

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



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Hazardous Drinking and Cardiac Conditions

Excessive drinking can impact a patient's 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?



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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"



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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



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Drinking Guidelines



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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 | | | |



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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



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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



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Scoring the AUDIT-C

AUDIT-C Scoring

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.



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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?”



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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



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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



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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?

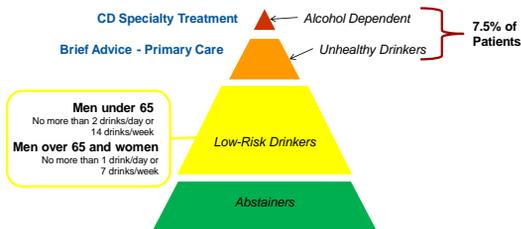
- Abstaining and low risk moderate drinkers - approximately 90%
- Risky/hazardous and non-alcohol dependent drinkers - approximately 10-15%
- Risky, dependent drinkers - approximately 5%



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The Drinkers Pyramid

ADVISE Main Focus: Unhealthy Drinking



Source: Institute of Medicine, 1990, Mertens 2005

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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



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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



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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



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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



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