# Alcohol Use Disorder

CSAM 2021 Fundamentals Course
October 3, 2021

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No financial or
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## Learning Objectives

- 1. Identify screening tools and describe the diagnostic criteria for an alcohol use disorder.
- 2. Recognize alcohol withdrawal and identify approaches to management.
- 3. Use anti-craving medications in the treatment of alcohol use disorder.



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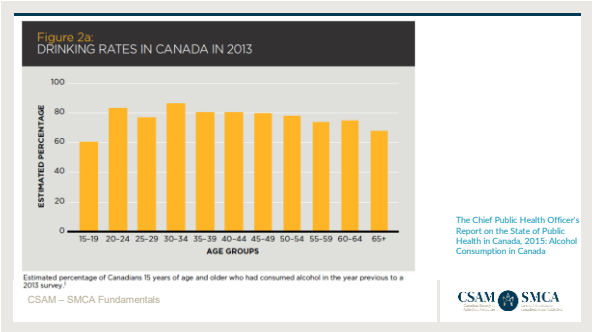
Figure 2a:
DRINKING RATES IN CANADA IN 2013
ESTIMATED PERCENTAGE
100
80
60
40
20
0
15–19 20–24 25–29 30–34 35–39 40–44 45–49 50–54 55–59 60–64 65+
AGE GROUPS
Estimated percentage of Canadians 15 years of age and older who had consumed alcohol in the year previous to a 2013 survey.[1]
The Chief Public Health Officer's Report on the State of Public Health in Canada, 2015: Alcohol Consumption in Canada
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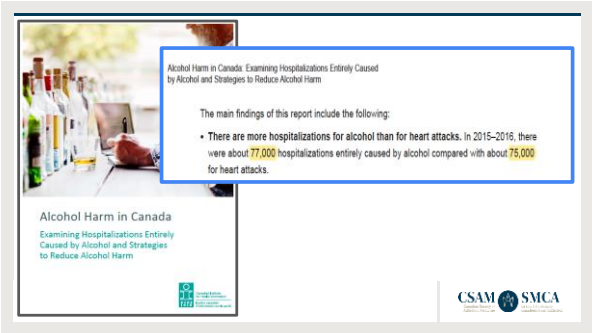
Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm
The main findings of this report include the following:
• There are more hospitalizations for alcohol than for heart attacks. In 2015–2016, there were about 77,000 hospitalizations entirely caused by alcohol compared with about 75,000 for heart attacks.
Alcohol Harm in Canada
Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm
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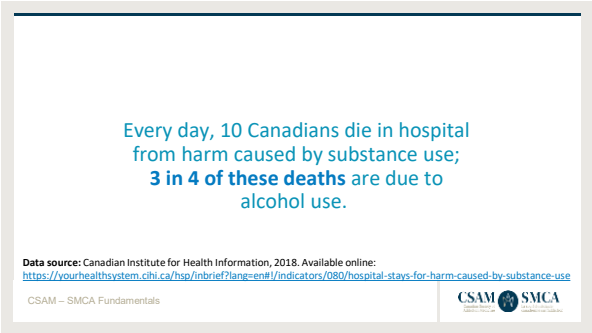
Every day, 10 Canadians die in hospital from harm caused by substance use; **3 in 4 of these deaths** are due to alcohol use.
**Data source:** Canadian Institute for Health Information, 2018. Available online: https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/080/hospital-stays-for-harm-caused-by-substance-use
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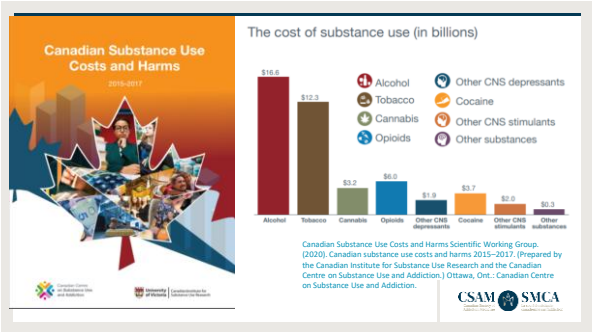
Canadian Substance Use Costs and Harms
2015–2017
The cost of substance use (in billions)
$16.6
$12.3
$3.2
$6.0
$1.9
$3.7
$2.0
$0.3
Alcohol
Tobacco
Cannabis
Opioids
Other CNS depressants
Cocaine
Other CNS stimulants
Other substances
Canadian Substance Use Costs and Harms Scientific Working Group. (2020). Canadian substance use costs and harms 2015–2017. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.
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Provincial Guideline for the Clinical Management of
High-Risk Drinking and Alcohol Use Disorder
Canadian Guidelines on Alcohol Use Disorder Among Older Adults
2019
Quality Standards
Problematic Alcohol Use and Alcohol Use Disorder
Care for People 15 Years of Age and Older
Ontario Health
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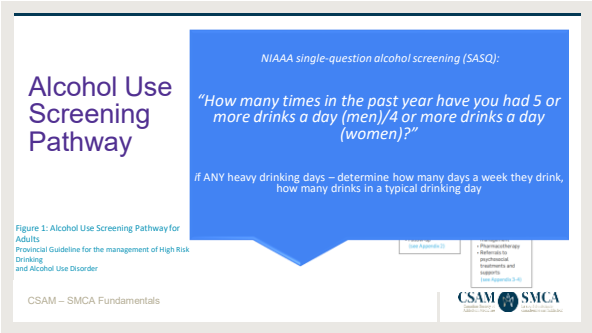
Alcohol Use Screening Pathway
NIAAA single-question alcohol screening (SASQ):
"How many times in the past year have you had 5 or more drinks a day (men)/4 or more drinks a day (women)?"
if ANY heavy drinking days – determine how many days a week they drink, how many drinks in a typical drinking day
Figure 1: Alcohol Use Screening Pathway for Adults
Provincial Guideline for the management of High Risk Drinking
and Alcohol Use Disorder
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## Case Study – Ryan

