



Patients who Misuse Alcohol

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Objectives

- Screening
- Assessment of the severity
- Interventions in primary care
- Use of specialty services



Screening: Which Patient Would You Ask?





Screening: Unhealthy or High Risk Drinking

- Men:

- > **14** drinks/week OR

- > **4** drinks/day

- Women:

- > **7** drinks/week OR

- > **3** drinks/day

Standard Drink

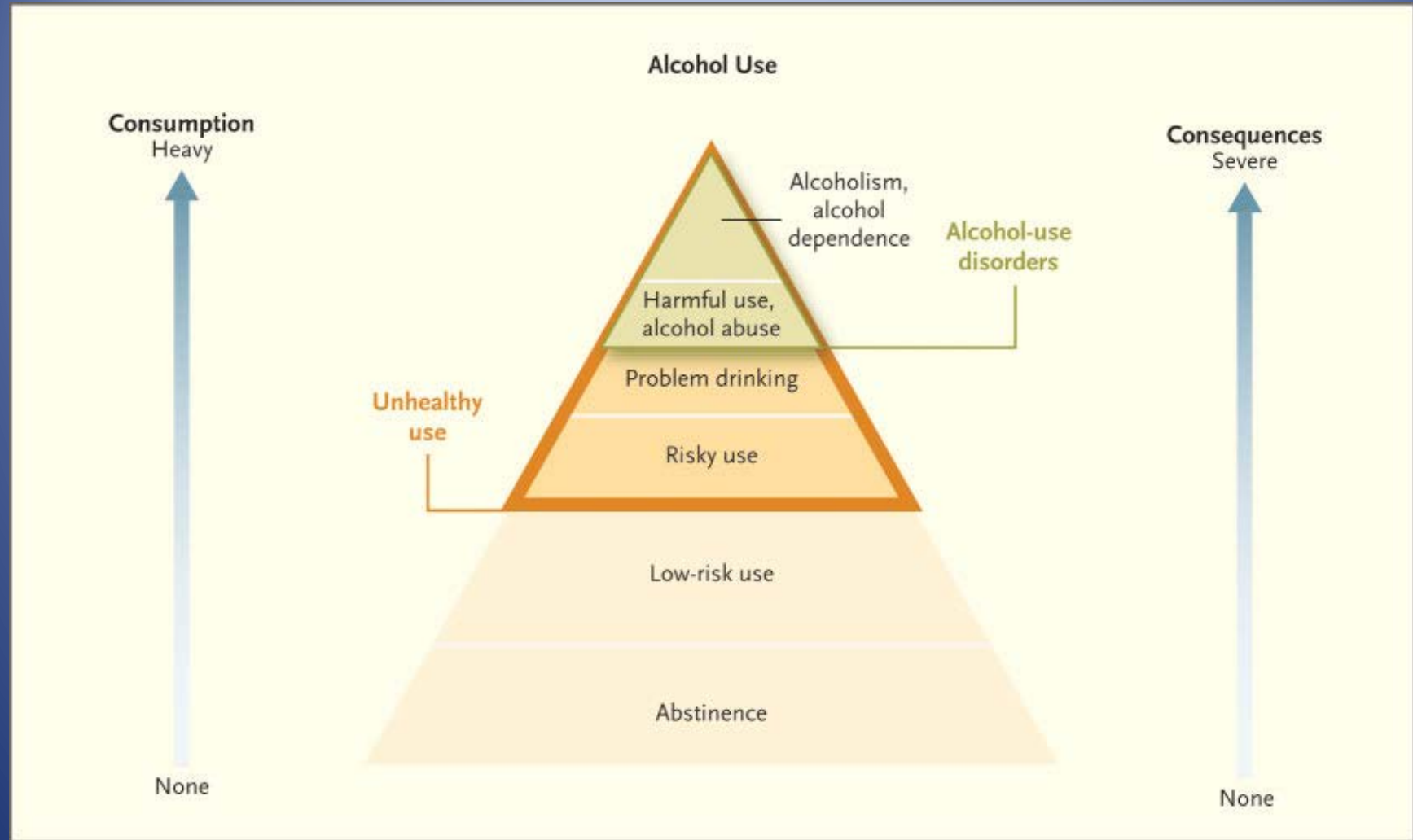
- ~10 gm pure alcohol

–12 oz. beer

–5 oz. wine



–1 oz. spirits/ “hard liquor”



