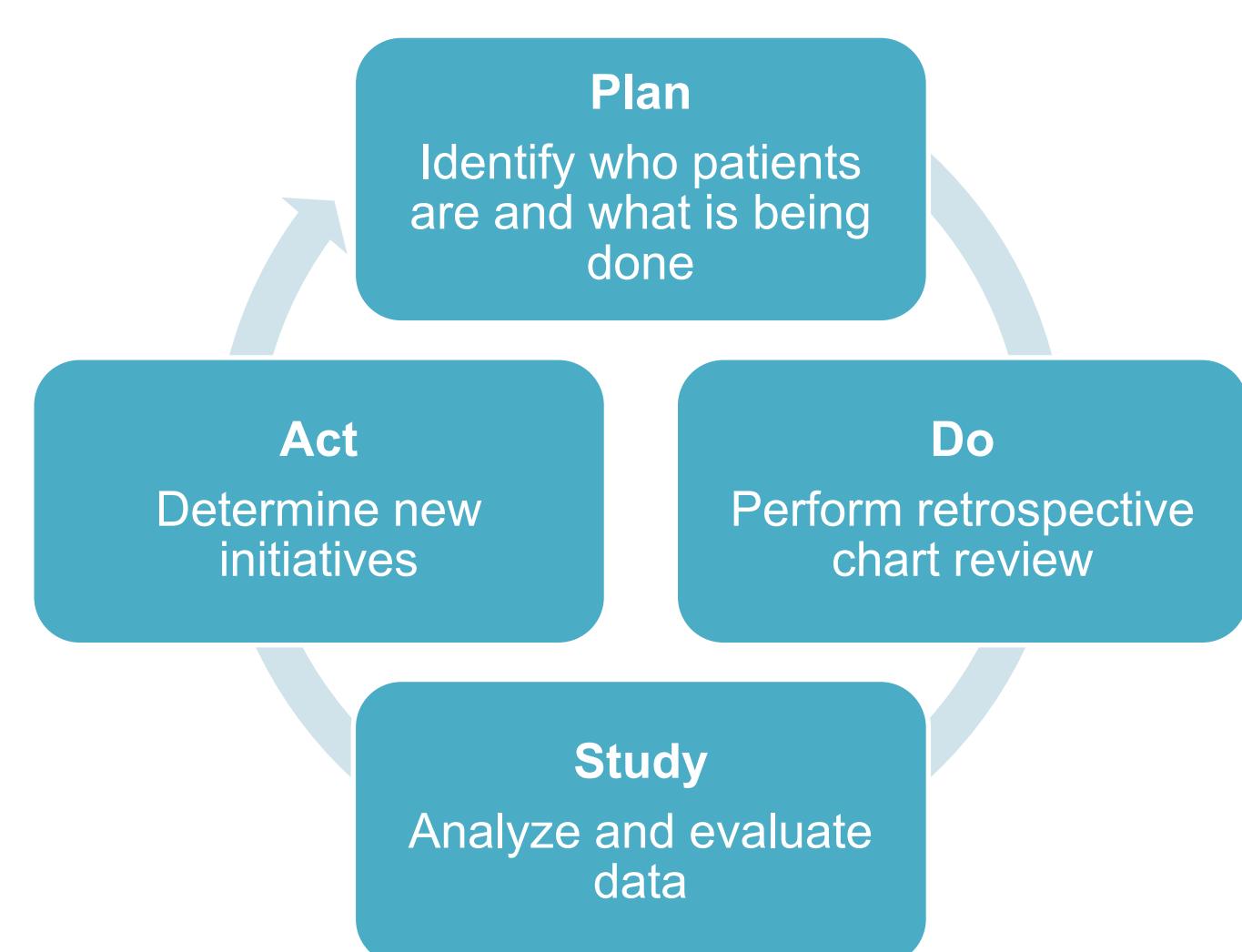
Inpatient addiction consult teams were created in many hospitals across the continent over the past decade due to the increasing burden of substance use disorders (SUDs).¹ In July 2021, The Addiction Medicine Consult Team (AMCT) was implemented in Burnaby Hospital (BH) to address the growing need in Greater Vancouver.

Objectives

To explore demographic and clinical characteristics of patients seen by the BH AMCT and determine what proportion of patients are connected to outpatient community addiction resources.

