

# Screening and Addressing Alcohol Use In Primary Care

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# Objectives

- Identify the primary reasons why screening for alcohol in primary care is important
- Understand how to use alcohol screening tools; CAGE and AUDIT-C
- Describe how to advise patients on hazardous drinking behaviors
- Identify community resources and how to access them
- Examine the most common medications used to treat alcohol use disorders in primary care

# Asking About Alcohol Use: Alcohol Screening

- At-risk drinking and alcohol problems are common
- Heavy drinking is often undetected
- Patients are more likely to be open to change than you might expect
- You are in a key role to make a difference
- Only about 10-15 percent of patients who screen positive will require specialty alcohol use disorder services

# Hazardous Alcohol Use and Diabetes

## Hazardous alcohol use can have a negative impact on diabetes:

- Slows the liver
- Worsens nerve damage
- Makes eye problems worse
- Reduces the effectiveness of diabetes medications
- Can negatively impair self-management

# Hazardous Drinking and Cardiac Conditions

## Excessive drinking can impact a patients cardiac conditions:

- Can raise the levels of triglycerides in blood
- Can lead to high blood pressure, heart failure and increased caloric intake
- Excessive and binge drinking can lead to stroke, cardiomyopathy, cardiac arrhythmia and sudden cardiac death
- What about red wine?

# CMS Reportable Measure

## Unhealthy Alcohol Use: Screening & Brief Counseling

- Measure number: PQRS 431/ NQF 2152
- “Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systemic screening method at least once within 24 months AND who received brief counseling if identified as an unhealthy alcohol user”

# What is “Normal” Drinking

**Moderate alcohol consumption or “*normal drinking*” is:**

- For men, no more than 2 drinks per day
- For women, no more than 1 drink per day

**Drink Size:**

- Standard drink= 1-5 oz. glass of wine  
1-12 oz. beer  
1-1.5 oz. distilled spirits

