

Best Practices in Primary Care – Tips For Treating Alcohol Use Disorder

THE SITUATION

Alcohol use disorder (AUD) is treatable with medication and/or psychosocial interventions, but rates are increasing and patients with AUD rarely receive the treatment they need.



An estimated 12.34% of Oregonians have AUD, the 5th highest in the US¹



Over 1,500 Oregonians die every year from alcohol attributed causes²



Less than 4% of people with AUD are treated with FDA approved medications³

The number of patients that need to be treated to benefit one person (the NNT) for AUD medications is quite low, even lower than many medications routinely prescribed in primary care.^{4,5}

AUD Medications	Outcome	NNT
Acamprosate	No drinking	12
Naltrexone	No drinking	20
	No heavy drinking	12

Other Common Medications	Outcome	NNT
Anti-hypertensives	No heart attack	100
Statins (in low-risk persons)	No non-fatal stroke	313
Statins (with known heart disease)	No stroke	125

AUD DIAGNOSIS CRITERIA⁶

AUD is a problematic pattern of alcohol use leading to significant impairment or stress, as shown by at least 2 of the following:

- Using in larger amounts or for longer than intended
- Persistent desire or unsuccessful efforts to reduce or control use
- Great deal of time spent obtaining, using, or recovering
- Craving or strong desire to use
- Failure to fulfil major work/school/home obligations due to use
- Social/interpersonal problems caused or exacerbated by use
- Important activities stopped or reduced because of use
- Use in physically hazardous situations
- Physical or psychological problems caused/exacerbated by use
- Tolerance
- Withdrawal

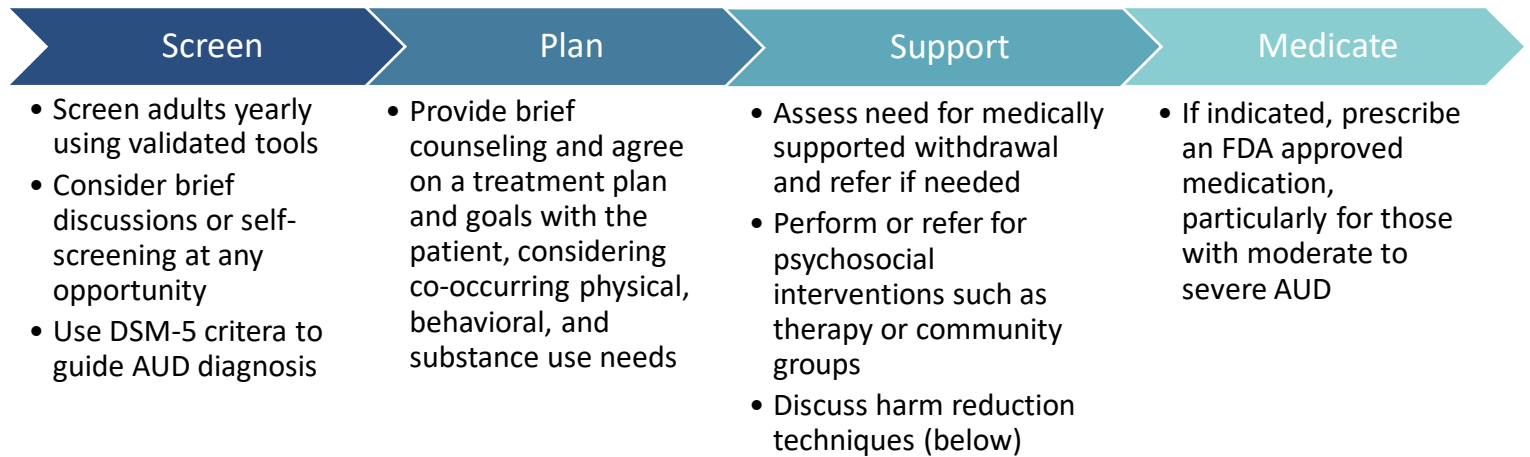
MILD: 2-3 criteria
MODERATE: 4-5
SEVERE: 6 or more