Methods

A quality improvement (QI) retrospective chart review was conducted. Electronic patient charts that were coded by unit clerks to have received an AMCT consultation from 1 Apr 2021 to 27 Apr 2022 were gathered. Charts were included if the patient was an adult >18 years and excluded if the length of stay was <1 day or the patient died during admission. All eligible charts were reviewed by DW. Discrepancies were resolved through discussion with LJ and by reviewing charts a second time when needed.



Results

66 patients had a coded AMCT consultation in the approximate 1-year timeframe. After screening for inclusion and exclusion criteria and excluding patients who had not been seen by AMCT, 54 patients were eligible for chart review.

Demographic Characteristics

Our sample had a mean age of 43.4 years but included a diverse range of age groups from 21 to 82 years. Complete demographic characteristics are captured in *Table 1*.

Age (years)		
Mean	43.4	
Range	21-82	
Sex		
Male	38	70.4%
Female	15	27.8%
Non-binary	1	1.9%
Housing		
Rent or own	28	52%
Shelter or no fixed address	17	31%
SRO or subsidized housing	5	9%
Other	2	4%
Unknown	2	4%
Employment Status		
Employed	19	35%
Unemployed	25	46%
Retired	5	9%
Unknown	5	9%
Financial Status		
Income or pension	25	46%
Disability or EI	6	11%
Income assistance	10	19%
No income	5	9%
Unknown	8	15%

Table 1: Demographic characteristics of the 54 patients reviewed.

Clinical Characteristics

Mean length of stay was 8.6 days, although median length was 3 days (*Table 2*). 15 patients (28%) left the hospital against medical advice. AMCT made a new active SUD diagnosis in 24% of the patients while 74% presented with diagnoses already made previously. 1 patient (2%) was found to have no active SUD.

Among the 21 patients with nicotine use disorder (NUD), none were taking bupropion or varenicline. 14 of them (67%) were started on nicotine replacement therapy (NRT) while only 1 came to hospital on NRT already.

Length of stay (days)		
Mean	8.6	
Median	3	
Standard deviation	14.8	
Active SUD diagnoses		
Alcohol	31	57%
Cannabis	1	2%
Opioid	21	39%
Nicotine	21	39%
Sedatives, hypnotics, anxiolytics	3	6%
Stimulant	19	35%
Comorbid psychiatric illnesses		
Anxiety disorder	20	37%
Bipolar disorder	2	4%
Depressive disorder	13	24%
Psychosis	3	6%
Personality disorder	7	13%
Comorbid medical illnesses		
Cardiovascular disease	16	30%
Chronic kidney disease	2	4%
Liver dysfunction	15	28%
Blood borne infections	9	17%
Chronic pain	6	11%

Table 2: Clinical characteristics of the 54 patients reviewed.

Of the 31 patients with diagnosed AUD, 19 received treatment with acamprosate, gabapentin, or naltrexone (see *Figure 1*). 28 of the AUD patients also were placed on the Clinical Institute Withdrawal Assessment (CIWA) protocol.