# Drinking Guidelines

## Moderate Alcohol Consumption

Men 

 Women



No more than 2 drinks per day

No more than 1 drink per day

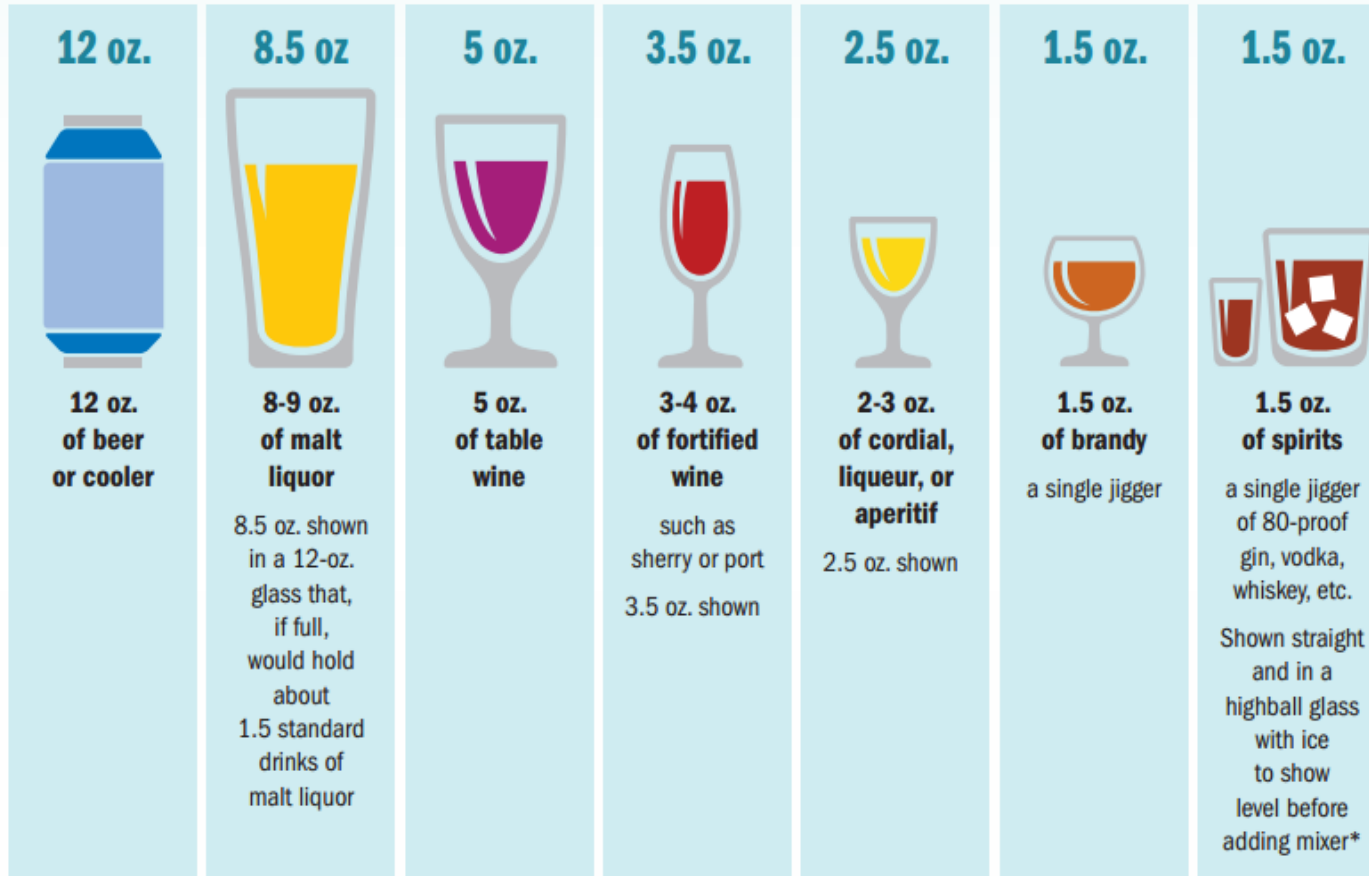


# NIAA Drinking Guidelines

## NIAAA Low Risk Drinking Limits

Sex	Age	Daily	Weekly	Binge (within 2 hr)
M	65 and younger	≤ 4	≤ 14	≤ 4
M	Over 65	≤ 3	≤ 7	≤ 3
F	All			

# Standard Drinks



# Non-Standard Drinks



**For beer**  
the approximate  
number of  
standard drinks in

- 12 oz. - 1
- 16 oz. - 1.3
- 22 oz. - 2
- 40 oz. - 3.3



**For table wine**  
the approximate  
number of  
standard drinks in

- a standard 750 mL  
(25 oz.) bottle - 5



**For 80-proof  
spirits  
or "hard liquor"**  
the approximate  
number of  
standard drinks in

- a mixed drink - 1 or more\*
- a pint (16 oz.) - 11
- a fifth (25 oz.) - 17
- 1.75 L (59 oz.) - 39



**For malt liquor**  
the approximate  
number of  
standard drinks in

- 12 oz. - 1.5
- 16 oz. - 2
- 22 oz. - 2.5
- 40 oz. - 4.5

# At Risk or Hazardous Drinking

## How much is too much?

- When drinking causes or increased the risk of developing alcohol related problems
  - Legal, financial, social, occupational, marital, medical
- When drinking complicates the management of other medical conditions
  - Heart disease, diabetes, hepatic impairment, kidney disease

## At risk or hazardous drinking is:

- **Men: 4 or more drinks per day or 14 drinks per week**
- **Women: 3 or drinks per day or 7 drinks per week**

# Heavy and Binge Drinking – Men and Women

## Heavy Drinking:

- 5 or more drinks on the same occasion on 5 or more days in the past 30

## Binge Drinking:

- 5 or more drinks on same occasion at least one time in past 30 days
- 4 or more drinks in less than 2 hours on any occasion