MEDICATION

Drug*	Clinical Use	Dose	Side Effects	Notes
Naltrexone (Naltrexone) (Vivitrol)	Treatment of alcohol dependence in patients who wish to reduce cravings, reduce consumption, or stop drinking alcohol	Oral: 50 – 100 mg daily Injectable: 380 mg IM every 28 days	Somnolence Dizziness Nausea Vomiting	<ul style="list-style-type: none"> Contraindicated in acute hepatitis or liver failure Obtain liver function tests at baseline and every 3 months Do not use in people who use opioids or opioid agonists, or have an anticipated need for opioids IM Vivitrol must be administered by a health care provider Pregnancy category C
Acamprosate (Campral)	Maintenance of abstinence from alcohol in patients dependent on alcohol who are abstinent at treatment initiation	Oral: 666 mg three times daily	Diarrhea Vomiting Headache	<ul style="list-style-type: none"> Contraindicated in severe renal impairment (CrCl <30mL/min) Do not use as first line in people with mild to moderate renal impairment (CrCl = 30-50mL/min). If necessary, reduce dose. Obtain baseline and follow up renal function tests Pregnancy category C
Consultation with an addiction medicine expert is recommended prior to disulfiram initiation				
Disulfiram (Antabuse)	Patients who have completed withdrawal, are committed to abstinence, and can take under close supervision	Determine after expert consultation	Drowsiness Hepatotoxicity Nausea Vomiting	<ul style="list-style-type: none"> 2nd line therapy due to risk of severe reactions, serious side effects, drug interactions, and limited compliance Produces a significant unpleasant physical reaction (potentially dangerous with comorbidities) when taken with alcohol Call OPAL-A⁷ (855-966-7255) for consultation if needed

*This table does not include comprehensive drug information. See package inserts for complete detail. <http://www.dailymed.nlm.nih.gov>

WORKFLOW



HARM REDUCTION TIPS⁸

Ways to stay healthier when you drink	Ways to make drinking safer	Ways to change how much you drink
<p>Drink water – reduces hangover effects</p> <p>Count your drinks – helps you think about how much alcohol you really want or need, and can help you take control of the effects of alcohol</p> <p>Take B-vitamins – replaces nutrients</p>	<p>Drink beer vs. malt liquor – less alcohol content (a 24oz Steel Reserve = nearly 4 12oz regular beers)</p> <p>Avoid mixing drugs – can lead to overdose</p> <p>Drink in a safe place</p>	<p>Chose not to use – not drinking, even for a few hours, gives organs a rest and may help avoid other problems</p> <p>Less is more – most things people like about alcohol occur when they are buzzed, not drunk</p>

ADDITIONAL RESOURCES

Screening, Assessment, & Referral

- Alcohol & Drug Use Screening Forms - <http://www.sbirthoregon.org/screening-forms/>
- Alcohol Withdrawal Assessment (CIWA-Ar) - <https://www.ci2i.research.va.gov/paws/pdfs/ciwa-ar.pdf>
- Oregon SUD Services Directory - <https://www.oregon.gov/oha/HSD/AMH/publications/provider-directory.pdf>

Toolkits & Guides

- SAMHSA Medication for the Treatment of Alcohol Use Disorder <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4907.pdf>
- American Psychiatric Association Practice Guideline <https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9781615371969>
- Center for Effective Practices (CEP) Alcohol Use Disorder Tool https://cep.health/media/uploaded/20191003-CEP_AUD-rev.12_UPDATED.pdf

REFERENCES

1. SAMHSA. (2021). *2019-2020 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and District of Columbia)*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt35339/2020NSDUHsaePercents012422/NSDUHsaePercents2020.pdf>
2. Esser, M.B., Sherk, A., Liu, Y., Naimi, T.S., Stockwell, T., Stahre, M., Kanny, D., Landen, M., Saitz, R., & Brewer, R.D. (2020). Deaths and Years of Potential Life Lost From Excessive Alcohol Use — United States, 2011–2015. *MMWR Morbidity and Mortal Weekly Report*, 69(39),1428–1433. DOI: <http://dx.doi.org/10.15585/mmwr.mm6939a6>
3. National Institutes on Alcohol Abuse and Alcoholism. (2021, June). *Alcohol Facts and Statistics*. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>
4. The NNT Group. Quick summaries of evidence-based medicine. <https://www.thennt.com/>
5. Jonas, D. E., Amick, H. R., Feltner, C., Bobashev, G., Thomas, K., Wines, R., Kim, M. M., Shanahan, E., Gass, C. E., Rowe, C. J., & Garbutt, J. C. (2014). Pharmacotherapy for adults with alcohol use disorders in outpatient settings: a systematic review and meta-analysis. *JAMA*, 311(18), 1889–1900. <https://doi.org/10.1001/jama.2014.3628>
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association;2013:490–491.
7. Oregon Psychiatric Access Line (OPAL). <https://www.ohsu.edu/school-of-medicine/child-and-adolescent-psychiatry/oregon-psychiatric-access-line>
8. Collins, S. E., Clifasefi, S. L., Nelson, L. A., Stanton, J., Goldstein, S. C., Taylor, E. M., Hoffmann, G., King, V. L., Hatsukami, A. S., Cunningham, Z. L., Taylor, E., Mayberry, N., Malone, D. K., & Jackson, T. R. (2019). Randomized controlled trial of harm reduction treatment for alcohol (HaRT-A) for people experiencing homelessness and alcohol use disorder. *The International journal on drug policy*, 67, 24–33. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6488431/#SD1>