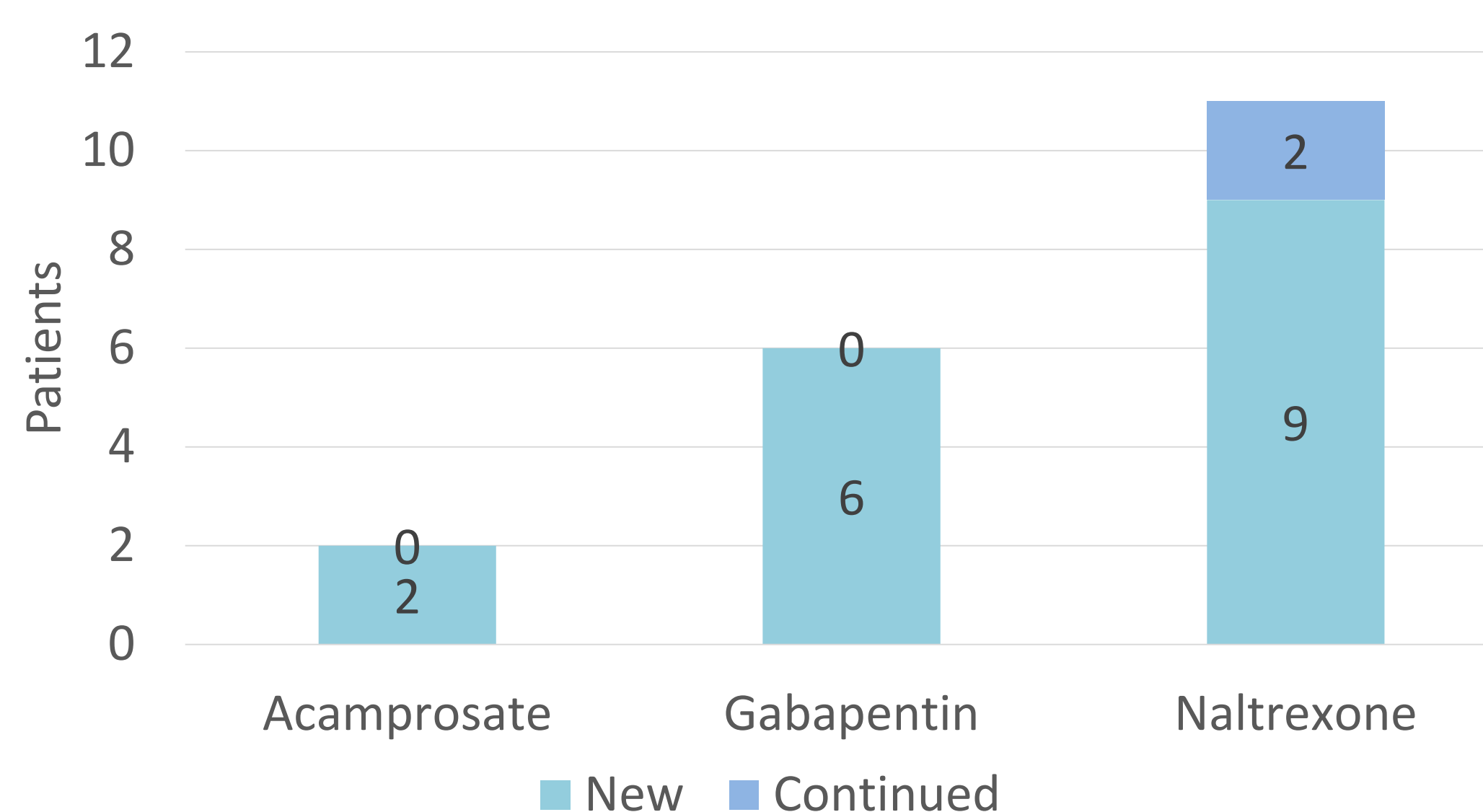


Figure 1: Treatments for the 31 patients diagnosed with AUD.

All of the 21 patients with opioid use disorder (OUD) received opioid agonist therapy (OAT) as displayed in *Figure 2*.

With regards to harm reduction, 16/54 (30%) had documentation of being given naloxone kits. Among the 21 OUD patients, 11 of them (52%) received one.

