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).\textsuperscript{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 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.

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 7% 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.

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

Connections to Community Resources

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Medical resources

Primary care provider (PCP) 7 (no new) 13%
Opioid agonist therapy (OAT) clinic 1 (no 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.

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References