

Alcohol Use Disorder Resource Guide

This resource guide combines the key takeaways, charts, and resources from The ASAM Treatment of Alcohol Use Disorder Course.



Table of Contents

- **Non-Stigmatizing Terminology**..... 2
- **Screening and Assessment**..... 2
 - Unhealthy Alcohol Use 2
 - NIAAA Single Question Screener..... 3
 - AUDIT-C 3
 - DSM-5: AUD Adaptation..... 3
- **Standard Drink**..... 4
- **Alcohol Withdrawal Syndrome** 5
 - Uncomplicated vs Complicated Withdrawal..... 5
- **Outpatient Management**..... 6
 - Medication Options for Outpatient Treatment..... 6
 - Long vs Short Acting Benzodiazepines 7
- **Principles of Inpatient Management**..... 7
- **Medications for AUD**..... 8
- **Behavioral Therapy for AUD**..... 8
- **Additional Resources** 9

Non-Stigmatizing Terminology

The language we choose shapes the way we treat our patients

<i>Instead of:</i>	<i>You can say...</i>
Addict, junkie, alcoholic, substance abuser	Person with a substance use disorder
Addicted baby	Baby experiencing substance withdrawal
Drug habit, abuse, problem	Substance use disorder, use, misuse
Dirty vs clean urine	Positive or negative, detected or not detected
Clean	Person in recovery, abstinent, not drinking or taking drugs
Substitution or replacement therapy, medication-assisted treatment	Medication for addiction treatment, medication for opioid or alcohol use disorder
Relapse	Use, return to use, recurrence of symptoms or disorder

Grayken Center for Addiction. Reducing Stigma: Why Words About Addiction Matter.
<https://www.bmc.org/addiction/reducing-stigma>

Screening and Assessment

Unhealthy Alcohol Use

Number of drinks is determined by the U.S. Department of Health and Human Services, Dietary Guidelines for Americans 2015-2020.

	ASSIGNED FEMALE AT BIRTH	ASSIGNED MALE AT BIRTH
DAILY NO MORE THAN	 3	 4
WEEKLY NO MORE THAN	 7	 14

Recovery Research Institute. 2022. Guide to Drinking Levels.
<https://www.recoveryanswers.org/resource/guide-drinking-levels/>

NIAAA Single Question Screener

How many times in the past year have you had 5 or more drinks in a day (♂)
or 4 or more drinks in a day (♀)?
>0 is considered a positive screen.

AUDIT-C

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?					SCORE
Never (0)	Monthly or less (1)	Two to four times per month (2)	two or three times per week (3)	Four or more times per week (4)	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?					
0-2 drinks (0)	3 or 4 drinks (1)	5 or 6 drinks (2)	7 to 9 drinks (3)	10 or more drinks (4)	
3. How often do you have six or more drinks on one occasion?					
Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)	
TOTAL SCORE					
Add the number for each question to get your score.					
Maximum score is 12. A score of ≥ 4 identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of > 2 identifies 84% of women who report hazardous drinking of alcohol use disorders.					

DSM-5: AUD Adaptation

The Three Cs:

Craving, Loss of Control, Consequences

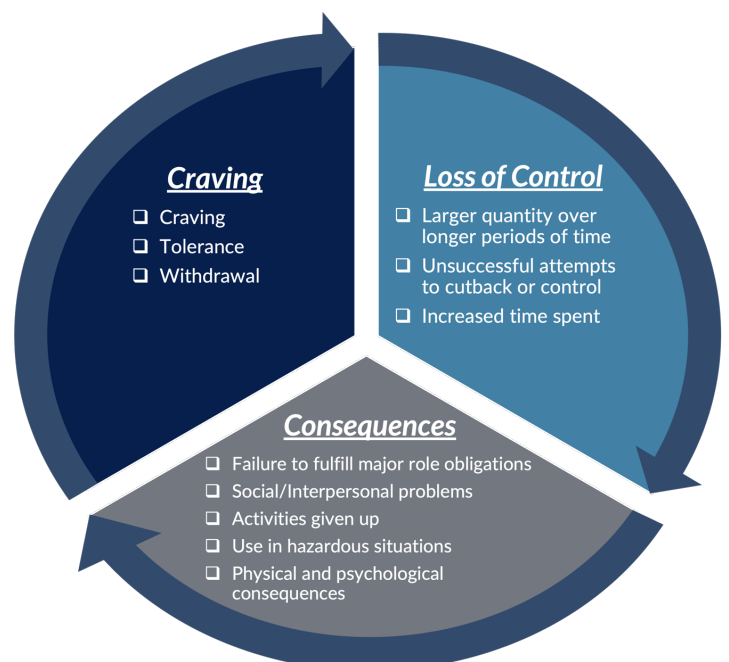
Alcohol Use Disorder Diagnosis:

