From: Essi Salokangas
To: Mark Diachinsky; Emily Yu; Ginny Cummings
Subject: Follow up questions and slides
Date: Monday, October 4, 2021 3:48:53 PM
Attachments: Salokangas CSHP AUD - Oct 2 2021.pdf

Good afternoon!

I have included follow up information for some of the questions post-presentation:

- **Anticraving medications in those under 18 years of age**
  - Acamprosate has not been studied in adolescent populations
  - Naltrexone – two pilot studies
    - One small study (n=5) of adolescents with moderate-severe AUD (6 week open label trial) → significant reduction in alcohol consumption
    - Crossover RCT (n=28) of naltrexone versus placebo → reduction in cravings as well as frequency of heavy drinking
    - Also two studies (open label, RCT) where naltrexone was compared to disulfiram (n=110) → less cravings with naltrexone than disulfiram
  - Guidelines suggest evaluation of anticraving medications in adolescents on a case by case basis if determined that they meet DSM V criteria for moderate-severe AUD
- **Phenobarbital**
  - I don't personally see a lot of phenobarbital being used for alcohol withdrawal. Most pathways I have come across for using phenobarbital as the initial agent for alcohol withdrawal indicate a preference/requirement of not having received benzodiazepines yet. At our site, benzodiazepines remain the standard first line agent so by the time a consult for our service has been triggered, the patient has often already received benzodiazepines. There's also a preference to have a more monitored setting available for the patient which can make transfer to a standard hospital bed challenging. Some of my ICU colleagues from the RAH mentioned in the chat box that they use phenobarbital as more of a rescue agent for severe, protracted withdrawal that has not responded to high doses of benzodiazepines.
  - This may be some useful references which reviews a lot of the available evidence for those interested in more information about phenobarbital as an agent in alcohol withdrawal: https://emcrit.org/ibcc/etoh/; https://emcrit.org/pulmcrit/phenobarb-sampler/
- **Resources/supports outside of large urban centers:**
  - Access 24/7 (780 424 2424) – they can triage clients to available and appropriate community mental health and addictions resources
    - https://www.albertahealthservices.ca/findhealth/Service.aspx?serviceAtFacilityId=1122569
  - A resource Access will often refer to is: Addiction Services Edmonton (ASE) (780 427 2736) or Addiction Services Calgary
    - https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1060403&serviceAtFacilityID=1093745
    - With COVID, they have moved largely to virtual/phone based services which

allows them to support individuals in more rural settings

Thanks again for the opportunity to be a part of the conference. ☺

Warmly,
Essi

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