- Your patient, Ryan, presents after ER visit
  - Follow up visit after being seen 2 weeks ago for an ankle sprain
  - Ankle healing well
  - Stumbled on sidewalk after dinner out with friends one night

**Screening Question : How many times in the past year have you had 5 or more drinks?**

"maybe once or twice"

- drinks 1-2 drinks 3-4 nights a week but on weekends routinely drinks 4 drinks, usually in social settings



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## Diagnosis

| DSM-5 screen (*to confirm Alcohol Use Disorder (AUD) and determine severity*) | Interpretation |
|---|---|
| 1. Alcohol is often taken in larger amounts or over a longer period than was intended<br>2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use<br>3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects<br>4. Craving, or a strong desire or urge to use alcohol<br>5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home<br>6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol<br>7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use<br>8. Recurrent alcohol use in situations in which it is physically hazardous<br>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<br>10. Tolerance, as defined by either of the following:<br>a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effects<br>b. A markedly diminished effect with continued use of the same amount of alcohol<br>11. Withdrawal, as manifested by either of the following:<br>a. The characteristic withdrawal syndrome for alcohol<br>b. Alcohol (or a closely related substance, such as benzodiazepine) is taken to relieve or avoid withdrawal symptoms | The presence of at least two of these symptoms indicates an Alcohol Use Disorder (AUD)<br>The severity of the AUD is defined as:<br>**MILD:** The presence of 2 to 3 symptoms<br>**MODERATE:** The presence of 4 to 5 symptoms<br>**SEVERE:** The presence of 6 or more symptoms |



