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Beyond Screening: Empowering Generalists to Assess and Manage Alcohol Use Disorder

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Conflicts of Interest

- No financial disclosures or conflicts of interest related to this presentation.
- This presentation may include the discussion of non-FDA approved, off-label, or investigative uses of drugs, treatments, and medications.

2

Land Acknowledgement

I acknowledge the original inhabitants and traditional village sites of the land we live and work on, the unceded territory of the

Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, Tualatin Kalapuya, Molalla, Wasco & many Indigenous nations of the Willamette Valley & Columbia River Plateau.

I thank the original caretakers of this land - past, present, & future

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Learning Objectives

1. Define alcohol use and alcohol use disorder spectrum
2. Identify risk & protective factors for alcohol use and alcohol use disorder
3. Recognize how to risk stratify alcohol withdrawal management
4. Counsel patients on evidence-based pharmacotherapy for alcohol use disorder

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The words we use
when talking to each
other & to patients
about addiction &
substance use
matter¹



1. Ashford et al D & AD 2018

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Outline

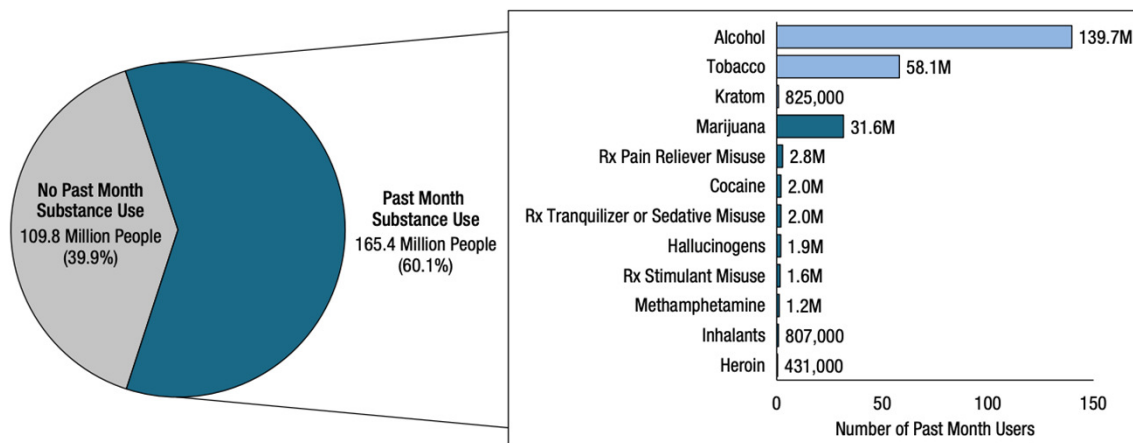
1. Learning objectives
2. Background & Epidemiology
 - a. COVID-19 and Alcohol Use
3. Definitions & Terms
4. Alcohol risk & Special populations
5. Screening
6. Assessment of alcohol use & alcohol use disorder
7. Evidence-based treatment
 - a. Behavioral treatments
 - b. Medications

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Background & Epidemiology

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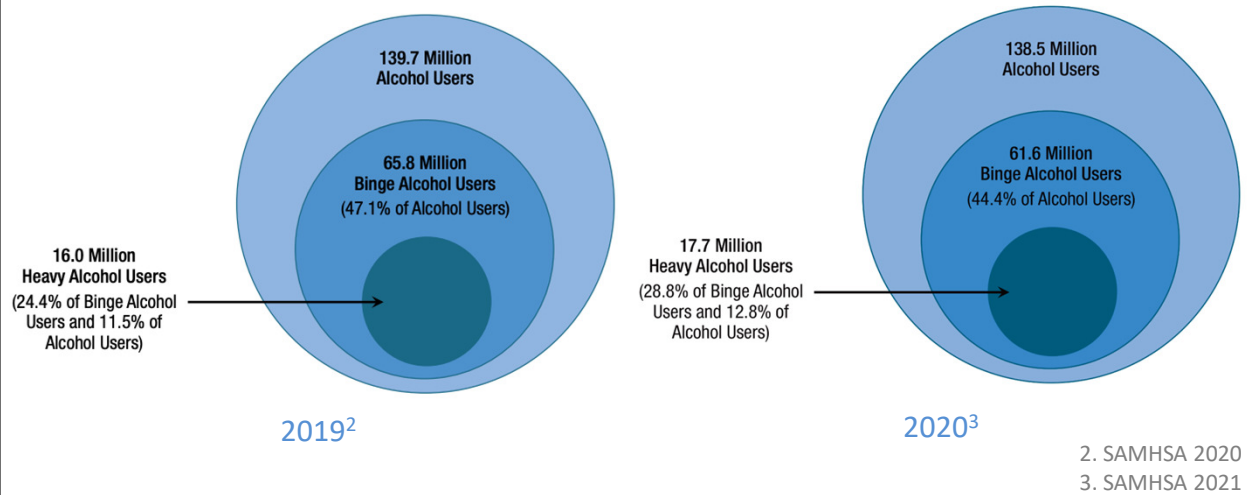
NSDUH – Past Month Use (2019)²