The Spectrum of Alcohol Use

Saitz et al., "The Unhealthy Use of Alcohol" NEJM 2005

Alcohol Dependence

3+ in the same year:

- Tolerance
- Withdrawal
- Larger amounts / longer period than intended
- Attempts to cut down
- Excessive time spent with alcohol
- Activities given up due to alcohol
- Continued use despite problems

Alcohol Use Disorders: Alcohol Abuse

If not dependent, 1+ in the same year of repetitive:

- Failure to fulfill major obligations
- Physically hazardous
- Legal problems
- Social / interpersonal problems



Unhealthy Drinking: Why should we screen?

- At-risk/Unhealthy drinking and alcohol use disorders are common
- Often goes undetected
- Alcohol use impacts overall health
- Patients are open to screening
- Behaviors are changeable
- Treatment issues for general medicine

Barriers to Screening: Clinician Hopelessness

- Society's attitudes
- Personal experiences
- Exposure to severe, late stage disease
- Inadequate training of clinicians



Community Medicine Clinician Barriers to Screening

- ✧ Multitude of competing patient needs
- ✧ There's already so much and you want me to look for more?



Unhealthy Drinking Screening Tools

- AUDIT-10
(available at www.who.org)
-Screening + Assessment
- Single Question Screening
 - (82 % sen, 79% spec, Smith et al 2009)
 - Screening only
 - Recommend by the NIAAA



Screening: Recommendation for Community Clinic Work

- Single Question Screening

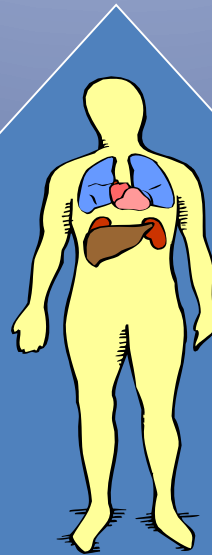
Prelim Question: “Do you sometimes drink beer, wine or other alcoholic beverages?”

Screening Question:

How many times in the last year have you had 5 (4) or more drinks on one occasion?

