Rapid Clinical Updates: Inpatient AUD Pearls and Adulterants in the Unregulated Supply

September 19th, 2024, 3-4pm

Speakers: Raagini Jawa, MD, MPH, FASAM; Melissa Bregger, MD, FACP

Moderator: Jagriti Chadha, MD, FHM, SFHM

Unanswered Questions from Q&A Session:

- Q: Can you use naltrexone in child Pugh class C? Is it risk risk-benefit discussion?
    - A: There's studies ongoing with this that look quite promising, particularly when one considers ongoing alcohol use surely outweighs the potential risk of naltrexone. I usually have a risk benefit with patients; if they have failed other potential treatments (such as acamprosate), then I feel comfortable proceeding if the patient does. I usually prefer the LAI naltrexone instead of PO to bypass first pass metabolism in those patients. But again, patient-centered and risk/benefit. We should have even more trial data soon!
- Q: How do you manage alcohol withdrawal in a postoperative setting, when the patient also needs opioids for pain control?
    - A: Treat their pain! Just more closely monitor their respiratory status if they are requiring opioids for alcohol withdrawal. But often times, patients with AUD have such low gabaergic tone, that the benzos are not quite as sedating as they would be in other patients. However, risk of respiratory depression with concurrent benzos/opioids still exist, so just proceed with caution, have narcan PRN ordered (which is good practice anyway). But definitely no contraindications to aggressively treating pain in these patients.