# Effects of Risky or Hazardous Drinking

## IMMEDIATE RISKS

- motor vehicle crashes
- pedestrian injuries
- drowning
- falls
- intimate partner violence
- depressed mood
- homicide & suicide
- unintended firearm injuries
- alcohol poisoning
- unprotected sex (leading to sexually transmitted diseases and unintended pregnancy)
- assaults and sexual assaults
- child abuse and neglect
- property crimes
- fires

## LONG-TERM RISKS

- gastric distress
- hypertension
- cardiovascular disease
- permanent liver damage
- cancer
- pancreatitis
- diabetes
- alcoholism
- chronic depression
- neurologic damage
- fetal alcohol spectrum disorders (which include physical, behavioral, and learning disabilities)

# Screening Tools for Alcohol

## CAGE

- 4 questions, validated tool, easily memorized
- **C**ut Down, **A**nnoyed, **G**uilty, **E**ye-Opener
- Not recommended by Joint Commission
- CAGE may ID more problem drinkers, miss those with less severe symptoms

# Scoring the CAGE

## CAGE Scoring



Item responses on the CAGE are scored 0 or 1, with a higher score being an indication of alcohol problems.



A total score of 2 or greater is considered clinically significant.



Suggest that any score of 1 or above be further evaluated for potential alcohol misuse, abuse or dependence.



# Alcohol Screening Tools

## Alcohol Use Disorder Identification Test (AUDIT)

- 10 questions - validated, reliable, used by many
- Domains of test include: hazardous use, dependence symptoms and harmful use
- Both self-report and clinician-administered versions available
- AUDIT-C is more reliable than CAGE in screening for early risky and hazardous drinking

# AUDIT

## Box 2

### Domains and Item Content of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

# AUDIT-C

## AUDIT-C

- 3 questions - modified version of AUDIT
- Validated and accepted by Medicare/Medicaid, private payers
- Can be used as first line screen with full AUDIT
- Fully validated and developed and recommend by World Health Organization (WHO) and others

# AUDIT-C Questions

## 1. How often do you have a drink containing alcohol?

**A:** Never **B:** Monthly or less **C:** 2-4 times/week **D:** 2-3 times/week  
**E:** 4 or more times/week

## 2. How many standard drinks containing alcohol do you have on a typical day?

**A:** 1 or 2 **B:** 3 or 4, **C:** 5 or 6, **D:** 7 to 9 **E:** 10 or more

## 3. How often do you have 6 or more drinks on one occasion

**A:** Never **B:** Less than monthly **C:** Monthly **D:** Weekly **E:** Daily or almost daily

# Scoring the AUDIT-C

## AUDIT-C Scoring

0  12

The AUDIT-C is scored on a scale of 0-12 (0 = no alcohol use)  
Each AUDIT-C question has 5 answer choices:  
a=0 b=1 c=2 d=3 e=4



In men, a score of 4 or more is considered positive; in women, a score of 3 or more is considered positive.



Generally, the higher the AUDIT-C score, the more likely a patient's drinking is affecting his/her health safety.

# Advising Patients About Drinking

## Use FLO Model

### Feedback

- Provide feedback on the patient's alcohol consumption - provide their screening score

### Listen for Change Talk

- Assess the cons and pros of drinking
- Assess readiness to change “0-10”
- Reflect and summarize

### Options

- **M E N U S**

# Advising Patients About Drinking- FLO Model

- **Introduce yourself (if needed) and the goal**
  - Develop an “elevator speech” about what you are trying to accomplish, for example:
    - “To provide the best quality health care, our practice discusses with all our patients issues that affect your health like smoking, exercise, diet and alcohol use”
- **Ask permission to discuss patients’ alcohol use:**
  - “Is it okay if we take a few minutes to talk about that now?”
- **Inquire about their drinking**
  - Amount, type of alcohol, frequency, days/week/month
  - Use of any other psychoactive substances that may act synergistically with alcohol

