



Alcohol Use Disorder

Changing trends from the pandemic



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Educational Objectives

1. Define Alcohol Use Disorder
2. Explain how the pandemic has affected trends in Alcohol Use Disorder epidemiology and comorbid conditions
3. Review Evidence Based Treatments for Alcohol Use Disorder

Alcohol Use Disorder

Problematic pattern of behavior of alcohol use leading to clinically significant impairment or distress



AUD DSM 5 = 2 Criteria x 12 month

1. Alcohol is taken in higher amounts or over a longer period than intended
2. Persistent desire or unsuccessful efforts to cut down or control use
3. A great of time is spent obtaining alcohol, using alcohol, or recovering from using alcohol
4. Cravings, strong desire, or urges to use alcohol
5. Recurrent use leads to failures to fulfill obligations at work, home, or school
6. Continued used despite persistent or recurrent social or interpersonal problems caused or exacerbated by use
7. Important Social, occupational, or recreational activities are given up or reduced due to use
8. Recurrent use in situations where it is physically hazardous
9. Continued use despite knowledge that it is causing or worsening physical or psychologic problems
10. Tolerance
11. Withdrawal

AUD severity

- Mild 2 to 3 criteria
- Moderate 4 to 5
- Severe 6 or more





Changes from DSM V to IV

- Removed legal problems as a criteria
- Removes distinction between abuse and dependence
- Adds cravings as a criteria

Binge Drinking

- For men, consumption of ≥ 5 standard drinks within 2 hours
- For women, consumption of ≥ 4 standard drinks within 2 hours.



Source: <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm#:~:text=Binge%20drinking%20is%20defined%20as,4>

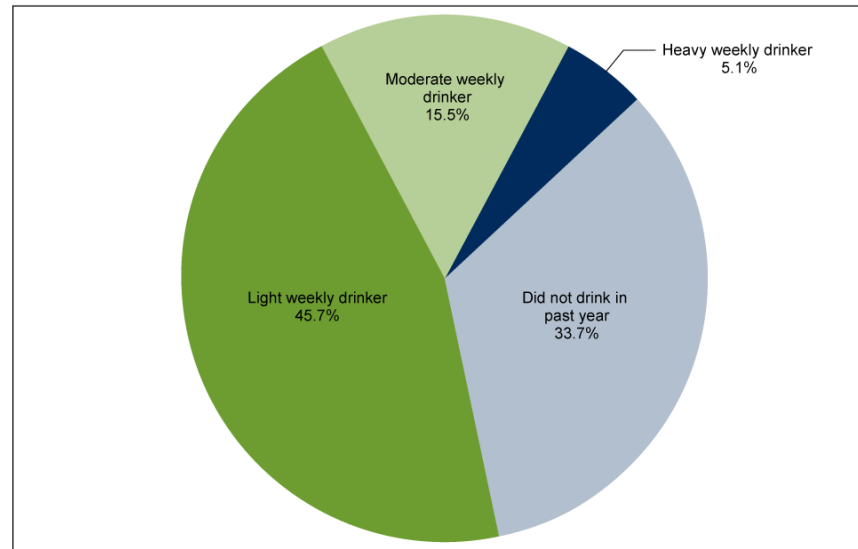
Heavy Alcohol Use

- Binge drinking on 5 or more days in the past month.

Source:

<https://www.cdc.gov/nchs/products/databriefs/db374.htm>

Figure 1. Percent distribution of current alcohol drinking status among adults: United States, 2018



NOTES: An adult who engaged in light drinking averaged three or fewer drinks per week in the past year. An adult who engaged in moderate drinking averaged 4 to 14 drinks per week for men and 4 to 7 drinks per week for women in the past year. An adult who engaged in heavy drinking averaged more than 14 drinks per week for men and more than 7 drinks per week for women in the past year. Estimates are based on household interview of a sample of the civilian noninstitutionalized population. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db374-tables-508.pdf#1>.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2018.

Epidemiology Trends

- Born prior to 1950
 - Risky alcohol use 3 times more common among men than women
- Born after 1950
 - women almost even with men with fastest rising group age 30-40
- Most recent 2019 National Survey of Drug Use and Health showed women in their teens and early 20s drinking more than age matched men

Source: <https://bmjopen.bmj.com/content/6/10/e011827>

<https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases>

Epidemiology Trends

- Women more likely to drink to cope with stress instead of pleasure compared to men