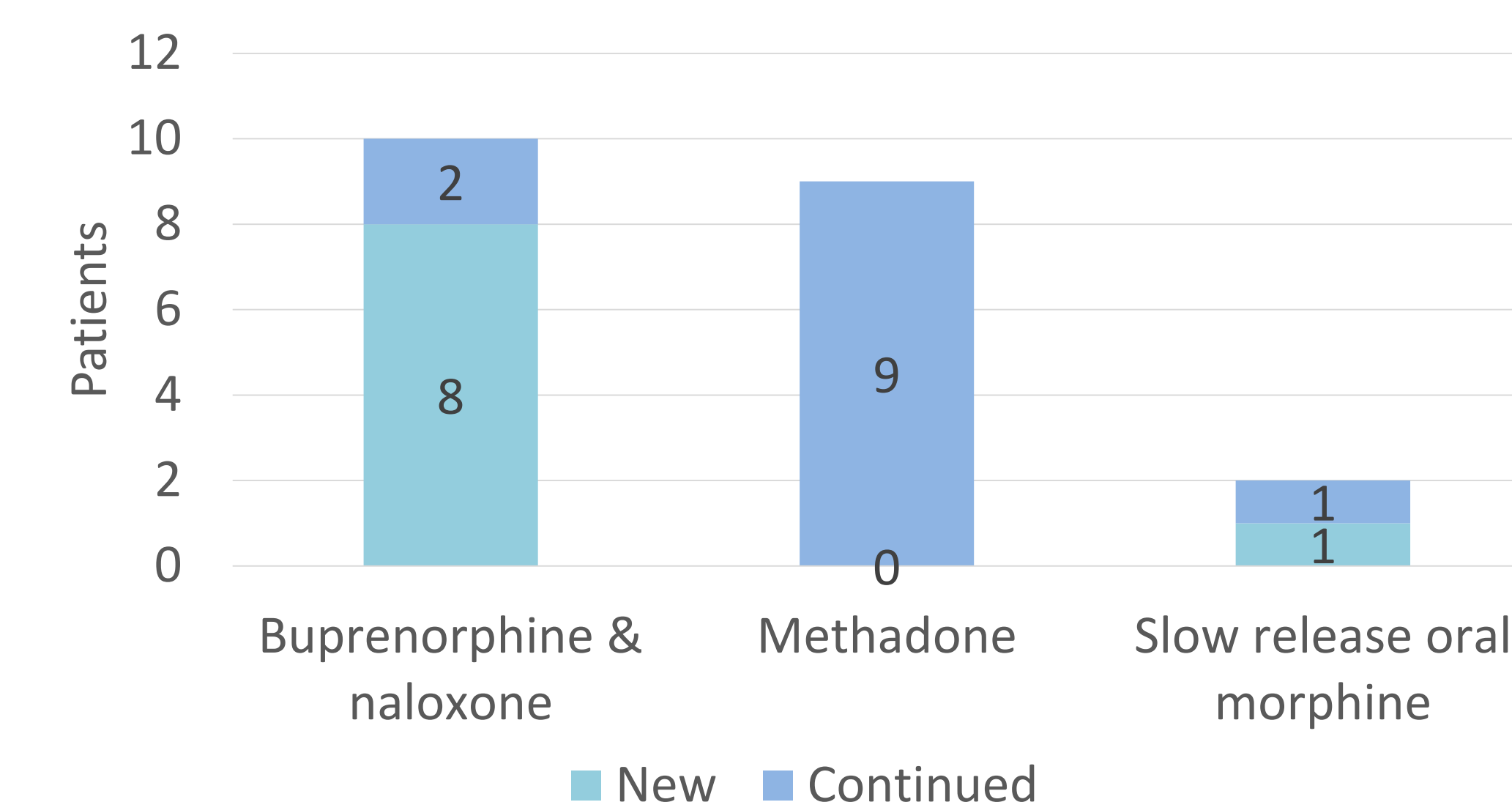


Figure 2: Treatments for the 21 patients diagnosed with OUD.

Connections to Community Resources

The most commonly referred community resources were specialized addiction clinics (37%), the Substance Use Service Access Team (SUSAT) (31%), and detox (15%) (*Table 3*).

Medical resources		
Primary care provider (PCP)	7 (0 new)	13%
Opioid agonist therapy (OAT) clinic	2 (2 new)	4%
Specialized addiction clinic	20 (18 new)	37%
Detox	8 (7 new)	15%
Non-medical resources		
Private counselling	0	0%
Residential treatment	4 (2 new)	7%
Substance Use Service Access Team (SUSAT)	17 (16 new)	31%

Table 3: Most community resources offered to AMCT patients were new to them.

Discussion

AMCT is seeing a patient population that likely reflects the demographics of Burnaby, primarily presenting with AUD, followed by OUD and NUD. Given that these disorders have many treatment options, facilitating connections to community resources is essential, though only a minority are successfully connected. This may be due to limited resources within Burnaby.

Potential areas of improvement for the AMCT include:

- Developing a stronger contingency plan for patients who leave against medical advice.
- Increasing NUD interventions.
- Ensuring that 100% of patients are offered naloxone kits and that this is documented systematically.

References

1. Weinstein ZM, Wakeman SE, Nolan S. Inpatient Addiction Consult Service. Med Clin North Am. 2018 Jul;102(4):587-601.

Acknowledgements

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