



2023 ACAAM Annual Meeting Fellow Lightning Round Presentations Concurrent Sessions (Group 1 and 2)

Intended Audience: Trainees, Junior Faculty, Senior Faculty, Program Administrators

Wednesday, April 12, 10 – 11 am

Group 1

Milton S. Hershey Medical Center Develops a “1-Stop-Shop” Maternal Substance Use Disorder Clinic

The Centers for Disease Control and Prevention reported that the national opioid use disorder (OUD) rates at maternal delivery have more than quadrupled from 1999 to 2014. The leading cause of pregnancy associated deaths in Pennsylvania from 2013-2018 were due to accidental poisoning including unintentional prescription drug-related deaths. According to the Pennsylvania Office of Attorney General opioids are the number one public health and public safety crisis in Pennsylvania. Penn State Health, Milton S. Hershey Medical Center is determined to combat the opioid crisis. Our mission is to become Central Pennsylvania’s trusted source for an evidence-based, person-directed substance use disorder (SUD) treatment center that is welcoming and inclusive. In December 2022, Penn State Health, Milton S. Hershey Medical Center approved the proposal for a Maternal Substance Use Disorder Clinic that is a “1-stop-shop” care delivery model that includes a combination of medication and treatment by a robust multidisciplinary team that will support mother and baby from pregnancy and beyond the postpartum period, to achieve an optimal pregnancy outcome, delivery, and healthy family.

Taffy Anderson, MD, Milton S. Hershey Medical Center, Hershey, PA

Development of an Alcohol Withdrawal Module for Remote Patient Monitoring

In the past few years, we have seen more patients with alcohol use disorder who are at risk for significant withdrawal, but do not meet clinical indications for hospitalization at the time of their visit or no beds have been available. It can be stressful to patients, families, and providers to send these patients home. Previously we did not have the resources within our clinics to monitor these high-risk patients as closely as would be desired. Partnering with our colleagues at Nurse Care Line, who work in remote patient monitoring, we have developed a process for delivering remote monitoring tablets, vital sign equipment, and clinical nurse daily check-ins. Thus, providing physicians with necessary information to address alcohol withdrawal in the outpatient setting.

Andrew Bader, DO, HCMC/Essentia Health Advanced Addiction Medicine Fellowship Cohort, Baxter, MN

Xylazine: Wound Presentation and Drug Testing

This presentation will focus on xylazine, a common adulterant being found in heroin/fentanyl. I will present a case of a patient using IV heroin and xylazine with multiple admissions for forearm infections secondary to IV drug use. The presentation will include his wound progression while using and after cessation of his drug use. Lastly I will discuss testing for xylazine in the clinical setting and speak about the possible utility of drug testing.

Peter Barelli, MD, Yale School of Medicine, New Haven, CT

A Citywide Analysis of DWI Events in Association with Bar Reopening and Increased Restaurant Capacity

During the COVID-19 pandemic many bars closed. Simultaneously, many persons experienced stay at home orders linked to an increase in alcohol use. In the before and after analysis, there was no difference in the daily median numbers of DWI encounters ($p=0.461$), wrong way driver incidents ($p=0.328$), or other traffic violations ($p=0.854$). The multivariable regression model similarly identified no change in the daily incidence of DWI encounters ($p=0.281$) immediately following the reopening of bars in the San Antonio metropolitan area.

Cara Borelli, DO, Mount Sinai, New York, NY

Development of an Outpatient Alcohol Withdrawal Protocol

UNMC has recently taken note of the overwhelming burden placed on the hospital system by inpatient admissions for alcohol withdrawal syndrome. Research continues to demonstrate that outpatient management is preferred in a majority of cases, with improvements in treatment outcomes, patient satisfaction, and cost/resource utilization. As a result, we have formed a multidisciplinary team to evaluate and overhaul all aspects of alcohol withdrawal management at our institution, with emphasis initially being placed on shifting towards a structured outpatient model. Our hope is that a well-considered and standardized framework will assist providers in feeling more comfortable with recommending and coordinating outpatient withdrawal management and facilitate entry to ongoing treatment. Note: this project is a work-in-progress.

Abraham A. Farhat, MD, University of Nebraska Medical Center, Omaha, NE

Emerging Role of Technology in the Treatment of Substance Use Disorders

This presentation explores the emerging role of technology in the treatment of substance use disorders. The COVID-19 pandemic loosened regulations restricting the use of telehealth services for substance use disorder treatment. Telehealth services, including prescribing of buprenorphine, new naloxone distribution models, and addiction counseling services, demonstrated safety and efficacy in providing treatment and may provide a feasible option for expanding access to treatment.