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## Case Study – Ryan

- ~~Alcohol Use Disorder~~

✔ patient engaging in alcohol use above low risk drinking guideline



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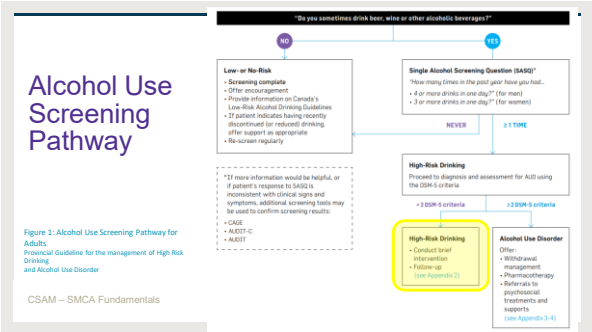
Alcohol Use Screening Pathway
Figure 1: Alcohol Use Screening Pathway for Adults
Provincial Guideline for the management of High Risk Drinking and Alcohol Use Disorder
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"Do you sometimes drink beer, wine or other alcoholic beverages?"
NO
YES
Low- or No-Risk
• Screening complete
• Offer encouragement
• Provide information on Canada's Low-Risk Alcohol Drinking Guidelines
• If patient indicates having recently discontinued (or reduced) drinking, offer support as appropriate
• Re-screen regularly
Single Alcohol Screening Question (SASQ)*
"How many times in the past year have you had...
• 4 or more drinks in one day?" (for men)
• 3 or more drinks in one day?" (for women)
NEVER
≥ 1 TIME
*If more information would be helpful, or if patient's response to SASQ is inconsistent with clinical signs and symptoms, additional screening tools may be used to confirm screening results:
• CAGE
• AUDIT-C
• AUDIT
High-Risk Drinking
Proceed to diagnosis and assessment for AUD using the DSM-5 criteria
< 2 DSM-5 criteria
≥ 2 DSM-5 criteria
High-Risk Drinking
• Conduct brief intervention
• Follow-up
(see Appendix 2)
Alcohol Use Disorder
Offer:
• Withdrawal management
• Pharmacotherapy
• Referrals to psychosocial treatments and supports
(see Appendix 3-4)

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Canadian Low Risk Drinking Guidelines
For these guidelines, "a drink" means:
Beer
Cider/ Cooler
Wine
Distilled Alcohol
Canadian Centre on Substance Use and Addiction
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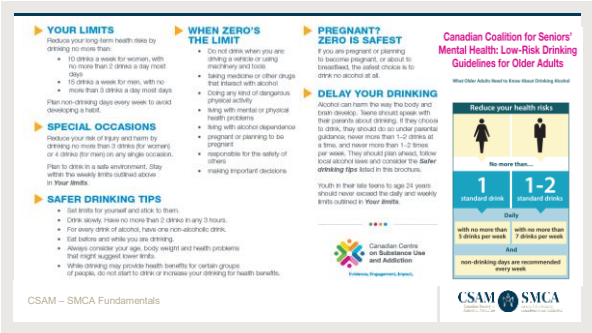
YOUR LIMITS
Reduce your long-term health risks by drinking no more than:
• 10 drinks a week for women, with no more than 2 drinks a day most days
• 15 drinks a week for men, with no more than 3 drinks a day most days
Plan non-drinking days every week to avoid developing a habit.
SPECIAL OCCASIONS
Reduce your risk of injury and harm by drinking no more than 3 drinks (for women) or 4 drinks (for men) on any single occasion.
Plan to drink in a safe environment. Stay within the weekly limits outlined above in Your limits.
SAFER DRINKING TIPS
• Set limits for yourself and stick to them.
• Drink slowly, have no more than 2 drinks in any 3 hours.
• For every drink of alcohol, have one non-alcoholic drink.
• Eat before and while you are drinking.
• Always consider your age, body weight and health problems that might suggest lower limits.
• While drinking may provide health benefits for certain groups of people, do not start to drink or increase your drinking for health benefits.
WHEN ZERO'S THE LIMIT
• Do not drink when you are: driving a vehicle or using machinery and tools
• taking medicine or other drugs that interact with alcohol
• Doing any kind of dangerous physical activity
• living with mental or physical health problems
• living with alcohol dependance
• pregnant or planning to be pregnant
• responsible for the safety of others
• making important decisions
PREGNANT? ZERO IS SAFEST
If you are pregnant or planning to become pregnant, or about to breastfeed, the safest choice is to drink no alcohol at all.
DELAY YOUR DRINKING
Alcohol can harm the way the body and brain develop. Teens should speak with their parents about drinking. If they choose to drink, they should do so under parental guidance, never more than 1-2 drinks at a time, and never more than 1-2 times per week. They should plan ahead, follow local alcohol laws and consider the Safer drinking tips listed in this brochure.
Youth in their late teens to age 24 years should never exceed the daily and weekly limits outlined in Your limits.
Canadian Centre on Substance Use and Addiction
Evidence. Engagement. Impact.
Canadian Coalition for Seniors' Mental Health: Low-Risk Drinking Guidelines for Older Adults
What Older Adults Need to Know About Drinking Alcohol
Reduce your health risks
No more than...
1 standard drink
1-2 standard drinks
Daily
with no more than 3 drinks per week
with no more than 7 drinks per week
And
non-drinking days are recommended every week
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# LOW risk guidelines

