QUICK GUIDE TO OUTPATIENT TREATMENT OF ALCOHOL USE DISORDER

General Approach

If a patient sometimes drinks beer, wine, other alcoholic beverages or non beverage alcohol (e.g., mouthwash, rubbing alcohol, cologne), screen using:

Single Alcohol Screening Question (SASQ)

How many times in the past year have you had (4 for women, or 5 for men) or more drinks in a day

• AUDIT-C

• AUDIT – Patient Self-Test

Assessment

Confirm alcohol use disorder (AUD) using <u>DSM-5 criteria</u>:¹

DSM-5-TR AUD Criteria:1

A problematic sequence of alcohol use resulting in clinically significant distress/ impairment is present by a minimum of two or more of the following:

- More use than intended
- Difficulty cutting down
- Lots of time spent drinking
- Cravings
- Tolerance
- Withdrawal
- Continued use despite physical or mental consequences
- Failure to fulfill major obligations
- Interpersonal problems
- Activities given up
- Use in physically hazardous situations

Mild: 2–3

Moderate: 4–5

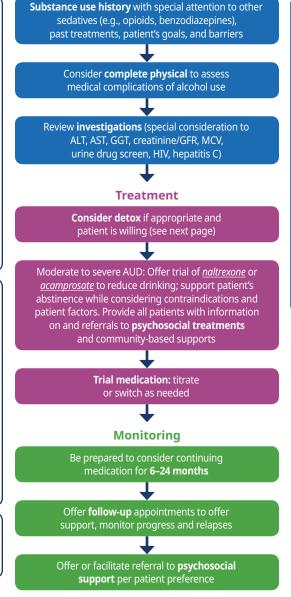
Severe: 6 or more (within 12-month period)

Psychosocial supports:

- Patients benefit from access to comprehensive treatment approach, including medication, primary care visits, and community-based psychosocial supports.
- **Psychosocial supports:** counseling, group therapy, mutual help groups (12-step [e.g., *AA*] or secular [e.g., *SMART Recovery*, *LifeRing*]), inpatient treatment facilities, intensive outpatient day programs.
- Motivational interviewing is an evidencebased approach that family physicians can use to help patients achieve their goals.

Medication coverage:

• Effective April 20, 2023, naltrexone 50 mg and acamprosate 333 mg are now regular benefit.



Medications:

Naltrexone:

- Opioid antagonist; reduces pleasurable effects of alcohol.
- NNT = 10–12 to reduce heavy drinking.
- Often preferred due to simple dosing.
- Target dose 50 mg once daily. Expert clinical practice suggests patients may benefit (improved tolerance) from a graduated titration approach 25 mg PO daily × 3 days, then increase to 50 mg.
- Usual dose is 50 mg, rarely up to 150 mg; sometimes used as PRN on drinking days when stable.
- Can start at any time (no need to abstain from alcohol).
- Contraindications: concurrent opioid use (consider Rx or illicit), severe liver dysfunction.
- Side effects: N/V, headache, fatigue, elevated enzymes, naltrexone may cause reversible elevation monitor more closely at baseline.

Acamprosate:

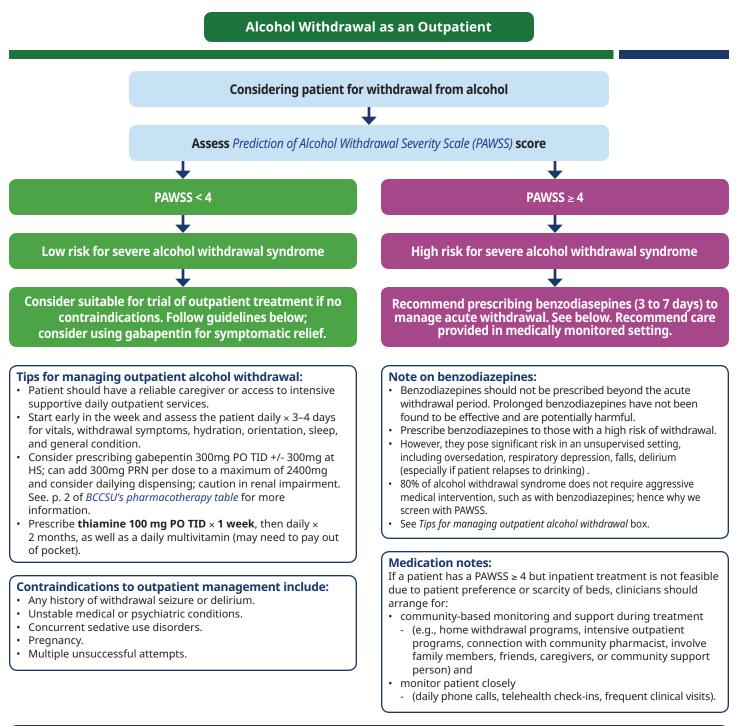
- GABA agonist/glutamate antagonist; rebalances neuronal brain changes from chronic alcohol use.
- Target dose is 666 mg PO TID. Expert clincal practice suggests patients may benefit (improved tolerance) from a graduated titration approach of 333 mg PO TID × 3 days then 666 mg PO TID.
- Contraindications: severe renal failure.
- Side effects: diarrhea (common), nausea, headache.

Medication notes:

- If patient resumes alcohol use, they should still continue medication.
- Disulfiram (Antabuse) rarely used anymore; exceptions include patient request.
- Emerging evidence for topiramate and gabapentin.
- Pregnancy: safety of acamprosate and naltrexone has not been well established; balance risk of ongoing use. Topiramate use during pregnancy has established risks.

¹ Please refer to full DSM-5 criteria, refer to BCCSU guideline page 110

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References and Resources:

- Adapted from Molavi A, Guruge S, Kelly P. Outpatient treatment for alcohol use disorders. BC Medical Journal. 2020;62(8):272-6.
- For consultative support, contact the RACE line for Addiction Medicine: 1-877-696-2131.

* Inpatient withdrawal management facility

¹ Prediction of Alcohol Withdrawal Severity Scale is an evidence-based screening tool for assessing the likelihood that a patient will experience severe alcohol withdrawal syndrome: https://www.mdcalc.com/prediction-alcohol-withdrawal-severity-scale