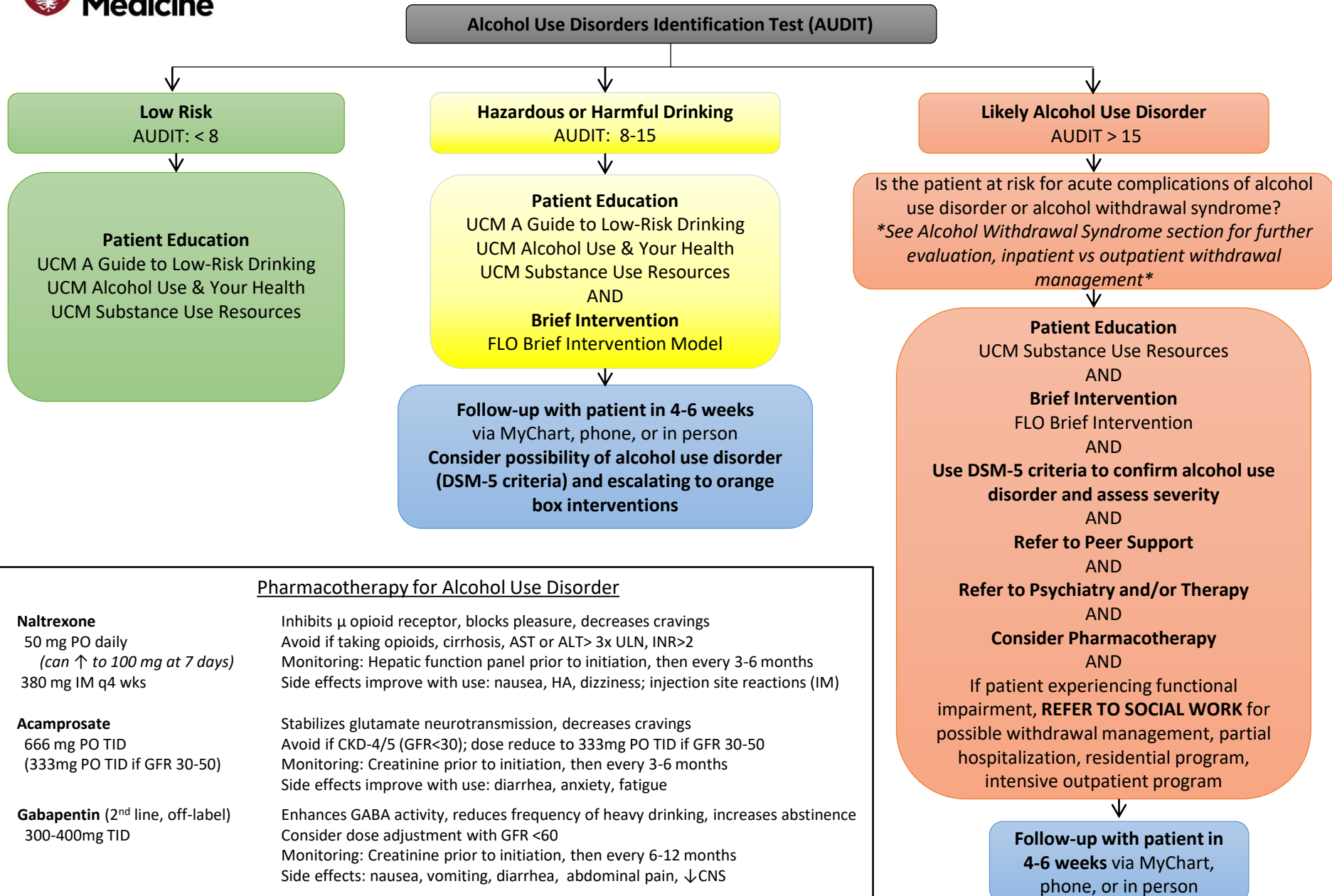


Alcohol Use Disorder: Screening and Management



Alcohol Withdrawal Syndrome (AWS): Evaluation and Management

What is AWS?

- Chronic alcohol use leads brain to adapt by down-regulating GABA system; reduction or cessation of alcohol then leads to symptoms associated with low GABA and high glutamate
- Goal of treatment is to control symptoms and prevent complications
- For an individual, each course of AWS can be more severe than prior courses (called the alcohol kindling phenomenon)

AWS Timeline + Symptom Severity

Early/Mild Symptoms: w/in 24H of last drink

- GI upset/nausea, tremors, anxiety/agitation, HA, sensory disturbances, sweats (captured in CIWA-Ar)

Alcohol Hallucinosis: occurs day 2-3 in small percentage of patients

- can have tactile, auditory, visual hallucinations; are fully oriented and have no sympathetic stimulation/Vs changes

Severe/Complicated: occurs on day 3-4; high mortality

- seizures, sympathetic stimulation, acute agitated delirium, DTs

Who is at risk for AWS?