NO RISK GUIDELINE = NO SUCH THING



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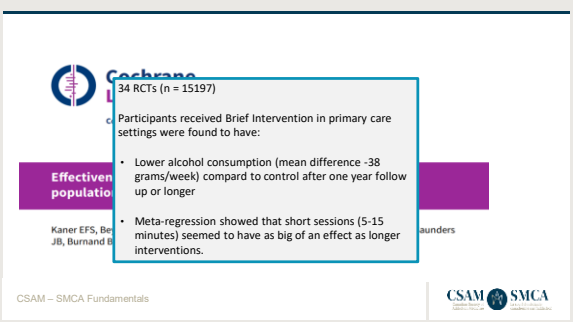


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## Case Study -- Ricky

- You've noticed that your patient, Ricky's blood pressure has been creeping up despite optimizing treatment. You ask him about alcohol use.
- Drinking 12 beer per night
- Until a few years ago, was drinking 6-8 beer per night, but slowly noticed wasn't getting the same "buzz" unless he drank more
- Feels a bit sweaty and shaky by dinner most days. Notices his mood improves considerably after he has 1-2 drinks. He admits by noon he has cravings for a drink.
- He is routinely showing up late for work and last week his boss suggested he take some time off to "sort himself out"



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# Diagnosis

| DSM-5 screen (*to confirm Alcohol Use Disorder (AUD) and determine severity*) | Interpretation |
|---|---|
| 1. Alcohol is often taken in larger amounts or over a longer period than was intended<br>2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use<br>3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects<br>4. Craving, or a strong desire or urge to use alcohol<br>5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home<br>6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol<br>7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use<br>8. Recurrent alcohol use in situations in which it is physically hazardous<br>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<br>10. Tolerance, as defined by either of the following:<br>a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effects<br>b. A markedly diminished effect with continued use of the same amount of alcohol<br>11. Withdrawal, as manifested by either of the following:<br>a. The characteristic withdrawal syndrome for alcohol<br>b. Alcohol (or a closely related substance, such as benzodiazepine) is taken to relieve or avoid withdrawal symptoms | The presence of at least two of these symptoms indicates an Alcohol Use Disorder (AUD)<br>The severity of the AUD is defined as:<br><br>**MILD:** The presence of 2 to 3 symptoms<br><br>**MODERATE:** The presence of 4 to 5 symptoms<br><br>**SEVERE:** The presence of 6 or more symptoms |

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# Alcohol Use Screening Pathway

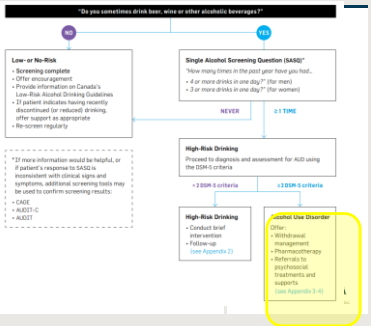


Figure 1: Alcohol Use Screening Pathway for Adults
Provincial Guideline for the management of High Risk Drinking
and Alcohol Use Disorder

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# Withdrawal Management

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## Alcohol Use

the neurobiology

Addiction care and treatment online course
UBC CPD

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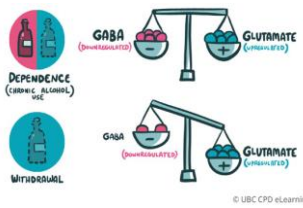
## Alcohol Withdrawal

the neurobiology

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## Alcohol Withdrawal

**50% of individuals** with long-term, heavy alcohol use will experience some withdrawal symptoms upon cessation of alcohol use

Most individuals, symptoms are mild to moderate

Typical time course:
- begin 6-24 hours after last drink
- peak intensity at 24-48 hours
- resolve within 5-7 days

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## Severe Alcohol Withdrawal (SAWS)

- **Seizures (10%)** – generalized tonic-clonic
  - Typically 6-48 hours after last drink
- **Delirium tremens (3-5%)** – severe confusion, disorientation, and/or hallucinations with clouding of global sensorium, accompanied by severe autonomic hyperactivity (tachycardia, HTN, hyperthermia, agitation and sweating)
  - Begins between 48-96 hours after last drink
- **Mortality 1-4%**

