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AL/MS ACP 2024
Updates in Hospital Medicine

Presented by:

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Disclosures

- none

Objectives

- **MAUD Trial** – medications for alcohol use disorder
- **VA HTN Trial** – treatment of hypertension in older hospitalized patients
- **PERFECT Trial** – timing for appendicectomy
- **STEP HFpEF Trial** – GLP-1 Agonist use for HFpEF treatment

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MAUD Trial - Methods

- Retrospective cohort study
- Used 20% of national sample of CMS administrative and pharmacy claims from 2015-2017

Inclusion Criteria

- Acute care AUD hospitalizations in 2016 (more than one admission counted)
- Filled MAUD within 2 days of discharge

Exclusion Criteria

- Pharmacy claim for Naltrexone, Acamprosate, or Disulfiram within 90d prior to admission
- Liver disease or renal failure
- Patients readmitted within 2 days of hospital discharge

MAUD Trial – End Points

Primary End Point

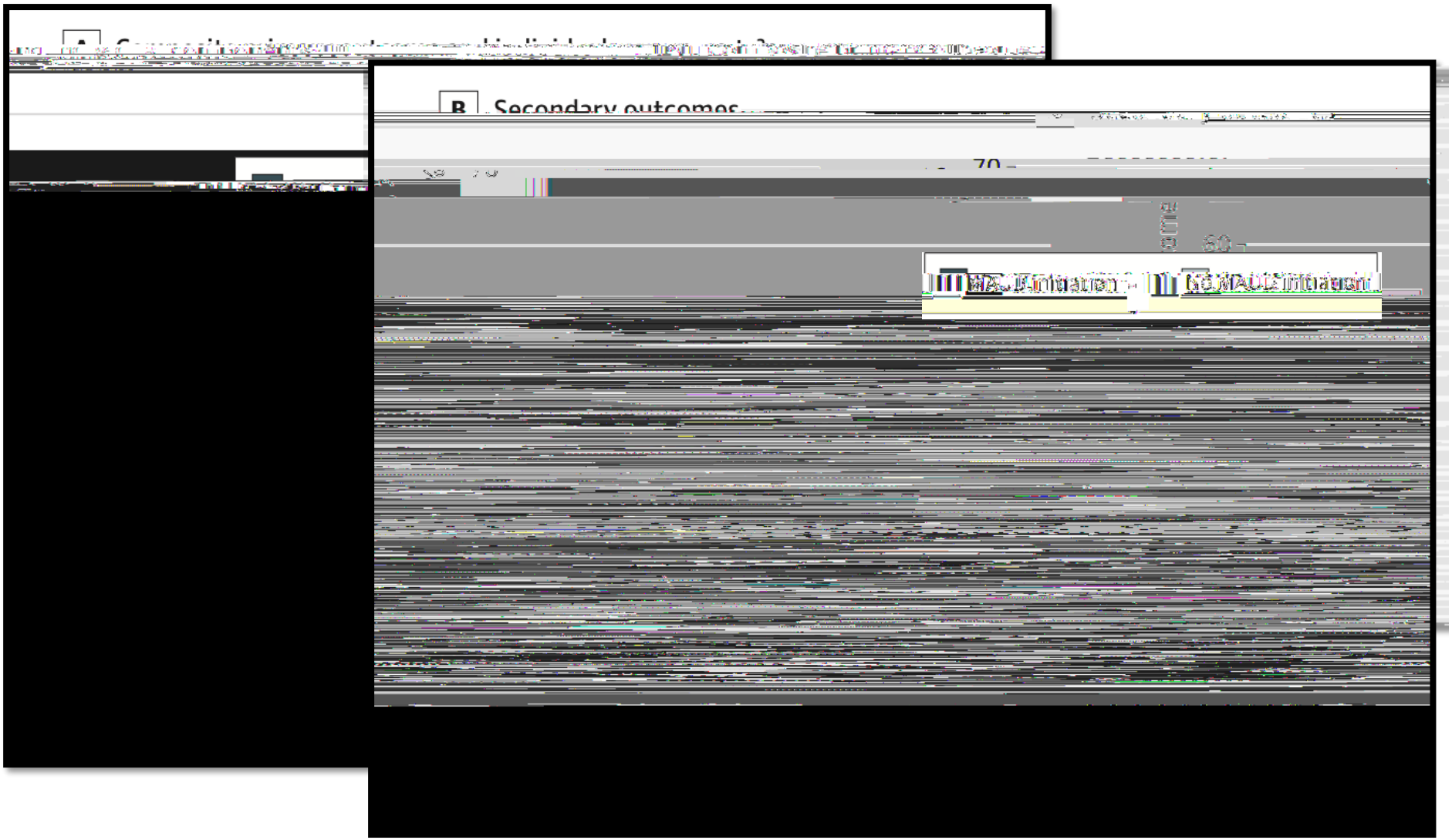
- Composite all cause mortality
- Return to hospital within 30d