- Individuals with alcohol dependence and evidence of tolerance
- Individuals consuming 4-6 standard drinks every day for at least 1 month

Where should AWS be treated?

Inpatient management of AWS recommended for (absolute contraindications for ambulatory AWS management):

- History of severe/complicated AWS (DTs, seizures)
- Moderate to severe withdrawal on presentation (CIWA-Ar Score \geq 10)
- Pregnancy

Consider inpatient management of AWS for (relative contraindications for ambulatory AWS management):

- High risk for severe withdrawal or DT: age $>$ 65, prolonged heavy drinking ($>$ 8yrs, drinking $>$ 1 pint or eight 12oz cans of beer daily), signs/symptoms of withdrawal when not drinking, numerous withdrawal episodes previously
- Medical comorbidities: 4Cs (CHF/NYHA class 2+, decompensated cirrhosis, CKD Stage 3+, COPD on O₂), h/o TBI
- Unstable psychiatric disease
- Low psychosocial support: eg. housing instability, no reliable contact person, barriers to daily telehealth follow-up
- Other active substance use
- Use of other sedating medications (eg. benzodiazepines, barbiturates)

Ambulatory treatment of AWS

Most patients can be safely and effectively managed for AWS in the ambulatory setting if not meeting the above exclusion criteria.

		Diazepam based*	Gabapentin based
Pharmacotherapy	Day 1	10mg q6hrs	300mg q6hrs
	Day 2	10mg TID	300mg TID
	Day 3	10mg BID	300mg BID
	Day 4	10mg once	300mg once
	Additional PRNs	5 x 10mg pills	5 x 300mg pills

*Can substitute chlordiazepoxide 50mg for diazepam 10mg

Plan next day check-in, followed by q24-48 hours check-in until AWS resolves

Alcohol Use Disorder: FLO Brief Intervention Model

<p>“F” Feedback Using AUDIT</p>	<ul style="list-style-type: none"> • Share results <ul style="list-style-type: none"> • <i>You score was ____ (>8) which places you in the category for higher risk of harm</i> • Elicit Reaction <ul style="list-style-type: none"> • <i>What do you make of that ?</i>
<p>“L” Listen and Elicit</p>	<ul style="list-style-type: none"> • Explore pros and cons <ul style="list-style-type: none"> • <i>What do you like about drinking? What do you like less about drinking?</i> • Summarize both sides <ul style="list-style-type: none"> • <i>On the one hand.... On the other hand....</i> • Assess importance <ul style="list-style-type: none"> • <i>On a scale of 1-10, how important is it to you to change? Why did you give it that number and not a lower number? What would it take to raise that number?</i> • Assess confidence <ul style="list-style-type: none"> • <i>On a scale of 1-10, how confident are you that you can change successfully? Why did you give it that number and not a lower number? What would it take to raise that number?</i>
<p>“O” Options and Goal Setting</p>	<ul style="list-style-type: none"> • Ask key questions about what they want to change, what is their goal <ul style="list-style-type: none"> • <i>Where does this leave you? Do you want to quit? Cut down? Make no change?</i> • If appropriate, ask about a plan <ul style="list-style-type: none"> • <i>How will you do that? If you wanted to...how would you? Who will help you? What might get in the way?</i>
<p>Close on a Good Note</p>	<ul style="list-style-type: none"> • Summarize patient’s statements in favor of change • Emphasize their strengths • What agreement was reached

DSM-V Criteria for Alcohol Use Disorder: Provider Assessment

Occurring within a 12-month period...

Alcohol is often taken in <u>larger amounts</u> or over a <u>longer period of time than intended</u> .	
There is a <u>persistent desire</u> or <u>unsuccessful efforts to cut down</u> or control alcohol use.	
A great deal of <u>time is spent in activities necessary to obtain the alcohol, use the alcohol, or recover</u> from its effects.	
<u>Craving</u> , or a strong desire or urge to use alcohol.	
Recurrent alcohol use resulting in <u>failure to fulfill major role obligations at work, school or home</u> .	
Continued alcohol use <u>despite having persistent or recurrent social or interpersonal problems</u> caused or exacerbated by the effects of alcohol.	
Important social, occupational or recreational activities are <u>given up or reduced</u> because of alcohol use.	
Recurrent alcohol use in situations in which it is <u>physically hazardous</u> .	
Continued alcohol use <u>despite knowledge of having a persistent or recurrent physical or psychological problem</u> that is likely to have been caused or exacerbated by alcohol.	
<u>Tolerance</u> , as defined by either of the following: (a) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of alcohol	
<u>Withdrawal</u> , as manifested by either of the following: (a) the characteristic alcohol withdrawal syndrome (b) alcohol (or a closely related substance, such as benzodiazepine) is taken to relieve or avoid withdrawal symptoms	

Severity Level:

- Mild: 2-3 symptoms
- Moderate: 4-5 symptoms
- Severe: 6+ symptoms

Total Number of Symptoms Checked: _____

If only GRAY boxes checked, they may NOT have alcohol use disorder.