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Clinical Review & Education

- 14 studies included (n=71,295) with 1355 cases of severe alcohol withdrawal
- Evaluated a range of signs, symptoms and composite tools used in predicting risk of serious alcohol withdrawal
- No single symptom or sign was associated with exclusion of SAWS
- Six high-quality studies looked at combinations of clinical findings and were useful for identifying patients in acute care facilities at high risk of developing SAWS
- **PAWSS was most useful, with**:
  - **LR of 174** (95% CI, 43 – 696; specificity 0.93) when patients had **4** or more individual findings (positive predictive value = 93.1)
  - **LR of 0.07** (95% CI, 0.02-0.26; sensitivity 0.99) when there were **3** or fewer findings (negative predictive value = 99)

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# PAWSS

Prediction of Alcohol Withdrawal Severity Scale

**Prediction of Alcohol Withdrawal Severity Scale (PAWSS)**

*Maldonado et al, 2015*

**Part A: Threshold Criteria:** ("Y" or "N", no point)

Have you consumed any amount of alcohol (i.e., been drinking) within the last 30 days? OR did the patient have a "+" BAL on admission? _____

*If the answer to either is YES, proceed with test:*

**Part B: Based on patient interview:** (1 point each)

1. Have you been recently intoxicated/drunk, within the last 30 days? _____
2. Have you ever undergone alcohol use disorder rehabilitation treatment or treatment for alcoholism? (i.e., in-patient or out-patient treatment programs or AA attendance) _____
3. Have you ever experienced any previous episodes of alcohol withdrawal, regardless of severity? _____
4. Have you ever experienced blackouts? _____
5. Have you ever experienced alcohol withdrawal seizures? _____
6. Have you ever experienced delirium tremens or DT's? _____
7. Have you combined alcohol with other "downers" like benzodiazepines or barbiturates, during the last 90 days? _____
8. Have you combined alcohol with any other substance of abuse, during the last 90 days? _____

**Part C: Based on clinical evidence:** (1 point each)

9. Was the patient's blood alcohol level (BAL) on presentation ≥ 200? _____
10. Is there evidence of increased autonomic activity? (e.g., HR > 120 bpm, tremor, sweating, agitation, nausea) _____

**Total Score:** _____

*Notes: Maximum score = 10. This instrument is intended as a SCREENING TOOL. The greater the number of positive findings, the higher the risk for the development of AWS.*
*A score of ≥ 4 suggests HIGH RISK for moderate to severe (complicated) AWS; prophylaxis and/or treatment may be indicated.*

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PAWSS

Prediction of Alcohol Withdrawal Severity Scale

**Part A: Threshold Criteria:** ("Y" or "N", no point)

Have you consumed any amount of alcohol (i.e., been drinking) within the last 30 days? OR did the patient have a "+" BAL on admission? ____

*IF the answer to either is YES, proceed with test:*

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PAWSS

Prediction of Alcohol Withdrawal Severity Scale

**Part B: Based on patient interview:** (1 point each)

1. Have you been recently intoxicated/drunk, within the last 30 days? ____
2. Have you ever undergone alcohol use disorder rehabilitation treatment or treatment for alcoholism? (i.e., in-patient or out-patient treatment programs or AA attendance) ____
3. Have you ever experienced any previous episodes of alcohol withdrawal, regardless of severity? ____
4. Have you ever experienced blackouts? ____
5. Have you ever experienced alcohol withdrawal seizures? ____
6. Have you ever experienced delirium tremens or DT's? ____
7. Have you combined alcohol with other "downers" like benzodiazepines or barbiturates, during the last 90 days? ____
8. Have you combined alcohol with any other substance of abuse, during the last 90 days? ____

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PAWSS

Prediction of Alcohol Withdrawal Severity Scale

**Part C: Based on clinical evidence:** (1 point each)

9. Was the patient's blood alcohol level (BAL) on presentation ≥ 200? ____
10. Is there evidence of increased autonomic activity? (e.g., HR > 120 bpm, tremor, sweating, agitation, nausea) ____

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## QUICK GUIDE TO OUTPATIENT TREATMENT OF ALCOHOL USE DISORDER

Alcohol Withdrawal as an Outpatient – Page 2

Considering patient for detox from alcohol

↓

Assess Prediction of Alcohol Withdrawal Severity Scale[1] (PAWSS) score

↓

PAWSS < 4 → Low risk for severe alcohol withdrawal syndrome → Suitable for trial of outpatient treatment if no contraindications. Follow guidelines below; consider using gabapentin for symptomatic relief