Secondary End Point

- Individual components of all cause mortality
- Alcohol-related return to hospital
- Outpatient Primary care or mental health follow up

MAUD Trial - Results

- ~9800 alcohol related hospitalizations ~6800 patients
- Only 192 hospitalizations resulted in discharge with MAUD initiation (Naltrexone 58%, Acamprosate 27%, Disulfiram 16%)



MAUD Trial - Conclusion

- MAUD initiation on discharge is associated with:
  - Decreased alcohol-related and non alcohol related return to hospital
  - Increased outpatient primary care or mental health follow up

- Limitations:
  - Inherent limitations of this observational study design, including unmeasured confounding (i.e. psychosocial factors)
  - Unable to determine severity using diagnosis codes
  - Results may not be generalizable to patients who are younger, do not have disabilities, or are Medicare Advantage beneficiaries
  - Unable to identify use of nonpharmacologic treatment (i.e. 12-step facilitation or behavioral interventions)

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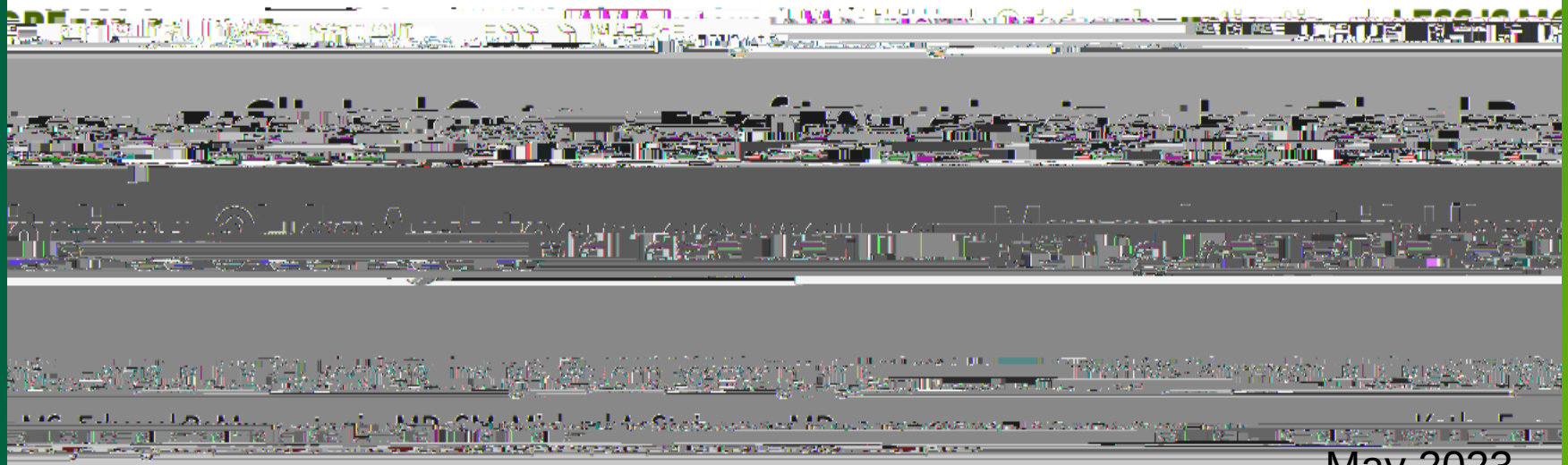
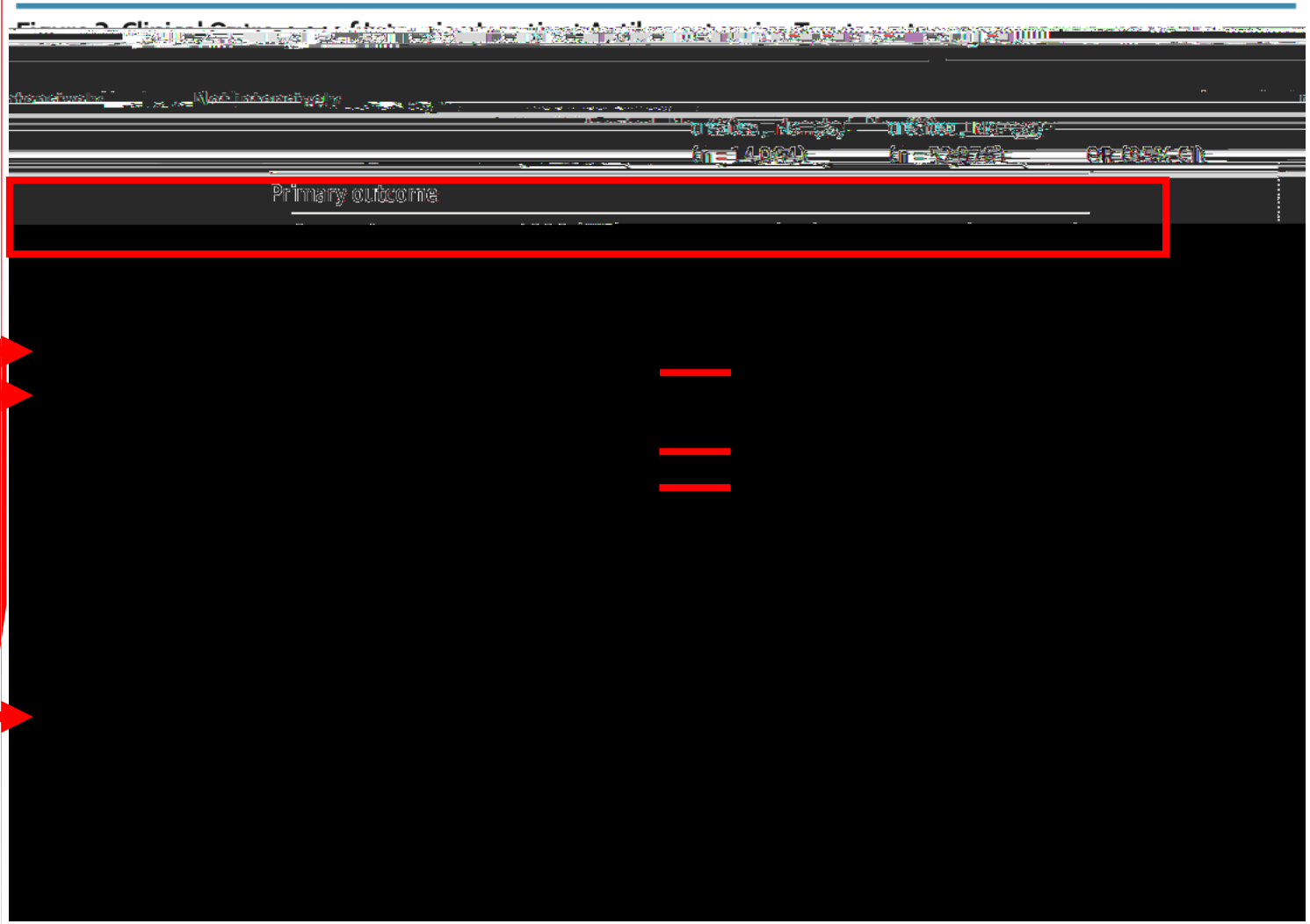
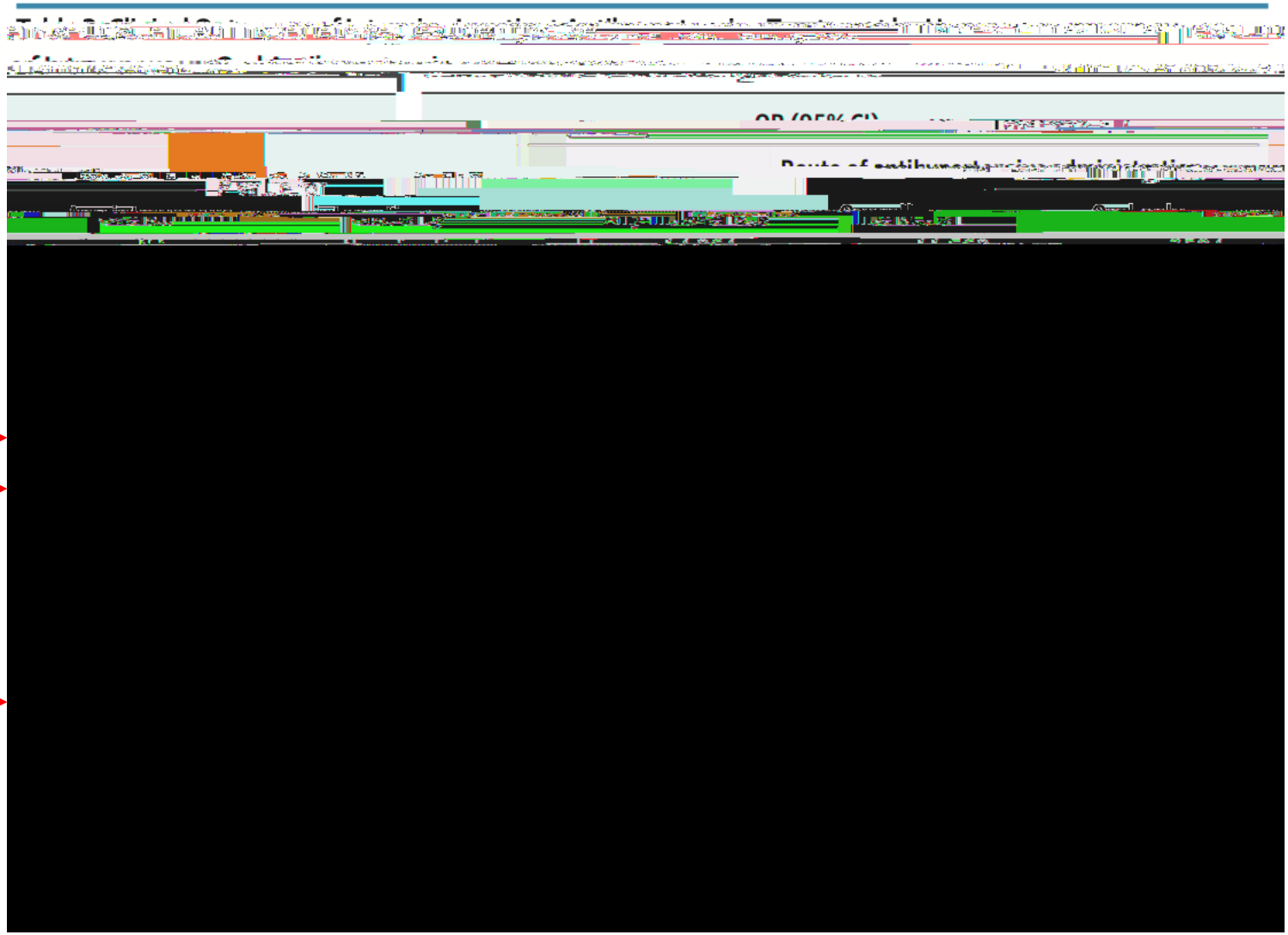
Research