# Advising Patients About Drinking- FLO Model

## Feedback – Listen for Change Talk

- **Provide feedback about the screening results.** You can use the Alcohol Pocket Guide as reference for drinking levels and scoring of the patients screen. Compare their drinking patterns to Pocket Guide examples.
- **Ask the patient about what they don't like and like about their drinking.** Listen carefully about what they don't like and summarize it back to them.
- **Ask if the patient would like your medical advice.** If they accept, provide them with the reasons that their drinking may be harming their health, relationships or work.
  - If the patient says “no”, do not press them, let it go for now



# Advising Patients About Drinking

## Listen for “change talk”

- Summarize and reflect back when patient makes comments that are indicative of wanting to change
- Ask if they are interested in changing their drinking habits to reduce the risks of harmful effects

## Provide options the patient can choose from

- **MENUS**

- Manage-Eliminate-Never Drink/Drive-No Change-Seek Help
- “So you and I have agreed you will decrease the times you drink during the week to Friday and Saturday only, is this correct?”

# Advising Patients About Drinking

## Seek agreement for a follow-up visit

- Typically in 4-6 weeks to check on progress

## Thank all patients for being willing to discuss their drinking

- Even those who are not willing to make changes right now
- Remember that even if the patient refuses to change now, you have “planted a seed” that might take time to germinate
- Do not get discouraged with patients that refuse to look at or address their drinking - patient readiness to change is fluid

# When to Advise Abstinence

## Abstinence is recommended when the patient:

- Is pregnant or trying to conceive
- Takes medications that contraindicate alcohol use, e.g., Coumadin
- Has medical conditions exacerbated by alcohol use, e.g., hepatic disease, cirrhosis
- Is using sedative/hypnotics, opioids, or other mood altering medications – urge caution or suggest abstinence
- Makes the suggestion to stop completely