2. SAMHSA 2020

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NSDUH – Alcohol Severity (2019 → 2020)



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Low Rates of Alcohol Use Treatment

- < 1 in 10 patients needing pharmacotherapy receive it^{4,5}
- Significant disparities, esp for Black patients; non-commercial insurance^{6,7}



- 4. Harris, et al, Psychiatr Serv., 2012
- 5. Mark, et al, DAD, 2009
- 6. Williams, et al, DAD, 2017
- 7. Bernstein, et al, JGIM, 2021

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COVID-19 Pandemic & Alcohol Use

APRIL 11, 2020

America is drinking its way through the coronavirus crisis – and that's no party

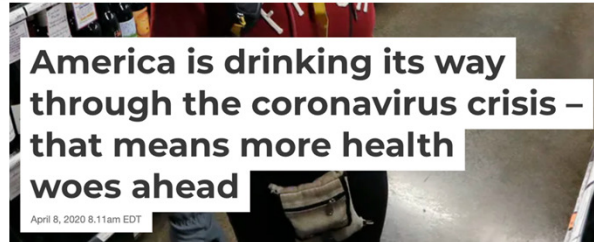
A surge in alcohol use disorders likely lies ahead

EDITORS' PICK | Mar 17, 2021, 01:15pm EDT | 6,212 views

Soaring Pandemic Alcohol Sales Cause Concern For Doctors

'More Zoom Parties, More Alcohol Consumption': Hard Seltzer, Tequila Sales Boom During COVID-19 Lockdown

April 9, 2020 at 11:13 am Filed Under: Alcohol Sales, Coronavirus, COVID-19



America is drinking its way through the coronavirus crisis – that means more health woes ahead

April 8, 2020 8:11am EDT

INFECTIOUS DISEASE, SUBSTANCE USE Aug. 20 2021

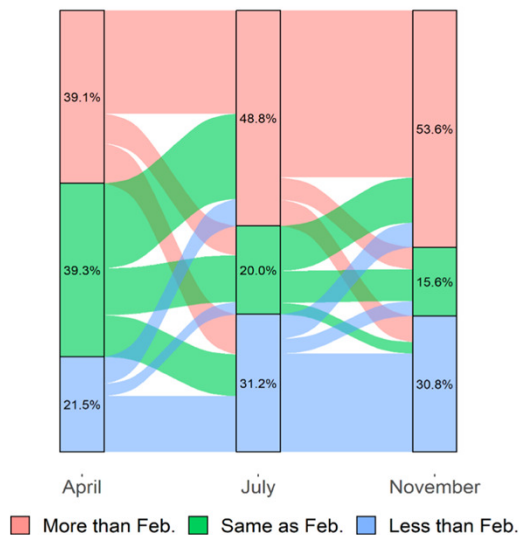
Study Shows Uptick in U.S. Alcohol Beverage Sales During COVID-19 Pandemic

All-day happy hour? Americans drinking while working at home in pandemic, surveys say

April 21, 2020 at 3:33 pm | Updated April 22, 2020 at 6:18 am

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Alcohol & COVID-19 (Feb → Nov 2020)^{8,9}



- Of ~54% of those drinking more
 - Avg drinks 15 → 33 per month
- Greater ↑ for women; Black, non-Hispanic people
- ↑ those with children <5 years old