Rachel L. Graves, MD, Wake Forest University, Winston Salem, NC

Hepatitis C Treatment Initiation During Inpatient Addiction Care: Co-Locating HCV Treatment with SUDs Treatment to Achieve HCV Elimination

Hepatitis C virus (HCV) infection, left untreated, is a highly morbid disease. Fortunately there now exist highly effective, well tolerated direct acting antiviral (DAA) treatments. In order to meet the World Health Organization's elimination goal and reduce HCV-related deaths by 65% by 2030, 8 of 10 cases will need to be treated. As HCV prevalence is among the highest in people who use drugs (PWUD) despite treatment urged by multiple professional societies and the demonstration of excellent sustained viral response (SVR) in this population when treated. To address HCV treatment barriers faced by PWUD we devised an HCV treatment pathway to initiate DAA therapy for patients requiring Medically Monitored Intensive Inpatient Services (ASAM Criteria 3.7) while admitted to the New Mexico Department of Health inpatient addiction care hospital, Turquoise Lodge. Here we describe the treatment pathway itself and the HCV prevalence and outcomes prior to/and after in-hospital DAA initiation and offer it as a proposed model for expediting HCV treatment access to patients by co-locating it with inpatient recovery care.

Ellen W. Green, MD PhD, University of New Mexico, Albuquerque, NM

Methamphetamine Associated Heart Failure (MethHF): Learning through Stigma

In this presentation, we explore the case of a 37 year-old-woman with history of opioid use disorder stable on methadone who was admitted for preterm labor, complicated by severe postpartum hemorrhage and development of heart failure from transfusion associated circulatory overload and postpartum cardiomyopathy. We review excerpts from the chart attributing her heart failure to a very remote history of methamphetamine use, which quickly overwhelms her documentation. A review of the pathophysiology, risk factors, outcomes, and reversal of Methamphetamine-Associated Heart Failure (MethHF) is presented. Through this understanding, we review why

this patient was misdiagnosed and unfairly stigmatized. This presentation additionally encourages addiction medicine providers to advocate for patients who experience anchoring bias based on stigma from substance use.

Daniel O. Hernandez, MD, University of California Davis, Sacramento, CA

Expanding SUD Treatment for Pregnant Patients in Washington State

Presentation on new inpatient unit for stabilization and treatment of pregnant women with SUD at community hospital setting in Washington state. Description of challenges and solutions for three issues during early months of unit, including drug screening, promoting mother-baby dyad, and buprenorphine induction. Closes with plans for the unit for the future.

James R. McAllister, MD, Multicare - East Pierce Family Medicine, Puyallup, WA

Complications of Ketamine Use Disorder

This is a case presentation about a 45-year-old Asian male with ketamine use disorder (2013-2020) complicated by worsening renal and hepatic dysfunction. With recreational ketamine use increasing and more studies investigating therapeutic benefits of its use, this patient example adds to recent concern of the potential harms that should be considered and the lack of therapeutic options to treat ketamine addiction.

Michelle Okoreeh, MD; Duc Doan, DO, University of California Los Angeles, Santa Monica, CA

Pre-implementation of Safer Use Harm Reduction Kits in an Office Based Addiction Treatment Program

Harm reduction is an essential and evidence-based practice that should be incorporated within the addiction treatment space. In addition to counseling and providing education about safer use, clinics should also offer safer use equipment which can help to reduce stigma, better engage patients and staff, and increase access to life-saving services. Like most clinics that provide treatment for substance use disorders, our program offers lab testing, immunizations, and naloxone. Although we do also offer needle prescriptions, we will typically refer to local syringe service programs for provision of additional safer use equipment. This presentation describes a quality improvement project involving the implementation of harm reduction safer use kits within an office-based addiction treatment program.

Margaret Shang, MD, University of Pittsburgh Medical Center, Pittsburgh, PA

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Group 2

Case Report: Extended-Release Buprenorphine in Pregnancy

This is a presentation on a case report about the successful use of extended-release buprenorphine (Sublocade®) in 2 pregnant women. Extended-release buprenorphine is a monthly injection that has demonstrated higher levels of treatment retention and more consistent serum levels compared to sublingual formulations of buprenorphine. It was approved by the FDA for the treatment of opioid use disorder in 2017. However, not much is known about its use in pregnancy.

Ese Aghenta, MD MPH, University of Minnesota, Minneapolis, MN

Split-Dose Methadone vs. Buprenorphine for the Treatment of Opioid Use Disorder in Pregnancy

Methadone and buprenorphine are both effective medications for the treatment of opioid use disorder (MOUD) in pregnancy. Recent research has compared these two medications and highlighted that the use of buprenorphine for MOUD in pregnancy may be associated with improved maternal and neonatal outcomes when compared with methadone. However, there are no studies comparing these outcomes between buprenorphine and split-dose methadone, which is the dosing regimen that is becoming standard-of-care for pregnant patients in WA state who choose methadone for MOUD. The objective of our study, which is in progress, is to compare maternal and fetal outcomes between patients on buprenorphine or split-dose methadone for MOUD by comparing outcomes of over

40 parent/baby dyads delivered at Swedish Medical Center in Seattle, WA from June 2022 to present. We hope that this research will shed light on how MOUD choices and perinatal support are important for healthy pregnancies and families.