# Advising Patient About Drinking

## How long will an intervention usually take?

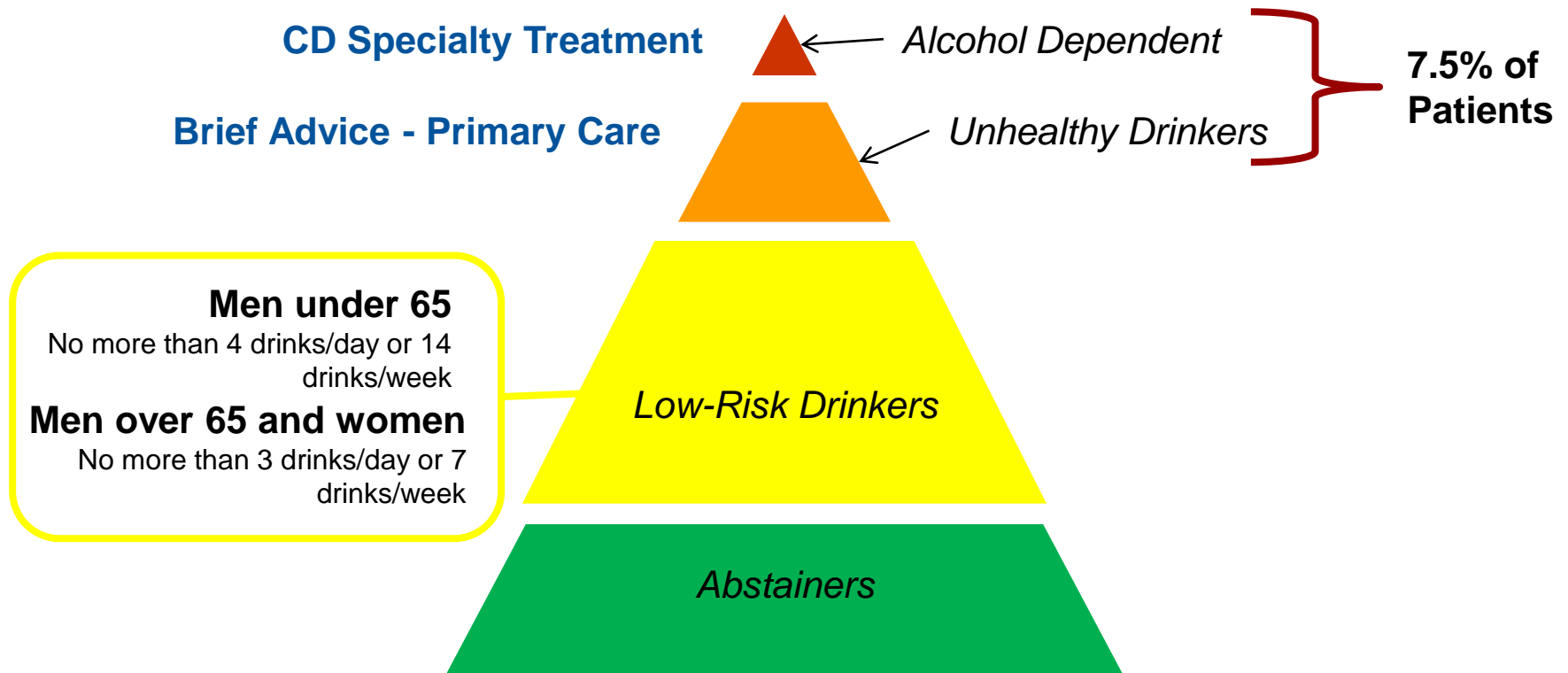
- As little as 5 to 15 minutes of simple advice from a health care professional has been shown to help many patients with their drinking

## How many patients will require intervention?

- Abstaining and low risk moderate drinkers - approximately 90%
- Risky/hazardous and non-alcohol dependent drinkers - approximately 10-15%
- Risky, dependent drinkers - approximately 5%

# The Drinkers Pyramid

## ADVISE Main Focus: Unhealthy Drinking



# Assisting Patients with Referrals to Specialty Services

## Treatment modalities available for patients with risky non-dependent and risky dependent drinking include:

- Detoxification- inpatient and outpatient
- Inpatient- Maplegrove, Brighton
- Intensive Outpatient Programs (IOP)
- Outpatient- HFHS OP BH sites
- 12 Step Programs-Interactive Map

## Document your referrals and patient response

# Medications Used to Treat Alcohol Disorders

## Disulfiram- Antabuse

- Interferes with the metabolism of alcohol, causes extremely unpleasant side effects when combined with alcohol
- Negatives: aversive therapy, many patients display tolerance for effects, daily dosing, not good as stand alone intervention

## Acamprosate- Campral, generic

- Believed to moderate neuro-chemical balance in drinkers to promote abstinence
- Reduces cravings
- Generally well tolerated
- Results generally positive

# Medications Used to Treat Alcohol Disorders

## Naltrexone- Revia, Depade

- Works by blocking opioid receptors in the brain by competitive binding. Effective in treatment of opioid dependence when used as depot injection (Vivitrol) or by oral use (Revia)
- In drinkers, has been shown to decrease heavy drinking, number of days alcohol is consumed and the amount consumed.
- Relatively safe for most patients
- May cause hepatic damage, especially in heavy, dependent drinkers who are more at risk for hepatic impairment
- Liver function testing before and during treatment



# In Conclusion

- Screening is important, relevant and contributes to improved outcomes with your patients
- Alcohol screening tools easy to administer and score
- Brief advice can improve your patients drinking behaviors with minimal effort
- Medications can be used to support your patients attempts to cut down, maintain abstinence
- Referrals are available within your health system

Questions?

Questions?

# Thank You!

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