8. Barbosa, et al. JAM, 2021

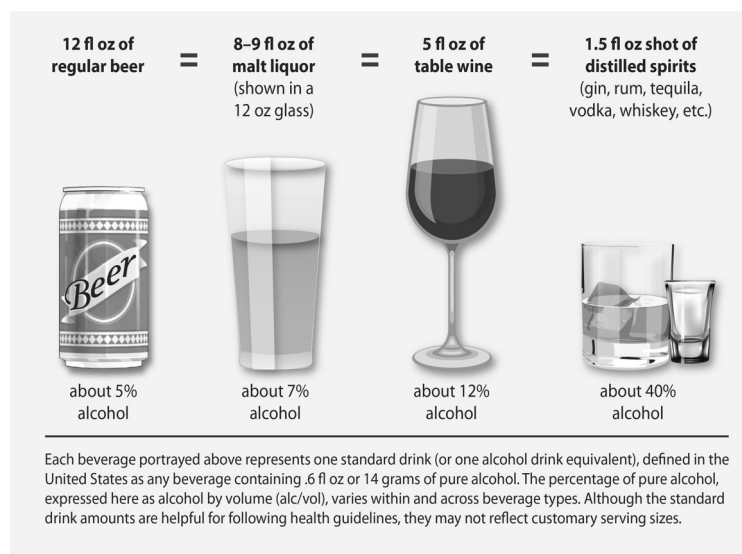
9. Barbosa, et al. RTI Webinar, 2021

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Definitions & Terms

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What is a Standard Drink?



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NIAAA – Alcohol Drink Calculator

What's the alcohol content of the beverage? (convert proof to alc/vol)	U.S. standard drink (or drink-equivalent) size (containing 14 g pure alcohol)	What's the container size? (convert to fl. oz.) if needed)	Number of U.S. standard drinks (or drink-equivalents) per container
7.3 % alc/vol	8.2 fl. oz.	12 fl. oz.	1.5



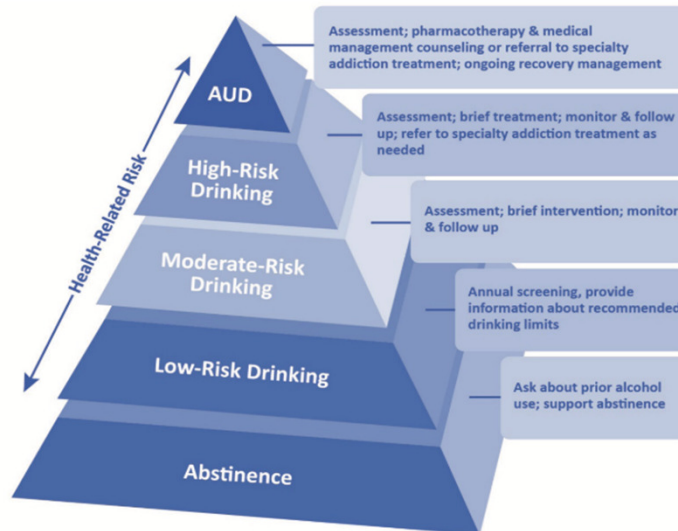
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Terminology

- **Abstinence:** No current alcohol use
- **Low-Risk Drinking:** Drinks within recommended limits
- **Moderate-Risk Drinking:** Drinks above recommended limits
- **High-Risk Drinking:** Binge drinking or drinks above recommended limits and has a co-occurring health condition or mental disorder
- **Binge Drinking:** Drinking pattern → BAC >0.08 g/dL
 - Impacted by gender, age, body composition, enzyme activity
 - Women > 4 drinks in 2 hours; Men > 5 drinks in 2 hours
- **Alcohol use disorder (AUD):** Meets diagnostic criteria

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Spectrum of Alcohol Use



10. SAMHSA, TIP 26, 2020

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Risk Factors



Genetics/Family history



Illness/Loss of function



\$ Stressors/Retirement



Loss of spouse/Loved one



Loneliness/Isolation

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Protective Factors



Supportive family relationships



Basic resources & housing



Connection/Social Bonds



Supportive spouse/partner

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Alcohol Risk & Special Populations

Note: this is not a comprehensive presentation on all populations with increased risk for alcohol-related complications

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What is “At-Risk” Alcohol Use