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6430711/>

YOUR HEALTH

Women Now Drink As Much As Men — Not So Much For Pleasure, But To Cope

June 9, 2021 · 5:18 AM ET
Heard on All Things Considered

ANERI PATTANI

FROM KHN

3-Minute Listen

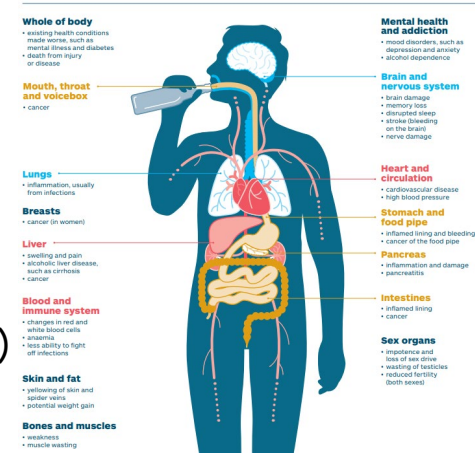
+ PLAYLIST



Complications and comorbidities of AUD

- High rates of anxiety and depression
- Liver disease
- Cancer (Head and neck, esophageal, liver, breast, and colorectal)
- Alcohol Withdrawal
- Pancreatitis
- Peptic ulcers
- Increased risk of pneumonia
- Hypertension, cardiomyopathy, heart failure, stroke, a fib
- Erectile dysfunction in men and irregular period in women
- Birth defects
- Osteoporosis

<https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet>



Comorbidities

- Prior to 1990
 - Most complications from alcohol were found and studied in men
- After 1990
 - From 2006 through 2015 Alcohol related ER visits and cirrhosis grew at a faster rate among women than men
- The Pandemic seems to be speeding up this trend...

HEALTH

Alcohol-related liver disease surges since pandemic; young women seeing biggest increase in diagnoses



by: Ashley Michels

Posted: Aug 13, 2021 / 07:17 PM MDT / Updated: Aug 13, 2021 / 07:47 PM MDT

Comorbidities

- Women are developing liver disease at lower levels of alcohol intake than their male counterparts
- Lower overall water percentage in women (55%) compared to men (60%) and differences in first pass metabolism may help explain these differences, as well as higher incidence of obesity and bariatric surgery

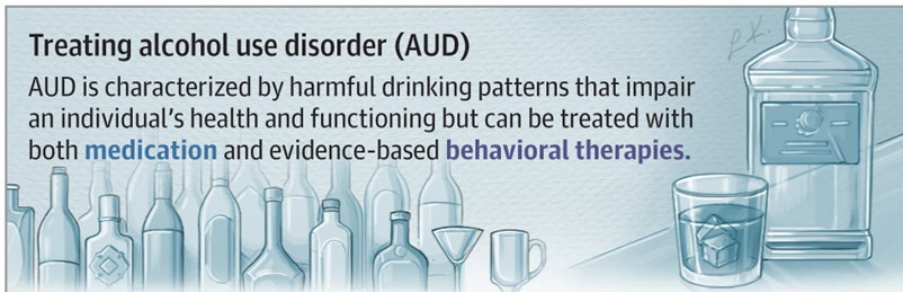


Alcohol Withdrawal

- Generally begins 6 to 24 hours after last drink and can last for up to 7 days
- Symptoms: anxiety, tremor, hallucinations, seizures
- Prevention involves weaning down alcohol slowly, generally reduction of 1 to 2 drinks per day

Treating alcohol use disorder (AUD)

AUD is characterized by harmful drinking patterns that impair an individual's health and functioning but can be treated with both **medication** and evidence-based **behavioral therapies**.



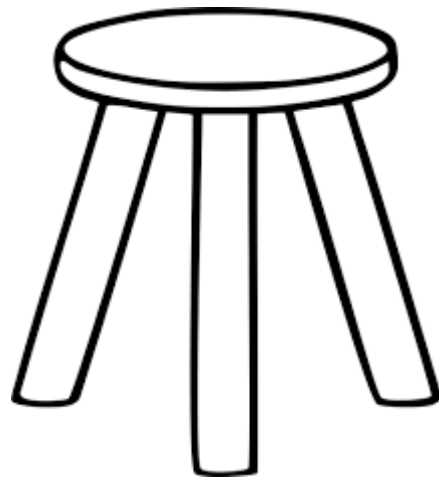
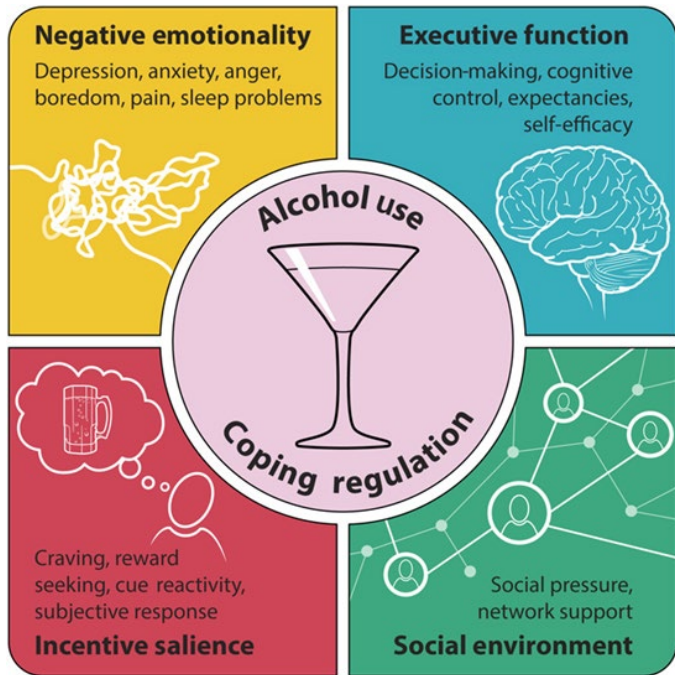
Medication treatment effects	Naltrexone	Acamprosate	Disulfiram
Reduces heavy drinking	✓	✓	
Manages cravings	✓	✓	
Supports abstinence	✓	✓	✓
Blocks breakdown of alcohol, causes unpleasant symptoms	✓	✓	✓