PAWSS ≥ 4 → High risk for severe alcohol withdrawal syndrome → Refer for inpatient treatment in detox facility or hospital

BC Medical Journal vol. 62 no. 8 | October 2020 | Molavi A, Guruge A, Kelly P



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## Tips for managing outpatient alcohol withdrawal

- Patient should have a reliable caregiver or access to intensive community support program (e.g., Daytox)
- Start early in the week and assess the patient daily × 3–4 days for vitals, withdrawal symptoms, hydration, orientation, sleep, and general condition
- Consider prescribing **gabapentin 300 mg PO TID** for withdrawal symptoms; can add 300 mg PRN per dose to a maximum of 1800 mg and consider daily dispensing, caution in renal impairment
- Prescribe **thiamine 100 mg PO TID × 1 week**, then daily × 2 months, as well as a daily multivitamin (may need to pay out of pocket)

### Contraindications to outpatient management include:

- Any history of withdrawal seizure or delirium
- Unstable medical or psychiatric conditions
- Concurrent sedative use disorders
- Pregnancy
- Multiple failed attempts
- Lack of safe setting, caregiver, or intensive community support program

### Note on benzodiazepines:

- Benzodiazepines are the gold standard for managing alcohol withdrawal
- However, they pose significant risk in an unsupervised setting, including abuse, oversedation, respiratory depression, falls, delirium (especially if patient relapses to drinking)
- 80% of alcohol withdrawal syndrome does not require aggressive medical intervention, such as with benzodiazepines; hence why we screen with PAWSS
- Anticonvulsants, such as gabapentin, have been shown to be safer and are effective for mild to moderate withdrawal symptoms



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# AUD

## Relapse Prevention

PHARMACOTHERAPY OPTIONS



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## Case Study – Tabitha

Your last appointment of the day is a 54 year old woman. You walk into the exam room and she is sitting there bent over, holding her head in her hands.

She reports that she was just released from hospital 2 days ago following an admission for alcohol withdrawal. She has had 4 admissions to hospital for alcohol withdrawal in the last 6 months. Since discharge, she has not had any alcohol, but is struggling to continue to abstain.

She is desperate to abstain from alcohol and has been to most of the local treatment centers, has a long history of an on again/off again relationship with AA and other self help groups.

She pleads with you, "Isn't there anything, Doc, that can help me?"



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## Alcohol Relapse Prevention Medications

- 1st line: Naltrexone, Acamprosate
- 2nd line: Gabapentin, Topiramate
- Not recommended: Disulfiram



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**Drugs vs placebo for treating adults with alcohol use disorders***

| Outcomes | Drugs | Number of trials (n) | Weighted event rates Drug | Weighted event rates Placebo | RRR (95% CI)† | NNT (CI) |
|---|---|---|---|---|---|---|
| Return to any drinking | Acamprosate | 16 (4847) | 74% | 83% | 11% (5 to 17) | 12 (8 to 26) |
| | Oral naltrexone, 50 mg/d | 16 (2347) | 63% | 68% | 7% (0 to 14) | 20 (11 to 500) |
| | Oral naltrexone, 100 mg/d | 3 (946) | 78% | 81% | 3% (−3 to 9) | NS |
| | Injectable naltrexone | 2 (939) | 89% | 93% | 4% (−4 to 11) | NS |
| Return to heavy drinking | Acamprosate | 7 (2496) | 64% | 65% | 1% (−5 to 6) | NS |
| | Oral naltrexone, 50 mg/d | 12 (2873) | 45% | 54% | 16% (6 to 24) | 12 (8 to 26) |
| | Oral naltrexone, 100 mg/d | 2 (858) | 65% | 70% | 7% (−1 to 16) | NS |
| | Injectable naltrexone | 2 (615) | 68% | 69% | 0% (−23 to 19) | NS |

*NS = not significant; other abbreviations defined in Glossary. Weighted event rates, RRR, and CI calculated from data in article using a random-effects model.

†Strength of evidence was rated as moderate (acamprosate; oral naltrexone, 50 mg/d) or low (oral naltrexone, 100 mg/d; injectable naltrexone).