	Drinks/Day	Drinks/Week
Men	> 4	> 14
Women	> 3	> 7
All Age >65	> 3	> 7

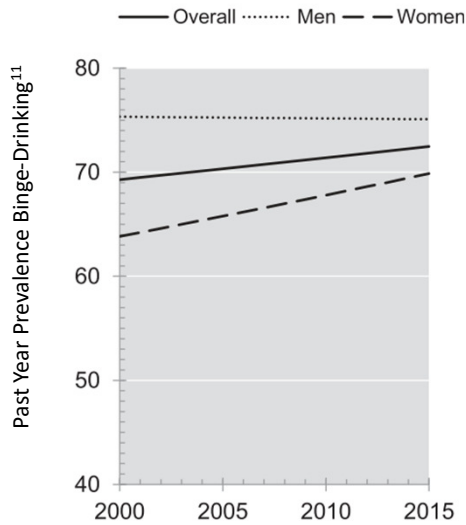
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What is “At-Risk” Alcohol Use

	Drinks/Day	Drinks/Week
Men	> 4	> 14
Women	> 3	> 7
All Age >65	> 3	> 7

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Scope of Problem – Women



- Greater ↑ of binge drinking
 - Higher income¹²
 - Higher education¹²
 - Educational prestige¹³
 - High occupational autonomy¹³
- ↑ advertising, leisure spending, and alcohol messaging to women
- Women at ↑ risk for alcohol-related complications; developing AUD¹⁴

11. Gruzca, et al, Alc: Clin & Exp Res, 2018

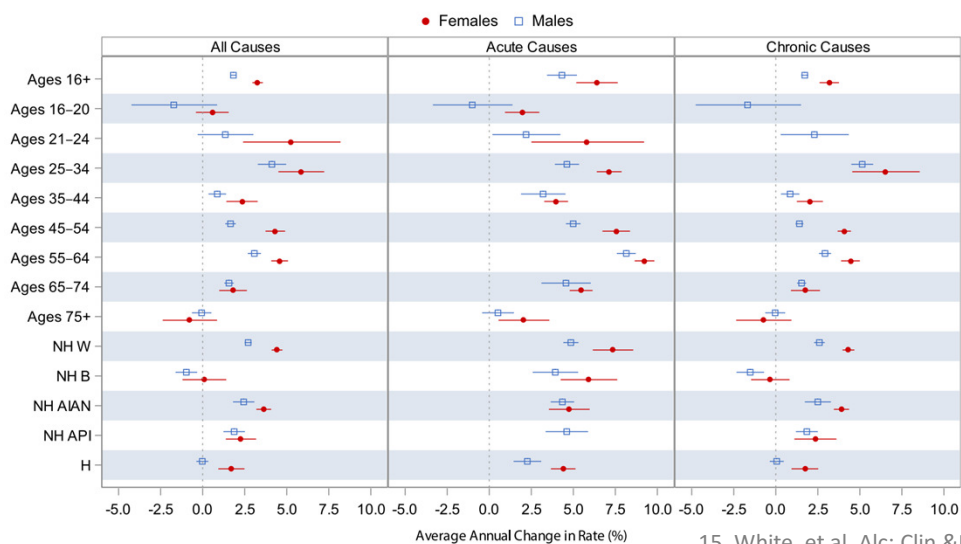
12. McKetta & Keyes, DAD, 2020

13. McKetta, et al, Ann of Epi, 2021

14. Ait-Daoud, et al Med Clin N.A., 2019

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Scope of Problem – Women¹⁵



15. White, et al, Alc: Clin & Exp Res, 2020

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What is “At-Risk” Alcohol Use

	Drinks/Day	Drinks/Week
Men	> 4	> 14
Women	> 3	> 7
All Age >65	> 3	> 7

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Scope of Problem – Older Adults¹⁰

- ↑ alcohol use past 2 decades
- Up to 15% meet criteria for “at-risk” drinking
- More vulnerable to negative effects
- Mistake symptoms for age-related changes or other condition
- ↓ likelihood of diagnosis and offered treatment
- ↑ mortality & comorbid conditions
- High risk drinking – drinking above recommendations + use of alcohol interactive (AI) medication or health condition

10. SAMHSA, TIP 26, 2020

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Alcohol Interactive (AI) Medications

- Anti-hypertensives
- Antiarrhythmics
- Diuretics
- Anti-epileptics
- Anxiolytics
- Muscle relaxers
- Opioids
- NSAIDs
- Medications for diabetes
- Antidepressants
- Antibiotics
- Antihistamines
- Anticoagulants



