



[A New Approach to Alcohol Misuse Disorder in ICU Patients](#) (737 words)

By Andy Nellis

Brendan Clark, M.D., and his team of researchers at the University of Colorado's Division of Pulmonary Sciences and Critical Care Medicine are working to redefine the standard approach to one of the most common chronic diseases encountered in the ICU: alcohol use disorders.

Alcohol Use Disorder (AUD) is defined as pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems. According to Dr. Clark, this disorder is a common occurrence in ICU patients.

“Up to one third of patients admitted to an ICU have some form of AUD,” says Dr. Clark, but in almost all cases, those patients receive no treatment for this underlying condition. Instead, they're given care for any immediate life-threatening problems and are discharged once they're self-supporting. But because patients with AUD do not receive any additional support, they often return to the ICU, according to Dr. Clark's research.

To help address this problem, Dr. Clark and his team of researchers have launched a new study in order to explore one potential method for addressing underlying AUD in ICU patients—a personal alcohol disorder counselor.

What makes Dr. Clark's counselors unique is how they approach AUD patients. First, a counselor contacts the patients while they're still being treated in ICU. During this first interaction, the counselor explains the potential risks to the patient of leaving the ICU with untreated AUD and offers to work with them if they'd like help. Second, once the patient is released, the counselor works with them on a weekly basis to find an alcohol treatment program tailored to their needs. The second step of the process is crucial since many AUD patients have challenges that prevent them from engaging with medical staff, but Dr. Clark's counselors receive training in a technique called Motivational Interviewing (MI) which guides patients toward productive, healthy decisions through the use of carefully crafted and encouraging questions.

While many alcohol brief interventions utilize MI, this approach is unique because it is delivered in the context of a life-threatening experience when patients are uniquely motivated to change. Furthermore, the approach is tailored to discuss the unique needs of survivors of critical illness including concomitant mental health problems and the opportunity to re-engage sober family and friends.

While Dr. Clark's study is a pilot program designed to test the feasibility of such an approach, the implications of it could be impactful.

According to the NIH, the United States spends approximately 26 billion dollars each year treating patients for alcohol misuse. To help put that number in perspective, the annual budget for NASA, the National Aeronautics Space Administration, in 2016 was around 17 billion dollars.

According to Rachel Hodapp, Clinical Research Coordinator for the study and the main practitioner delivering the tailored MI intervention, the process has been well received. Several of her patients, whom she's worked with for longer than six months, have continued with their follow-up appointments, and a number of them have begun voluntarily investigating treatment options. While it's still too early to predict the final outcome, Rachel is confident that the new intervention is helping and in her view it's "the best thing out there" for these patients, a sentiment echoed by the architect of the study.

Dr. Clark has been researching critical illness and AUD programs since 2009. In his view, this study helps address the fragmented system that survivors of critical illness with an AUD must navigate in order to receive the treatment. According to Dr. Clark, most patients coming into the hospital with a moderate to severe alcohol use disorder are often never treated for their underlying condition and in fact, only about 1 in 4 ICU survivors actually receive ongoing care for their alcohol use. Take that in contrast to patients seen in the ICU for heart attacks, who after being stabilized are given serious and ongoing care for smoking cessation. As Dr. Clark explains it "there's a real opportunity for improvement in how we connect people with this critical illness to the care that they need to improve their health outcomes."

The study is currently in its enrollment phase and expects to conclude in late 2018. Dr. Clark's work was recently featured in the Annals of the ATS and he will be speaking on the subject later this year at the International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA) conference in New York.

Tweets:

How do you treat a disease that can't be solved with medication? Dr. Clark explores the treatment of alcohol use disorders in the ICU.

Fighting alcoholism in the ICU: "There's a real opportunity for improvement in how we connect survivors of critical illness with an AUD to the care they need." -Dr. Brendan Clark

"It's prevalent and it's morbid. A lot of people die of addiction in the US. We want to do provide new solutions and help with our research" -Dr. Brendan Clark