May 2023

- Started with ~114,000 patients ~66,000 patients n





- In hospitalized older adults who received additional antihypertensives for elevated BPs, receipt of intensive treatment was associated with a greater odds of adverse clinical outcomes (including cardiac injury, AKI, and ICU transfer)

- Limitations
  - VA based study; older male predominant population (97% male)
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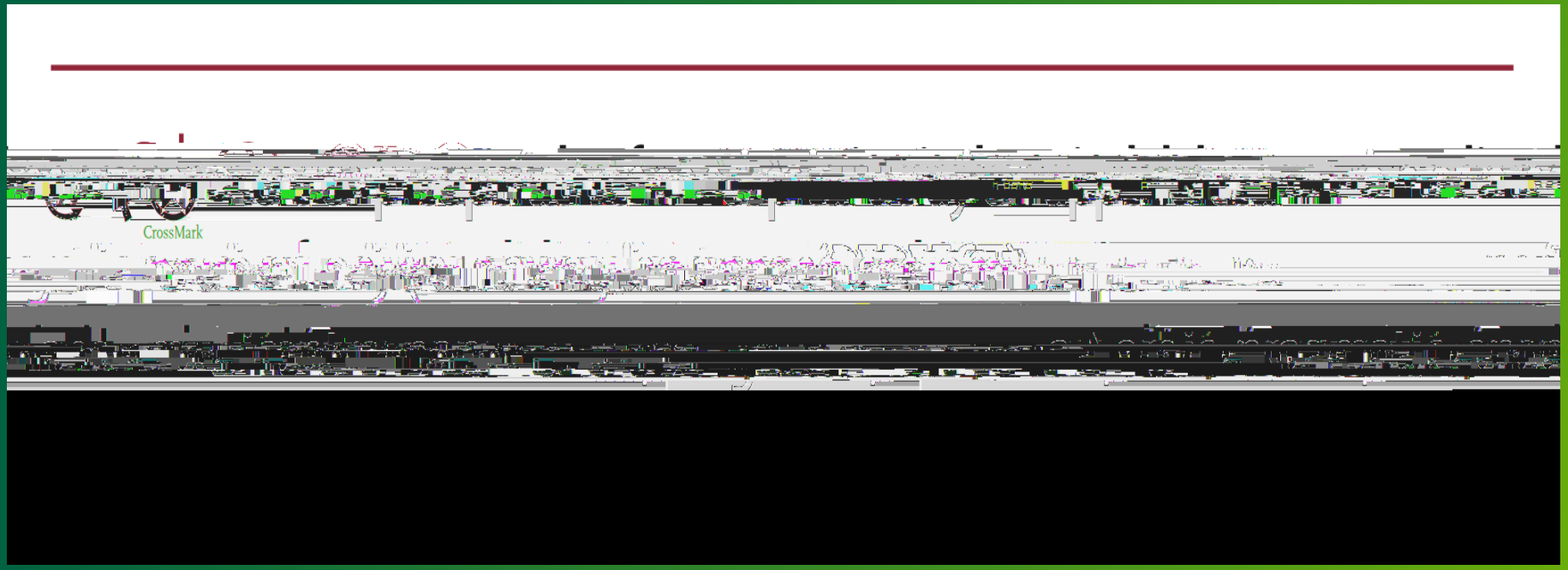