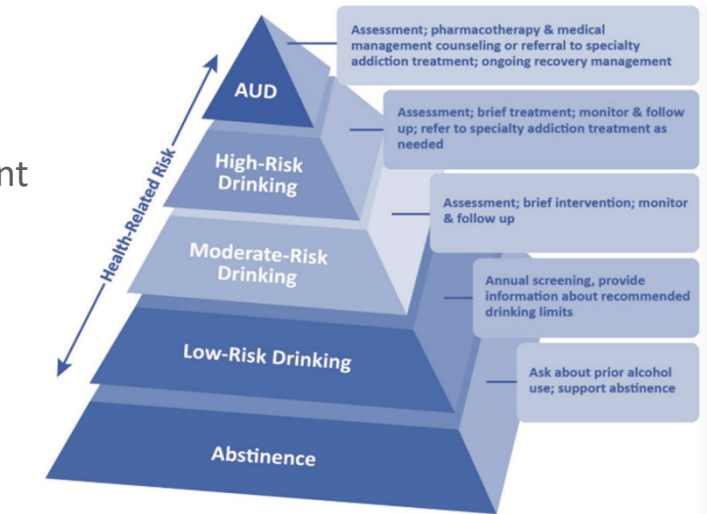
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Screening

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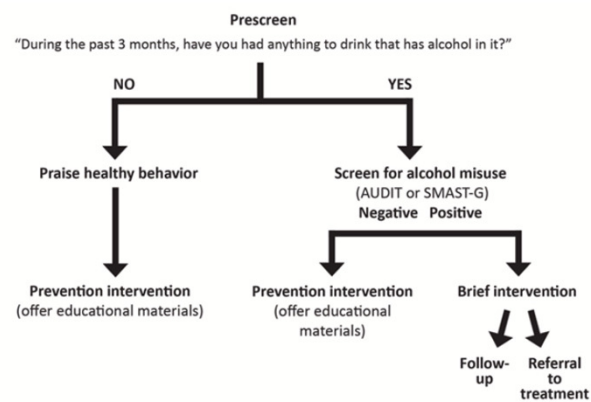
SBIRT

- **S**creening
- **B**rief Intervention
- **R**eferral to Treatment



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Screening



- Alcohol Use Disorder Identification Test – C (AUDIT-C)
- Short Michigan Alcoholism Screening Test – Geriatric ver. (SMAST-G)

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Alcohol Assessment & Brief Intervention

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Screen positive – Assessment of Alcohol Use

- Going beyond **Screening** into **Brief Intervention & Referral to Treatment**
- Assess amount
- Evaluate for Alcohol Use Disorder (AUD)
 - Diagnostic & Statistical Manual for Mental Disorders - 5th Ed (DSM-5)
- Screen for other co-occurring mental health conditions

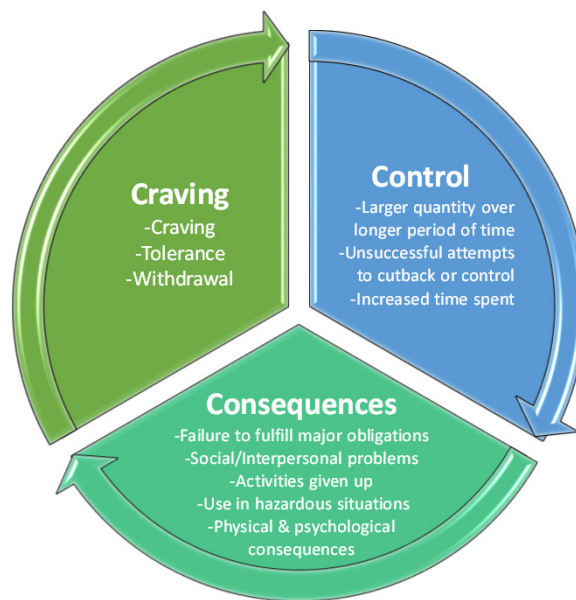
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The 5 A's

- **Ask** – Screen ?s & risk/severity; Intervention based off risk
- **Advise** – Re: substance use & behavior change recommendations
- **Assess** – Evaluate patient readiness for changing behavior
- **Assist** – Make patient-centered treatment plan; behavioral and/or medications; additional risk assessments
- **Arrange** – Schedule follow-up and consider specialty referrals

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DSM-5 to Assess Alcohol Use Disorder



The Three C's

Diagnosis:

- ≥ 2 in prior 12 months

Characterization:

- 2-3 = mild
- 4-5 = moderate
- 6 or more = severe

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Brief Intervention

- Evidence-based
- Designed to motivate individuals with at-risk substance use to change behavior by helping them understand how substance use affects their health
- Goal may be to reduce or give up substance use
- 5 minutes of brief advice to 15 minutes of brief counseling
- Associated with ↓ health care costs and ↓ alcohol use¹⁶

16. Beyer, et al, Alcohol & Alcoholism, 2019

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Referral to Treatment - Behavioral

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Behavioral Treatment & Social Support

- Referral to specialists
- Inpatient addiction-specific treatment
- Outpatient addiction-specific treatment
- Cognitive Behavioral Therapy (CBT)
- Social services
- Community-based mutual help & recovery support groups
 - Alcoholics Anonymous (AA)
 - SMART Recovery
 - Refuge Recovery or Recovery Dharma (Buddhist)

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Population-specific Support



SENIORS IN SOBRIETY

Senior Alcoholics Reaching Out to Other Senior Alcoholics

Home ▾ Meetings This Week Conferences ▾ Meeting List PDF Alcoholism ▾ SIS Steering Committee ▾ News Menu Item



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Referral to Treatment - Medications

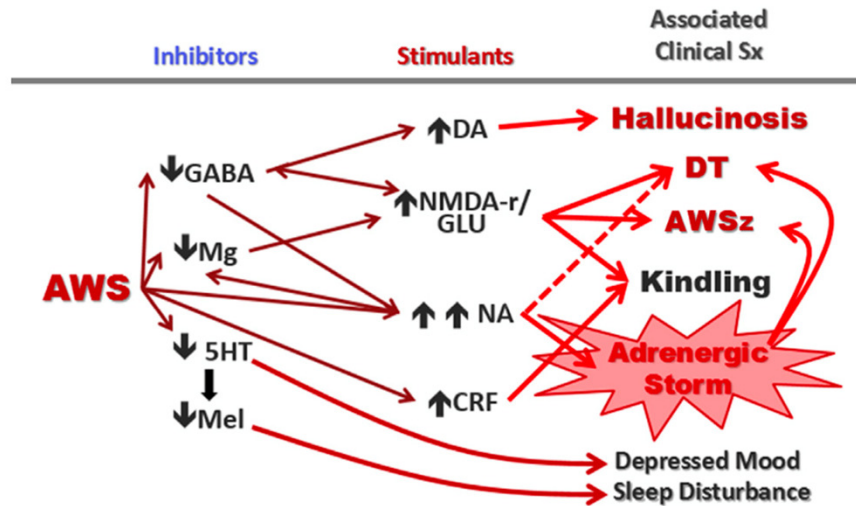
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Alcohol & The Brain



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Alcohol & The Brain – Alcohol Withdrawal¹⁸



18. Maldonado, Critical Care Clinics, 2017

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Outpatient vs Inpatient Management

- High-risk for seizures or DTs?
- Other substance use disorders?
- Lives alone or lack of support?
- Delirium, hallucinations?

- Unstable comorbid medical and/or psychiatric conditions?
- CIWA-Ar >10? (mild w/d)*
- Benzodiazepine dependence?

*CIWA 10-18 (moderate w/d) can consider outpatient in more experienced settings with more monitoring

YES

NO

Inpatient withdrawal management

- Symptom-triggered benzodiazepine
- Fixed benzodiazepine
- Phenobarbital
- Adjunctive meds:
 - Gabapentin
 - Carbamazepine
 - Clonidine
 - Valproic acid

Outpatient withdrawal management

- Daily check-in (in-person or telemed)
- Consider benzodiazepine taper (long-acting)
- Supportive medications
 - Gabapentin
 - Carbamazepine
- Consider inpatient if CIWA-Ar \uparrow

19. Kleinschmidt, et al, ASAM Practice Guidelines, 2020

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Medications for AUD

4 FDA-Approved Medications for AUD

1. Acamprosate
2. Naltrexone PO
3. Naltrexone intramuscular injection
4. Disulfiram

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Acamprosate²⁰

- Structural analog to GABA
- Thought to work by modifying GABA & glutamine
- ↓ cravings
- ↓ pleasurable effects of alcohol
- May lessen anxiety & insomnia
- Renally metabolized
- Typical dose is 666mg TID
- May consider dose reduction