Two or more diagnostic criterion in the prior 12 months.

Severity:

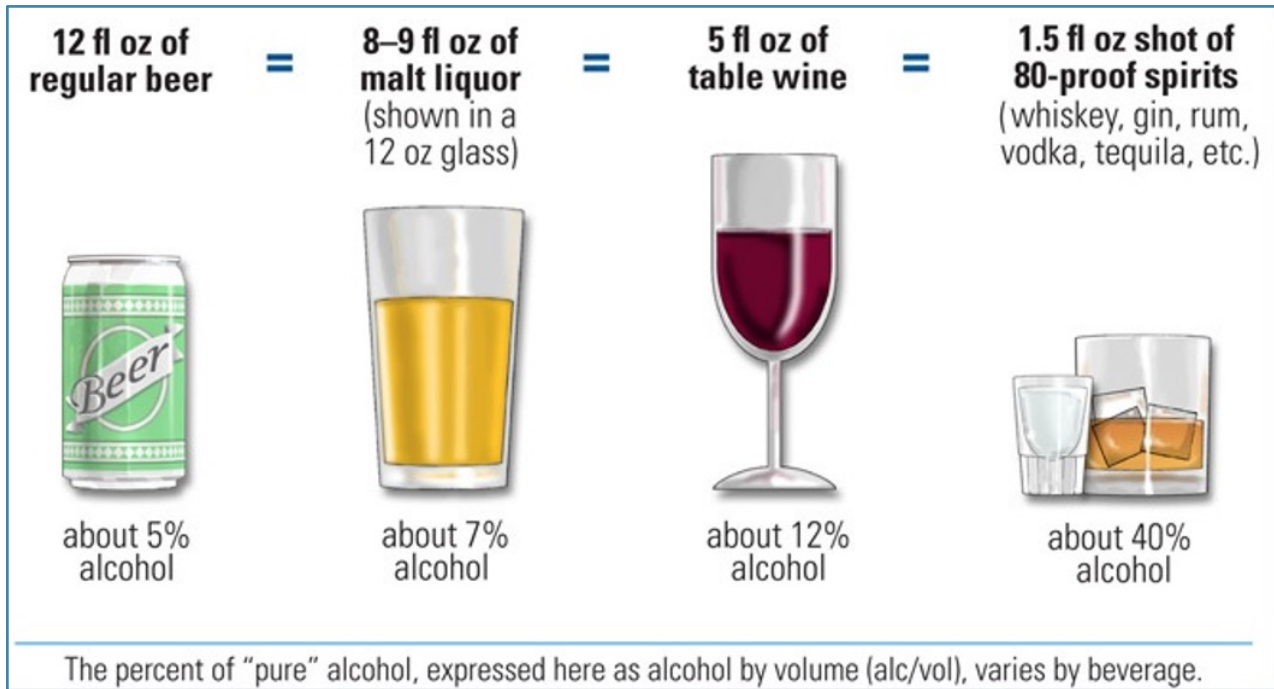
The criteria count is used to determine the severity of the diagnosis:

Mild (2-3), Moderate (4-5), Severe (≥ 6)