Behavioral treatment	Support groups
 <p>Cognitive behavior therapy can help manage triggers, offer support, and address related mental health concerns.</p>	 <p>Community mutual-aid groups such as Alcoholics Anonymous can offer support for those already undergoing treatment.</p>

Treatment for AUD

Goal of treatment is tailored to the patient

Considerations for Treatment



Source: <https://advances.sciencemag.org/content/5/9/eaax4043?intcmp=trendmd-adv>

Treatment for AUD

- Behavioral health
- Medications

Behavioral health Treatment for AUD

- Brief interventions, like motivational interviewing
- Operant conditioning, Contingency Management and community reinforcement
- CBT, individual or group
- 12 step facilitation, AA or SMART recovery

Behavioral health trends

- Greater adoption of virtual visits and group meetings during the pandemic
- Development of mobile phone App based contingency management programs to help patient build momentum

Medication Assisted treatment of AUD

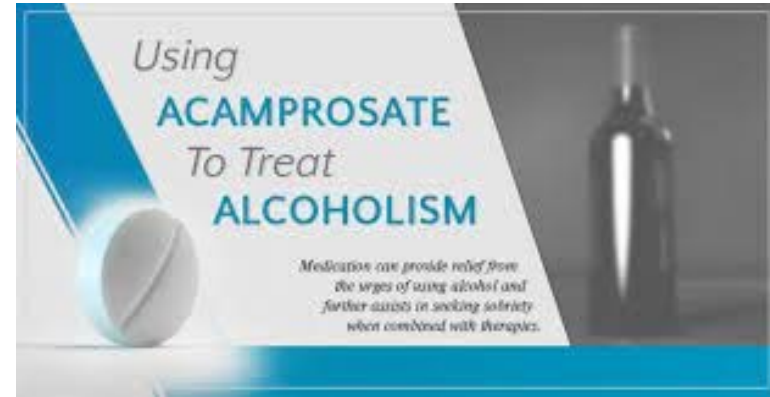
- Disulfiram
- Acamprosate
- Naltrexone

Disulfram

- 125 to 500 mg PO daily
- Disulfram irreversible inhibits acetaldehyde dehydrogenase, an enzyme that helps metabolizes alcohol, leading in the presence of alcohol to higher concentrations of acetaldehyde which cause tachycardia, headache, nausea, and vomiting.
- No controlled trial showing efficacy
- Not consider 1st line

Acamprosate

- 2 tabs of 333 mg PO TID
- Metanalysis shows efficacy in maintaining abstinence but not in decreasing binge drinking
- Modifies GABA and Glutamate signaling
- Greatest effect shown in those who have already stopped drinking
- 6 tabs per day can be difficult for some patients to sustain
- Side effects: diarrhea, nausea, dizziness



Naltrexone oral

- Oral naltrexone 50 mg daily
- Metanalysis of well controlled trials showed decreased relapse from abstinence and decreased binge drinking
- Helps control cravings to drink through block at endogenous opioid pathway
- Can be started while patient is still drinking
- Can not use when patient taking opioids
- Generally, well tolerated but can have side effects of somnolence, nausea, vomiting, and decreased appetite

Naltrexone Injectable

- 380 mg IM every 4 weeks
- In the only placebo controlled trial reduced alcohol binge drinking 16.6 days per month
- In addition to side effects from oral naltrexone may have site reaction from the injection.



Bibliography

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