If Screened Positive continue with assessment domains

Alcohol Use Patterns



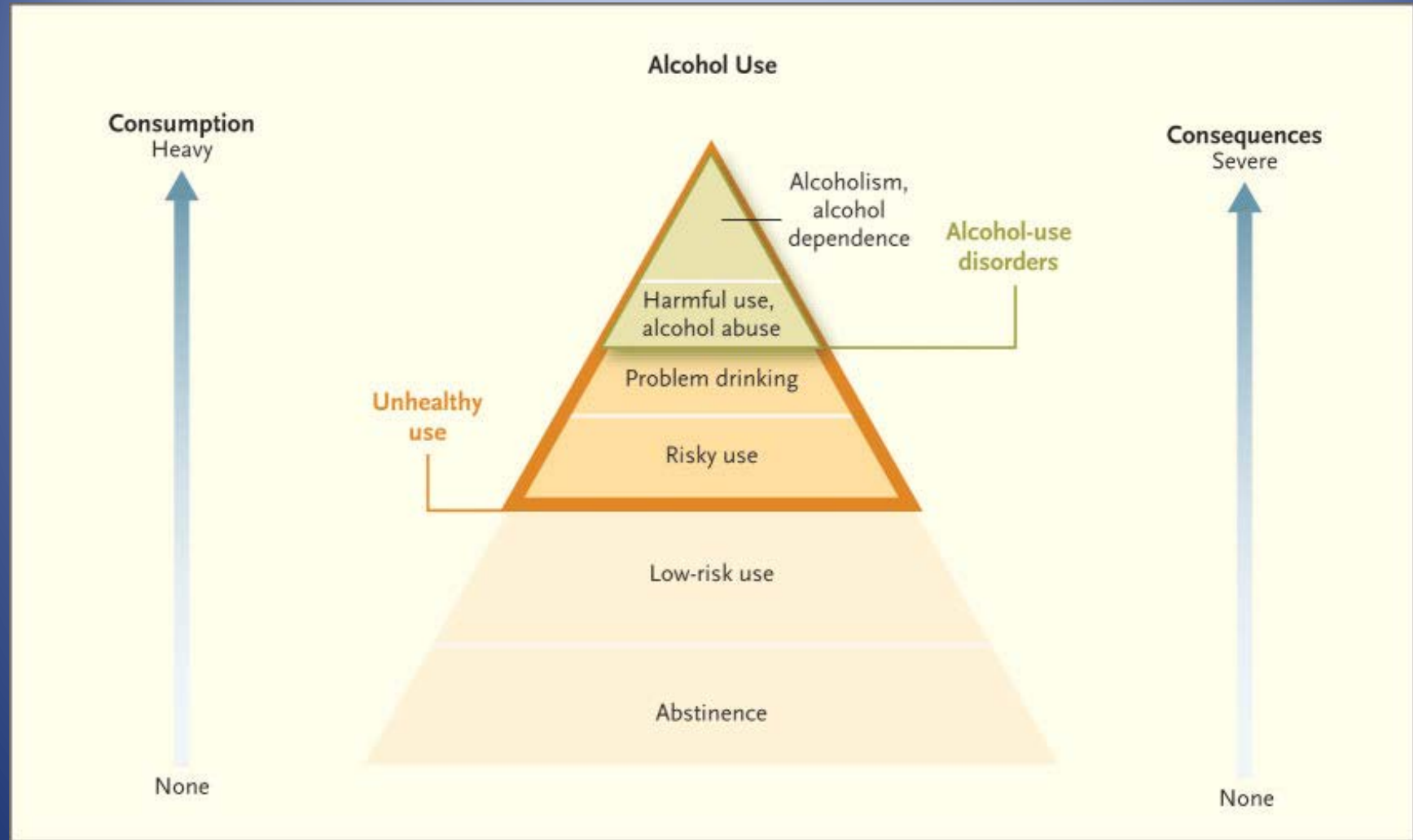
Alcohol Use
Disorders

Alcohol
Related
Health
Problems



Assessing Severity

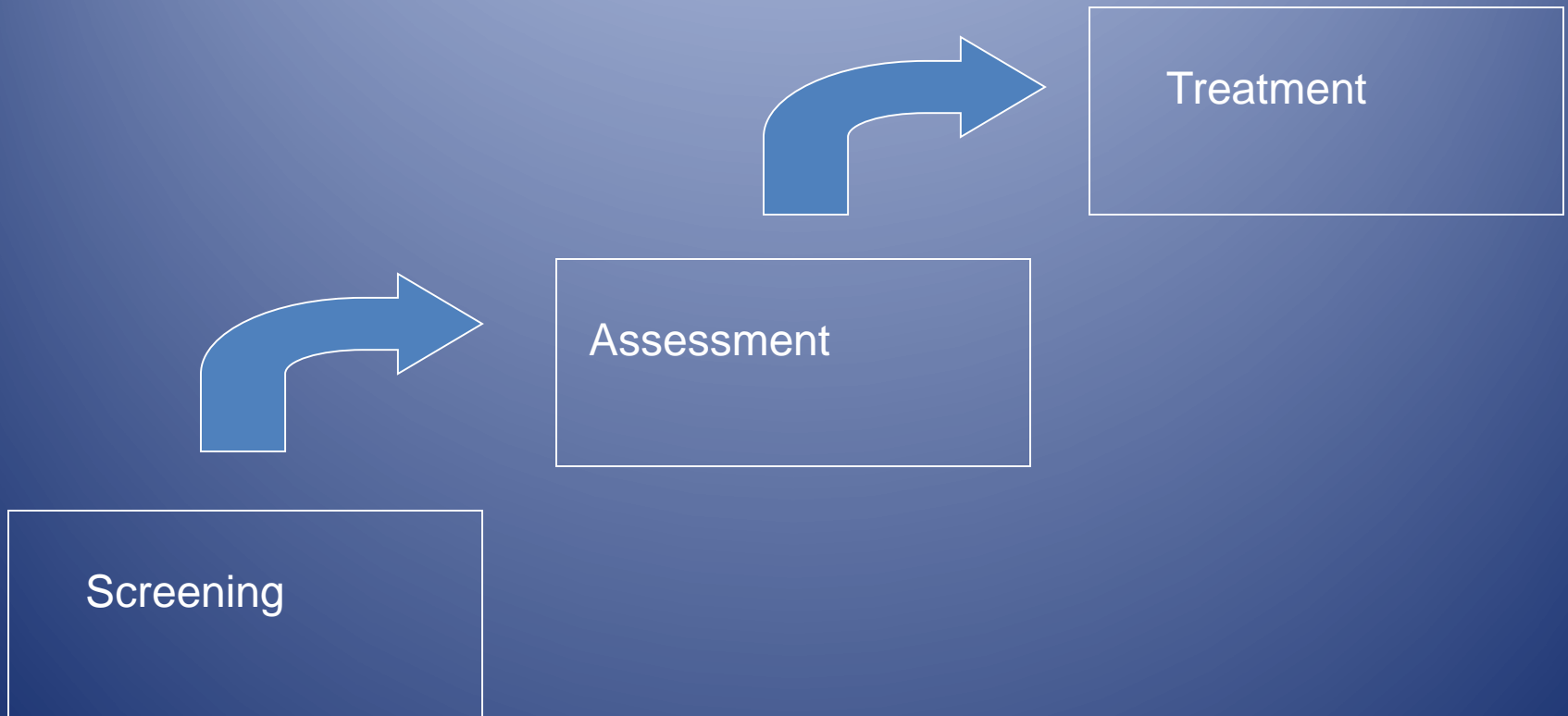
- Many tools available
 - MAST (Michigan Alcohol Screening Tool)
 - Tweak (pregnant women)
 - AUDIT > 20
 - CAGE (cut down, annoyed, guilty, eye-opener)