21 October 2014 | ACP Journal Club | Volume 161 • Number 8



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## Naltrexone

- FDA approved 1994/Health Canada 1997
- Opioid antagonist
- Less pleasure derived from drinking
- Reduces relapse to heavy drinking (NNT = 12)
- Target dose = 50mg OD (titrate up to target dose)
- Avoid in patients with depression or hepatic dysfunction or opioid requirement
- Headache/dizziness (12%) and nausea (14%) most common SE

ACP Journal Club; 10/1/2014, Vol. 161 Issue 8, p6-6

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## Acamprosate

- FDA approved 2004/Health Canada 2007
- Inhibitor of glutamate and modulator of GABA ("gaba-ergic")
- Reduces chronic withdrawal symptoms
- Can help maintain abstinence (NNT = 12)
- Dose 666mg TID (333mg TID in moderate renal impairment)
- Avoid in severe renal impairment
- Diarrhea/other GI (17%) most common SE

ACP Journal Club. 2011 Rösner S, et al

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## Gabapentin

- Off label use
- Another "gaba-ergic" agent
- Unique in that can be initiated during acute withdrawal (acts as benzodiazepine sparing agent)
- Can be continued for relapse prevention
- Improves rates of abstinence and no heavy drinking days (NNT 8)
- Target dose 600mg tid

Mason BJ, Quello S, Goldish V, et al. *Gabapentin treatment for alcohol dependence: a randomized clinical trial.* JAMA Intern Med. 2014;174:70-7.

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Therapeutics

## Gabapentin increased complete abstinence in alcohol-dependent patients seeking treatment

*Mason BJ, Quello S, Goodell V, et al. **Gabapentin treatment for alcohol dependence: a randomized clinical trial.** JAMA Intern Med. 2014;174:70-7.*

Clinical impact ratings: ★★★★★☆

Gabapentin, 1800 mg, vs placebo at 12 wk in alcohol-dependent patients who seek treatment‡

| Outcomes | Event rates | | RBI (95% CI) | NNT (CI) |
|---|---|---|---|---|
| | Gabapentin | Placebo | | |
| Complete abstinence | 17% | 4.1% | 317% (7 to 1584) | 8 (4 to 134) |
| No heavy drinking | 45% | 23% | 99% (11 to 269) | 5 (3 to 31) |

*‡Abbreviations defined in Glossary. RBI, NNT, and CI calculated from event rates in article.*

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## Topiramate

Ref: Blodgett JC et al. A meta-analysis of topiramate's effects for individuals with alcohol use disorders. *Alcoholism, clinical and experimental research.* 2014;38(6):1481-1488.

- Anticonvulsant
- Meta-analysis of 7 RCTs (n=1125) reported small to moderate effects on abstinence and heavy drinking outcomes compared to placebo. Treatment effects were similar or greater than with naltrexone and Acamprosate
- **Dose:** 50mg/day, gradual dose titration over 5-8 weeks to 100mg BID
- **Side effects:** paresethesia (50%), dysgeusia (23%), anorexia (20%), difficulty with concentration or attention (15%), nervousness (14%), dizziness (11.5%) and pruritis (10%) and resolve over time (few weeks)
- **Contraindications:** pregnancy or planning to become pregnant

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## Disulfiram

- FDA approved 1951
- Aversive agent
- Blocks aldehyde dehydrogenase = build up of acetylaldehyde
- Flushing, tachycardia, SOB, N/V, HA, etc
- Serious potential SE
- Low adherence
- Possible utility in highly motivated, specific situations

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## Goals of Treatment

- ↓ Drinking Days
- ↓ Drinks per Heavy Drinking Days
- ↓ Drinks per week
- ↓ **Harms/consequences to overall health**

- Develop goals with patients and create a patient-centered plan
- Help to restore day to day functioning and achieve goals

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## Alcohol Use Disorder Guidelines

- **BCCSU: Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder** https://www.bccsu.ca/alcohol-use-disorder/
- **Canadian Guidelines on Alcohol Use Disorder Among Older Adults** https://ccsmh.ca/wp-content/uploads/2019/12/Final_Alcohol_Use_DisorderV6.pdf
- **HQO Quality Standards: Problematic Alcohol Use and Alcohol Use Disorder** https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/problematic-alcohol-use-and-alcohol-use-disorder

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