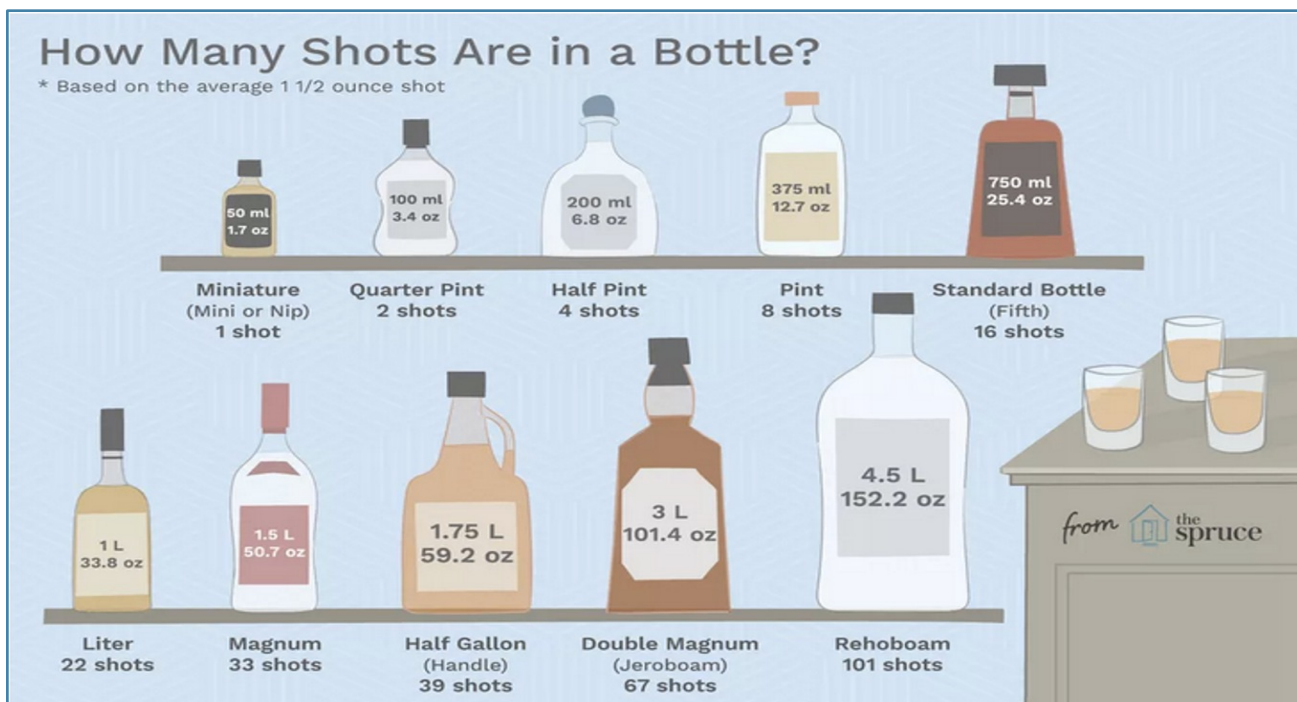


Standard Drink

A standard drink is an alcoholic drink containing roughly 14 grams of pure alcohol. The amount of fluid ounces to reach 14 grams of pure alcohol varies by the type of drink (beer, wine, spirits).



Niaaa.nih.gov. 2022. What Is A Standard Drink? National Institute on Alcohol Abuse and Alcoholism (NIAAA).
<https://www.niaaa.nih.gov/alcohols-effects-health/overview-alcohol-consumption/what-standard-drink>