Mallory L. Davis, MD, Swedish Medical Center, Seattle, WA

Time-limited Transition from Methadone to Buprenorphine in the Acute Care Setting: A Safe and Effective Strategy

The transition of patients from methadone to buprenorphine over a short period of time has historically posed significant challenges. Methadone has a longer half-life and is structurally very different from buprenorphine, and no established standards exist to guide best practices for successful transitioning strategies. Thus, dosing protocols vary greatly across different treatment institutions. The most successful outcomes have been reported for patients maintained on lower doses of methadone. Little has been reported, however, for patients who are maintained on high (and more clinically relevant) doses of methadone. Here we report a case of a patient admitted to the University of Maryland Medical Center in Baltimore who was previously maintained on a relatively higher dose of methadone for opioid use disorder and who was successfully micro-induced to buprenorphine for indications in a safe and effective manner.

Umer Farooq, MD MBA, University of Maryland Medical Center, Baltimore MD

Clinical Innovation: High Dose Methadone and Pregnancy

This presentation will discuss the traditional induction of methadone for treatment of OUD in pregnant patients and the challenges with that current protocol. West Suburban Medical Center in Oak Park, IL has met these challenges and this presentation will introduce rapid induction of methadone as a way to meet these challenges. An example demonstrating a rapid induction regimen that was used to treat a pregnant patient will be highlighted in the case example.

Daniel Ignell, MD; Amanda Donald, MD, Rush University, Chicago, IL

Association of Co-Occurring Substances with Methadone Versus Buprenorphine

While treating patients with opioid use disorder (OUD) the providers at the University of New Mexico (UNM) have observed a variety of substances which are positive in the urine toxicology of patients. Patients with OUD are mainly treated with either buprenorphine or methadone at the UNM. We are proposing that since methadone is more reinforcing on mu receptors than buprenorphine, there is a higher chance that the frequency of co-occurring substances in urine-tox of such patients is lesser with methadone than buprenorphine. Hence, we are doing this study to compare the frequency of co-occurring substances in urine-tox of patients treated with methadone versus buprenorphine.

Sher Ali Khan, MD MPH, University of New Mexico, Albuquerque, NM

Characterizing the Methadone Prescribing Patterns of Inpatient Providers

An internal methadone dosing guideline, developed by the Emergency Department, was recently published hospital wide at University Hospital, the main teaching hospital for Rutgers NJMS. We hope these guidelines would help prevent the adverse events related to inappropriate dosing of the medication. We plan to do a retrospective chart review to better understand the prescribing patterns of the inpatient providers at University Hospital as well as any adverse events related to prescribing the medication. We hope to establish a baseline to allow comparison to the prescribing patterns and its effect on adverse events after the release of the guidelines.

Poonam H. Kothari, MD, Rutgers New Jersey Medical School, Newark, NJ

Extended Release Buprenorphine (Sublocade®) Tissue Necrosis: Cases and Literature Review

This short presentation reviews some of the data about extended release buprenorphine (Sublocade®) skin reactions. It discusses two cases of skin necrosis secondary to sublocade we have had at the University of Utah and how these were differentially managed. It also briefly talks about other case reports and how our team was able to

identify this injection-reaction from searching Reddit community topics. It summarizes the management strategies and considerations for this complication.

Theresa R. Kurtz, MD, University of Utah, Salt Lake City, UT

Exploration of Buprenorphine Dosing: A Brief Literature Review

Our presentation is a review of the most recent literature on the maintenance dosing of buprenorphine for the treatment of opioid use disorder. It aims to present relevant studies done on both higher and lower dosages and allows the reader to make their own conclusion on the best dosing based on evidence.

Anita Mason-Kennedy, MD; Valerie Pena-Polanco, MD, MetroHealth Medical Center, Cleveland, OH

The Effect of Liver Cirrhosis on Buprenorphine/Norbuprenorphine Levels for Opioid Use Disorder Therapy. A case study at MAT clinics, PA, 2022

We want to show that patients with Liver cirrhosis metabolizes Suboxone® differently from patients without liver cirrhosis and to help dispel the notion of diversion or adulteration on the urine samples.

Ifeanyi Nwadukwe, MD MPH, Geisinger Health System, South Wilkes Barre, PA

Immediate Fentanyl to Extended-Release Buprenorphine Transition in Two Adolescents with OUD

I will be presenting a case study involving 2 adolescent male patients with OUD-severe who were transitioned from daily fentanyl immediately to XR-BUP without a period of stabilization on SL-BUP. Overall this was well tolerated and it did not precipitate any opioid withdrawal. This case study highlights the ability to utilize XR-BUP in the adolescent population.

Tirzah A. Wethern, MD, University of Colorado School of Medicine, Denver, CO