PERFECT Trial - Methods

- A pragmatic, open-label, multicenter, non-inferiority, parallel, randomized controlled trial
- Location: Finland and Norway, academic teaching hospitals
- Compared appendectomies scheduled within 8h and 24h in adult patients with predicted uncomplicated acute appendicitis
- Enrolled 1822 patients

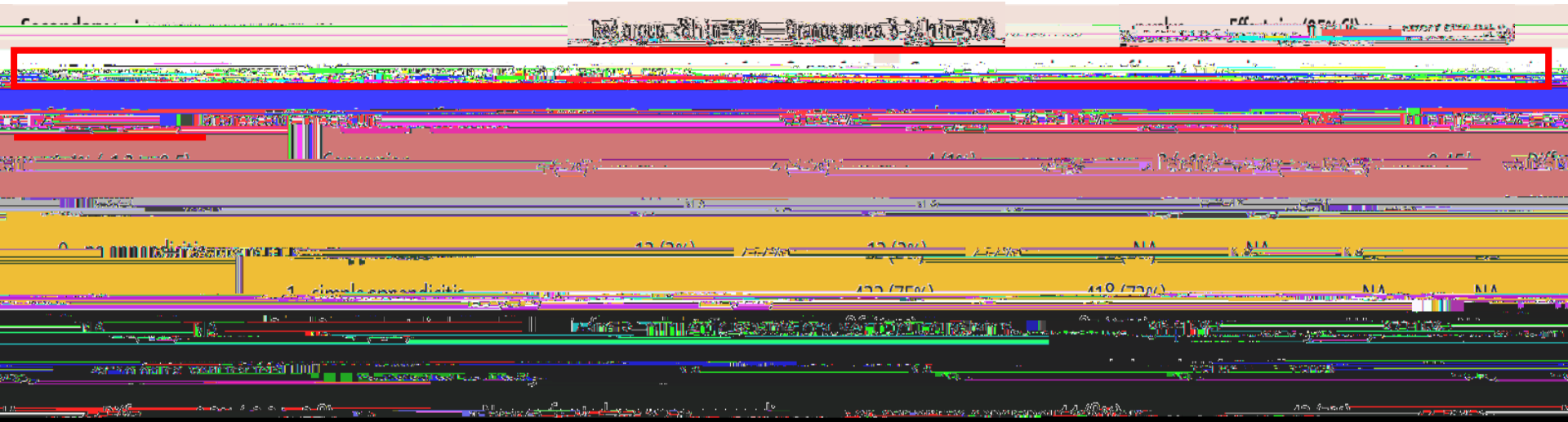
PERFECT Trial - Methods

Inclusion Criteria

- Acute appendicitis
- Diagnosed clinically or via imaging (nearly all were eventually imaged to rule out complications)

Exclusion Criteria

- Pregnancy
- Suspicion of complications (perforation, peritonitis, > CRP, fever)



STEP HFpEF Trial - Methods

- Randomized, double blind, placebo-controlled trial
- 96 sites, 13 countries (Asia, Europe, NA, SA)
- Experiment group given Semaglutide 2.4mg for 52 weeks 5 week follow up

Inclusion Criteria

- EF >45%
- BMI >30
- NYHA Class >2
- KCCQ-CSS <90
- 6min Walk Test >100m
- Confirmation in labs/imaging of HF

Exclusion Criteria

- Change in body weight >5kg in 90d
- Diabetic patients

STEP HFpEF Trial - Endpoints

Primary End Point

- Change in KCCQ-CSS
- Percentage of body weight

Secondary End Point

- Change in 6min Walk Test
- Hierarchical Composite End Point (All cause death, # HF events, change in KCCQ-CSS, and change in Walk Test)
- Change in CRP