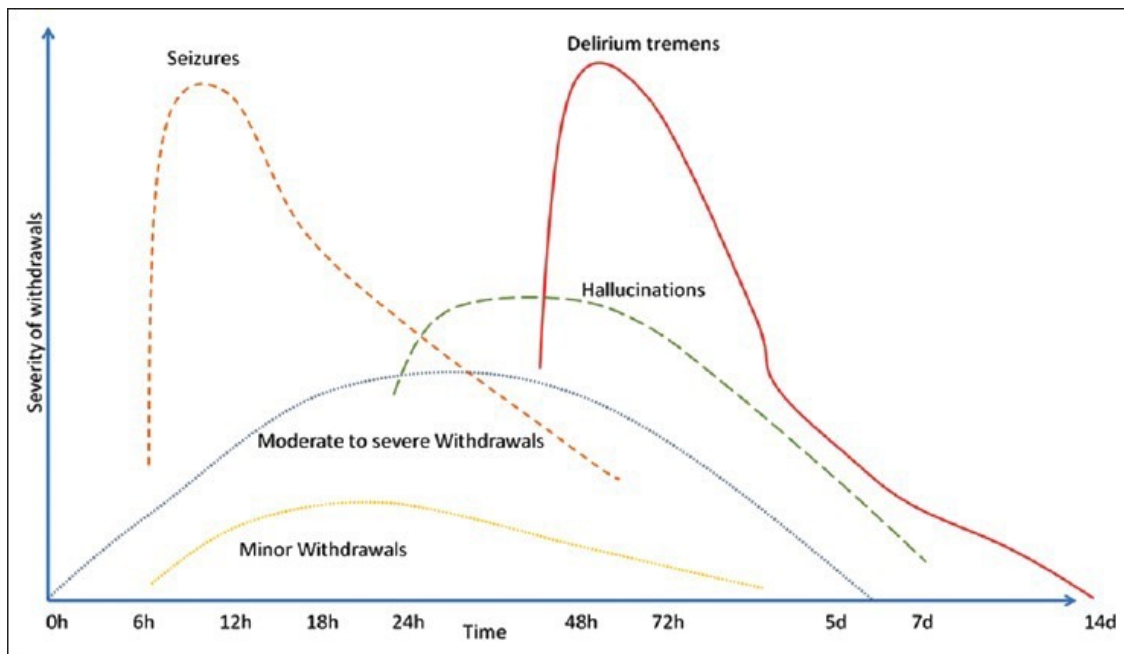
Graham, C., 2021. How Many Shots Are in That Bottle of Liquor? The Spruce Eats.
<https://www.thespruceeats.com/how-many-shots-in-a-bottle-761232>

Alcohol Withdrawal Syndrome

Timeline of Withdrawal Symptoms

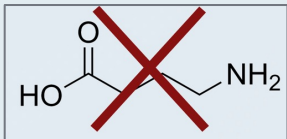
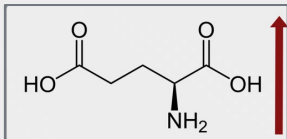
- **First hours – days:** Predominantly minor moderate symptoms within first hours to two days.
- **1-2 days:** Hallucinations begin 1-2 days after cessation of alcohol intake.
- **48-72 hours:** Severe manifestations of delirium tremens (DTS) generally peak at 48-72h, though seizures usually peak early.

Note: For some patients, a seizure can be the first manifestation of alcohol withdrawal.



Kattimani S, Bharadwaj B. Clinical management of alcohol withdrawal: A systematic review. *Ind Psychiatry J.* 2013;22(2):100-108. doi:10.4103/0972-6748.132914. <https://pubmed.ncbi.nlm.nih.gov/25013309/>

Uncomplicated vs Complicated Withdrawal

Uncomplicated Withdrawal	Complicated Withdrawal
• Early symptoms ○ Begin early in course of withdrawal ○ Anxiety, diaphoresis, nausea, vomiting, tremor, nystagmus Lack of GABA 	• 5% of withdrawal • Generally symptoms begin in 3-5 days ○ Autonomic hyperactivity - hypertension, tachycardia ○ Disorientation, paranoia, psychosis • Seizures peak < 24hrs Lack of GABA and Excess Glutamate 

Outpatient Management

Outpatient Management Triage Checklist

For outpatient triaging, make sure the patient has:

 A support system	✓
 Only mild or moderate symptoms	✓
 Ability to check in frequently	✓
 No significant comorbidities or pregnancy	✓
 No history of severe withdrawal	✓

Medication Options for Outpatient Treatment

1. Benzodiazepines

- Preferred for higher risk patients and those with any active withdrawal symptoms

2. Gabapentin

- Generally safer
- Less sedation
- Less "kindling"

Five facets to think about before prescribing:

1. Safety in preventing complicated withdrawal
2. Sedation level
3. Attenuation of the "kindling" phenomenon
4. Risk level of the patient
5. Severity of current withdrawal symptoms



Long vs Short Acting Benzodiazepines

Long-acting benzodiazepines are preferred as they provide a gentler taper and are safe for patients with liver disease. You can substitute chlordiazepoxide for diazepam by simply using a 50-milligram tablet instead of a 10-milligram tablet.