**NNT to prevent
return to any
drinking was 12**

20. Jonas, et al, JAMA, 2014

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Naltrexone (PO or IM)²⁰

- Opioid receptor antagonist
- ↓ cravings for alcohol
- ↓ return to use heavy drinking
- Cannot be taking opioids
- Typical dose is 50mg PO daily
- Can go up to 150mg daily
- Monitor liver function
- More data on PO (IM newer)

For Oral Naltrexone
NNT to prevent
return to any drinking
was 20

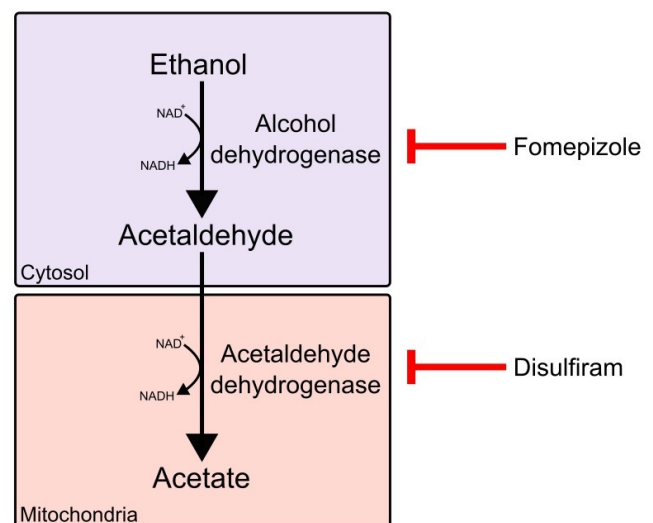
NNT to prevent
return to heavy
drinking was 12

20. Jonas, et al, JAMA, 2014

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Disulfiram

- Inhibits acetaldehyde dehydrogenase
- Triggers acute reaction when consume alcohol
- Symptoms include – flushing, tachycardia, nausea, chest pain, dizziness, hypotension
- Symptoms thought to motivate to stop alcohol consumption



Moises Dominguez

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Non-FDA-Approved Medications^{20,21}

Gabapentin

- Dosage 600-1800mg/day
- Taken in 3 divided doses
- ↑ rate of abstinence
- ↓ rate of binge drinking

Topiramate

- Dosage 75-300mg/day
- Taken in 2 divided doses
- ↑ rate of abstinence
- ↓ rate of binge drinking

20. Jonas, et al, JAMA, 2014

21. Kranzler & Soyka, JAMA, 2018

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Jeff Linder
@jeffreylinder

...

Analogously, I have been drastically UNDER prescribing naltrexone for alcohol use disorder/dependence.

Starting a hospitalized patient on it today.



Joseph D'Orazio @dorazepam · Oct 7

IF PEOPLE ARE COMING TO THE ED FOR HELP WITH ADDICTION YOU HAVE WON THE BATTLE.

As an EM physician, this is the easiest patient all day. Dose of med if in withdrawal, linkage with a program, Rx for bupe. Done.

Hospitals need to support the resources and have an ED champion
twitter.com/KaylaPMHNP/sta...

9:19 AM · Oct 7, 2021 · Twitter Web App

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Thank you!

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All photos from Unsplash.com

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Screening – AUDIT-C

1. **How often do you have a drink containing alcohol?**
 - ☐ a. Never
 - ☐ b. Monthly or less
 - ☐ c. 2-4 times a month
 - ☐ d. 2-3 times a week
 - ☐ e. 4 or more times a week
2. **How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?**
 - ☐ a. 0 drinks
 - ☐ b. 1 or 2
 - ☐ c. 3 or 4
 - ☐ d. 5 or 6
 - ☐ e. 7 to 9
 - ☐ f. 10 or more
3. **How often do you have six or more drinks on one occasion?**
 - ☐ a. Never
 - ☐ b. Less than monthly
 - ☐ c. Monthly
 - ☐ d. Weekly
 - ☐ e. Daily or almost daily

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Screening in Older Adults – SMAST-G

	Yes (1)	No (0)
1. When talking with others, do you ever underestimate how much you drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		

TOTAL SMAST-G-SCORE (0-10) _____

SCORING: 2 OR MORE "YES" RESPONSES IS INDICATIVE OF AN ALCOHOL PROBLEM.

Ask the extra question below but do not calculate it in the final score.

Extra question: Do you drink alcohol and take mood or mind-altering drugs, including prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs?

© The Regents of the University of Michigan, 1991. Source: University of Michigan Alcohol Research Center.⁵⁵⁸ Adapted with permission.

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