The Spectrum of Alcohol Use

Saitz et al., NEJM 2005

Stages Of Evaluation



Adapted from Connors, 1995



Alcohol Use Disorders

- Evaluate risk of withdrawal and consider treatment
- Evaluating them for medical conditions
- Referral to Specialty Mental Health Services
 - Inpt/Outpatient Programs
 - AA (12 step model)
 - Residential Treatment Programs
 - Detox
 - Co-occurring disorders assessment

Alcohol Use Disorders in PC

- Treating withdrawal
 - Inpt recommended if
 - Medically complex
 - Altered
 - History of DTs/Withdrawal Sz
 - Poor support for outpt treatment



Example Taper

- Day 1: 20 mg chlordiazepoxide four times daily
- Day 2: 15 mg chlordiazepoxide four times daily
- Day 3: 10 mg chlordiazepoxide four times daily
- Day 4: 5 mg chlordiazepoxide four times daily
- Day 5: 5 mg chlordiazepoxide twice daily

Naltrexone

- Blocks opioid receptors
- Reduce return to drinking and craving, and increases time to first drink (NNT 7)
- 50-150 mg/d

Acamprosate

- Glutamate, GABA neurotransmitter systems
- Reduces rate of pts returning to any drinking and increased the cumulative abstinence duration (NNT 9)
- 2g/day (divided TID)

What to do when the patients won't seek specialty services

- Consider medications
- Assess for anxiety or depression if sober for more than 4 weeks
- Use techniques of Motivational interview (resolving ambivalence, reflecting)
- Mutual Support Groups (AA, smart recovery)
- Follow-up



Brief Intervention for Unhealthy Drinkers



Brief Intervention

- Target: primary care physicians
- Effective: non alcohol dependent subjects
- Goal: moderate drinking *not* abstinence
- 4 sessions or fewer (just a few minutes).
- Elements of Brief Intervention- **FRAMES**

FRAMES

- Feedback is given about personal risk
- Responsibility to change is on the patient
- Advice to change
- Menu of options
- Empathic style is used
- Self-efficacy or optimistic empowerment is engendered in the patient



Techniques

- Never confront
- Establish rapport
- Communicate risk
- Identify pt goals
- Provide information
- *Resolve ambivalence*
- *Develop discrepancy*
- Use Open-ended questions
- Build motivation for change
- Elicit commitment to change
- *Reflective listening statements*
- Demonstrate respect and empathy
- Use “I” statements
- *Choose strategies based on client readiness*
- Initiate thinking about change in problem behavior

Summary

- The unhealthy use of alcohol is common and impacts
- Tools for screening
- Assess for Severity
 - problems / patterns of use
- Treatment based on severity assessment