

Alcohol Use Disorder

TOOLKIT



MICHIGAN OPIOID COLLABORATIVE

Outpatient Management of Unhealthy Alcohol Use

Background

According to the [NIAAA \(National Institute on Alcohol Abuse and Alcoholism\)](#):

- 5.3 % of people age 12 and older in the United States have an alcohol use disorder (AUD)
- One in 10 children under 17 live with a parent with AUD
- Alcohol causes 95,000 preventable deaths each year and is the third-leading preventable cause of death in the United States
- **In the past year, only 7.2 % of people with AUD have received any treatment** and less than 4% of patients were prescribed an FDA approved medication for AUD.

Definitions

Unhealthy alcohol use — spectrum of alcohol use that can result in health consequences

Risky or hazardous drinking — consumption of an amount of alcohol that puts an individual at risk for health consequences

Alcohol use disorder — see diagnostic criteria below

Screening

The [USPSTF](#) recommends screening for unhealthy alcohol use and AUD in the primary care setting in adults 18 years or older, including pregnant women (B recommendation).

Brief screening options:

- Single Alcohol Screening Question ([SASQ](#)): “How many times in the past year have you had 4/5 or more drinks in a day?” (4 for women, 5 for men).
 - Any positive response should be followed by more comprehensive screen like [AUDIT](#)
- [AUDIT-C](#): Brief three question screen; If the patient scores >3 for women and >4 for men, they should complete the full AUDIT

Diagnosis

Differentiate **risky drinking** from **alcohol use disorder** based on the **DSM-5 criteria**. An individual must meet at least 2 of the following 11 DSM-criteria over the last 12 months to be diagnosed with alcohol use disorder.

Mild: 2-3 criteria

Moderate: 4-5 criteria

Severe: 6 or more criteria

1. Use in larger amounts or over a longer period than intended
2. A persistent desire or unsuccessful efforts to cut down or control use
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
4. Craving, or strong desire to use
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the stimulant
7. Important social, occupational, or recreational activities are given up or reduced because of use
8. Recurrent use in situations in which it is physically hazardous
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
10. Tolerance
11. Withdrawal

Withdrawal Management

People who have an alcohol use disorder are at risk for experiencing alcohol withdrawal symptoms which range from mild to severe and include tremors, agitation, nausea, sweating, vomiting, hallucinations, insomnia tachycardia, hypertension, delirium, and seizures.

Many [guides exist to guide you on outpatient management of alcohol withdrawal syndrome](#). Given the potential serious complications of alcohol withdrawal, if your patient has any contraindications to outpatient treatment or you feel uncomfortable managing alcohol withdrawal, please refer the patient to a specialist or higher level of care.

Treatment for uncomplicated alcohol use disorder

Evidence-based psychosocial interventions for the outpatient setting:

- [Brief counseling interventions have strong evidence to support effectiveness](#). Due to the dose-related negative health outcomes related to unhealthy alcohol use, any reduction in alcohol intake is considered a successful intervention. See page 26 of [Helping patients who drink too much: A Clinician's guide for strategies to help patients reduce their drinking](#).
- [Motivational interviewing](#) (MI) has been shown to improve treatment adherence and decrease alcohol use in brief encounters by a wide variety of practitioners.
- Evidence [supports a team-based approach in treatment of unhealthy alcohol use](#). Consider having staff screen and/or counsel patients with unhealthy alcohol use.
- Referral to treatment including cognitive behavioral therapy, relapse prevention programs, contingency management, and mutual support groups.

Evidence-Based Medication Treatment

There are three FDA approved medications to treat patients for alcohol use disorder: [naltrexone](#), [acamprosate and disulfiram](#) and [there are many evidenced-based non-FDA approved medications as well](#). (See section above on ["Withdrawal Management"](#) for management and medication options for managing alcohol withdrawal.) Medication treatment can be used in combination with psychosocial approaches. Clinicians should consider prescribing one of these medications when the patient:

- Is experiencing problems including cravings and urges to drink
- Desires cessation or reduction in use but is unable to obtain their goal
- Is diagnosed with moderate or severe alcohol use disorder
- Prefers medication treatment

Additional Resources

- [Helping patients who drink too much: A Clinician's guide](#)
- [SAMHSA TIP 49: Incorporating Alcohol Pharmacotherapies into Medical Practice](#)
- [Medication for the Treatment of Alcohol Use Disorder: A Brief Guide](#)
- [Medications for Alcohol Use Disorder, review article](#)
- [ASAM Guidelines on Alcohol Withdrawal Management](#)
- [MOC webinar on motivational interviewing](#)
- [Motivational Interviewing resources](#)

Resources for Patients

- [Rethinking Drinking](#)
- [Treatment for Alcohol Problems: Finding and Getting Help](#)