STEP HFpEF Trial - Results

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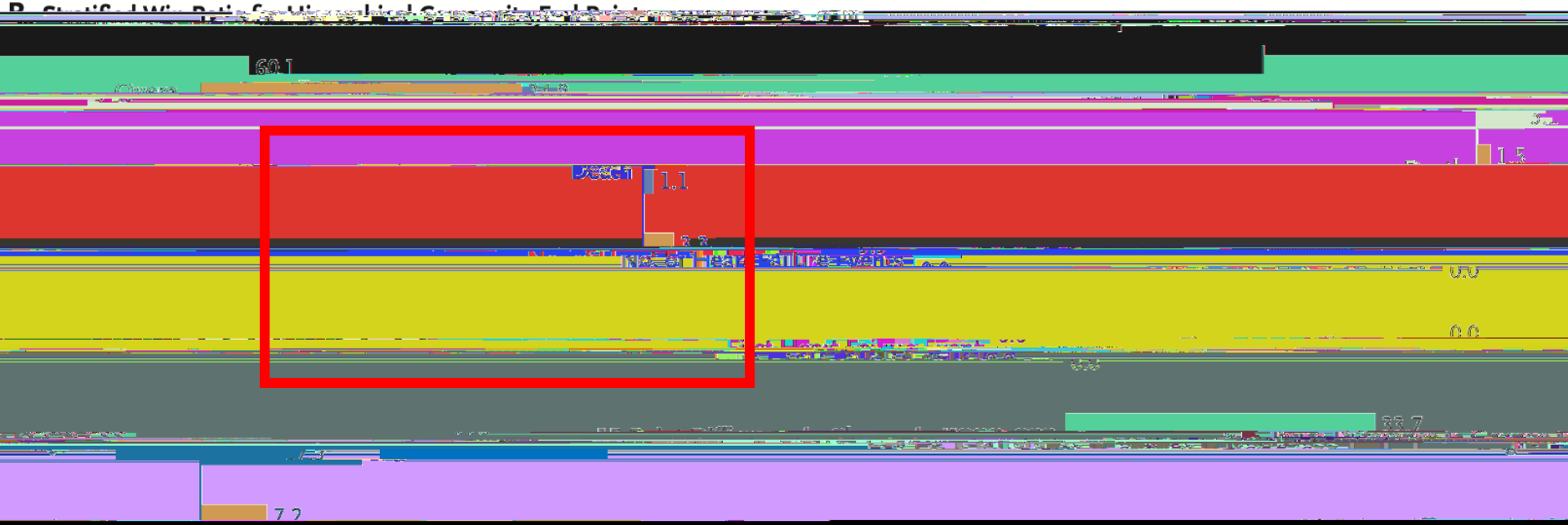

STEP HFpEF Trial - Conclusion

- Patients with HFpEF and obesity on treatment with weekly Semaglutide compared to placebo led to:
  - Larger reductions in heart failure related symptoms and physical limitations
  - Greater improvement in exercise function
  - Greater weight loss
  - Larger reduction of inflammatory markers

- Limitations:
  - Non-white participation was low; US participants were 23% AA
  - Was not adequately powered to evaluate clinical events such as hospitalizations for heart failure and urgent visits.
  - The duration of follow-up was limited to 1 year

- MAUD Trial
  - Medications for AUD on discharge is associated with decreased alcohol-related and non alcohol-related return to hospital and increased outpatient primary care or mental health follow up.
- VA HTN Trial
  - Receipt of intensive treatment was associated with a greater odds of adverse clinical outcomes (including cardiac injury, AKI, and ICU transfer).
- PERFECT Trial
  - Scheduling appendicectomy within 24h was non-inferior to scheduling appendicectomy within 8h.
- STEP HFpEF Trial
  - Patients with HFpEF and obesity on semaglutide QWeek led to larger reductions in heart failure related symptoms and physical limitations and greater improvement in exercise function.

- Anderson, T. S., Herzig, S. J., Jing, B., Boscardin, W. J., Fung, K., Marcantonio, E.

Questions

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Thank you!