Medication Options	
Diazepam	Gabapentin
- Day 1: 10mg orally q6h - Day 2: 10mg orally q8h - Day 3: 10mg orally q12h - Day 4: 10mg orally once (provide ~5 extra prn doses)	- Day 1: 300mg orally q6h - Day 2: 300mg orally q8h - Day 3: 300mg orally q12h - Day 4: 300mg orally once (provide ~5 extra prn doses)

Principles of Inpatient Management

Benzodiazepines are the first line medications for alcohol withdrawal syndrome.

Principle	Notes/Takeaways
1. Use a protocol	- Symptom-driven - Treatment based on a symptom score - Most common: CIWA score
2. Risk stratify	- Determine if the patient is at risk for complicated alcohol withdrawal (seizures, delirium tremens). - High risk factors include history of complicated alcohol withdrawal, presenting with a seizure. Consider risk assessment tool such as Prediction of Alcohol Withdrawal Severity Scale (PAWSS).
3. If high risk, be aggressive	- Determine how to treat the patient - Benzodiazepines - Early treatment to prevent symptoms from worsening - Front loading therapy or using standing doses or a taper in addition to symptom triggered therapy - Phenobarbital - Front loading therapy followed by a taper as monotherapy - Rescue therapy with doses if nonresponsive to benzodiazepines
4. Consider adjunctive medications	Clonidine, dexmedetomidine → For agitation/autonomic hyperactivity
	Haloperidol, quetiapine* → For agitation
	Valproic acid, carbamazepine → For help with withdrawal symptoms

** Haloperidol and quetiapine can lower the seizure threshold.*

Medications for AUD

FDA approved vs off-label medications for MAUD:

	Naltrexone	Acamprosate	Disulfiram	Gabapentin	Topiramate
Dose	50mg PO daily or 380mg IM monthly	666mg three times daily	250mg daily	600mg three times daily*	100mg two times daily*
FDA Approved for AUD	YES	YES	YES	NO	NO
Side effects	- Nausea - Headache - Dysphoria - Hepatotoxicity	Diarrhea (16%)	- Hepatitis - Neuropathy "Disulfiram reaction"	- Dizziness / ataxia - Somnolence - Diversion?	- Cognitive disturbance - GI upset - Taste perversion - Paresthesia
Price	\$33 / month \$1350 / month (injection)	\$70 / month	\$34 / month	\$30 / month	\$14 / month
Notes	- Safe in Child-Pugh Class A/B - No opioids!	- Safe in Child-Pugh Class A/B - Avoid with CKD	Only appropriate if goal is abstinence	- Slow titration - Consider with neuropathy	- Caution with CKD - Consider with seizure history

**Requires uptitration*

Behavioral Therapy for AUD

- **Motivational Enhancement Therapy** - involves enhancing communication, engagement, and motivation to change.
- **Cognitive Behavioral Therapy (CBT)** - identifies patterns, thoughts, feelings, and behaviors associated with substance use and unlearning them.
- **Community Reinforcement approach** - involves coping skills to help individuals engage with healthy sources of reinforcement.
- **Twelve Step Facilitation** - uses a structured, manual-guided approach delivered over several weeks, covering core topics including assessment and overview, acceptance, surrender, and getting active.
- **Community Reinforcement and Family Training (CRAFT)** - involves using family members to develop practical strategies to motivate change, including understanding a loved one's triggers for using alcohol, developing positive communication strategies, problem-solving, and getting a loved one to accept help.

Additional Resources



Clinical Practice
Guideline on Alcohol
Withdrawal Management



VA/DOD Clinical Practice
Guideline on Management
of Substance Use Disorders



National Institute
on Alcohol Abuse
and Alcoholism

NIAAA Core
Resource on Alcohol

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington D.C.: 2013. <http://dx.doi.org/10.1176/appi.books.9780890425596>.

Amato L, Minozzi S, Vecchi S, Davoli M. Benzodiazepines for alcohol withdrawal. *Cochrane Database of Systematic Reviews*. 2010. doi:10.1002/14651858.cd005063.pub3

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