# Evidence-Based Practices for Alcohol Use Disorder in Context of Cirrhosis

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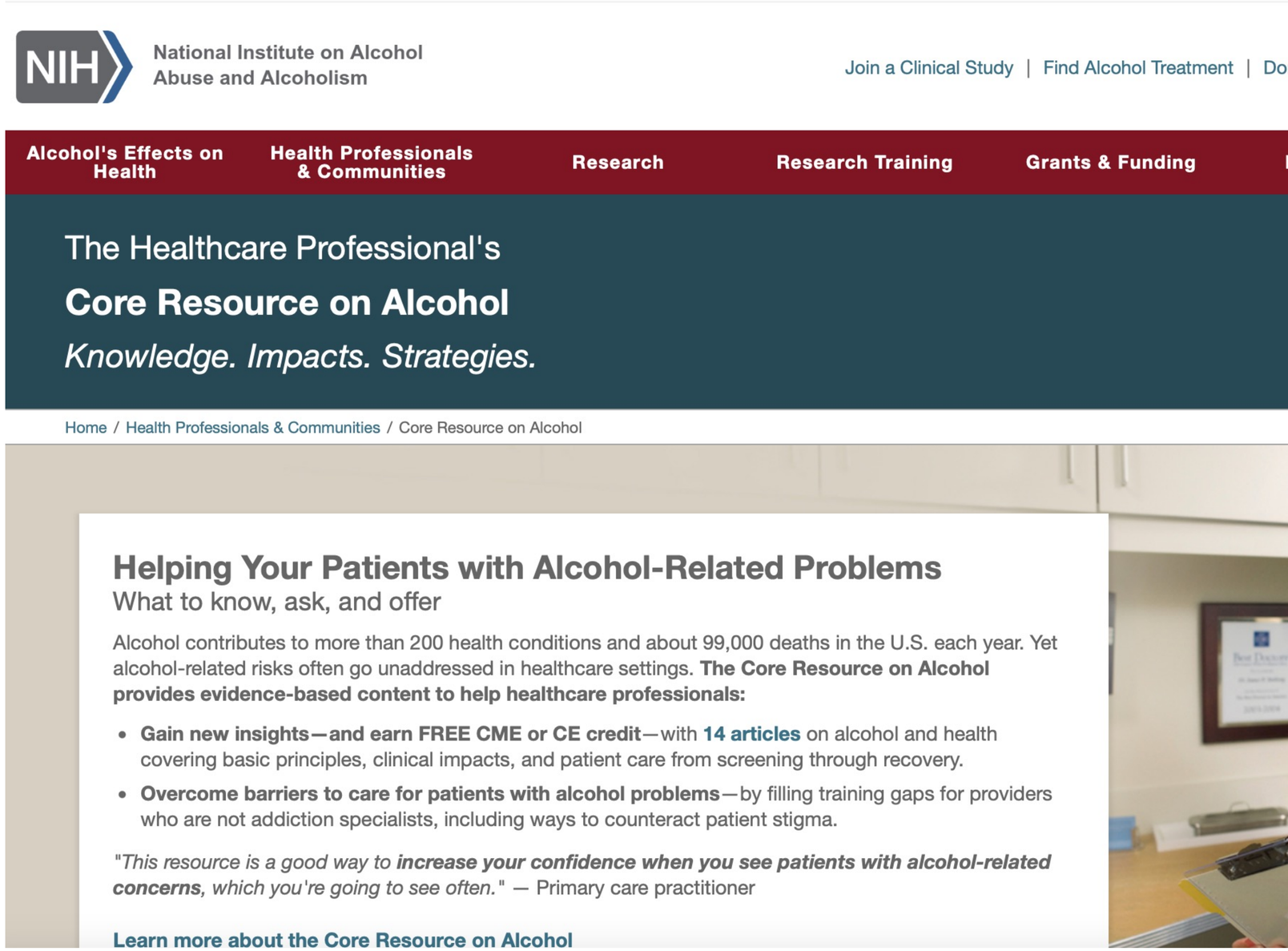
# Learning Objectives

At the conclusion of this activity, participants should be able to:

- Discuss screening tools for AUD
- Apply appropriate pharmacological treatments

# The Healthcare Professional's Core Resource on Alcohol



# NIAAA single item screening question

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

A response of one or more warrants follow-up.

# AUDIT-C (consumption)

**Each question is worth 0-4 points**
**Positive Screen: 4 points or more for men**
**3 points or more for women**

1. **How often do you have a drink containing alcohol?**
   - ☐ Never
   - ☐ Monthly or less
   - ☐ 2-4 times a month
   - ☐ 2-3 times a week
   - ☐ 4 or more times a week

2. **How many standard drinks containing alcohol do you have on a typical day?**
   - ☐ 1 or 2
   - ☐ 3 to 4
   - ☐ 5 to 6
   - ☐ 7 to 9
   - ☐ 10 or more

3. **How often do you have six or more drinks on one occasion?**
   - ☐ Daily or almost daily
   - ☐ Weekly
   - ☐ Monthly
   - ☐ Less than monthly
   - ☐ Never

Bush K, Kivlahan DR, et al (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Arch Intern Med. 158:1789-95.

# Standard Drink

**A 12-ounce can of ordinary BEER**

**A 5-ounce glass of WINE or a 2–4-ounce glass of SHERRY**

**A 1.5-ounce shot of SPIRITS (whiskey, gin, rum, vodka, etc.)**

1 pint of liquor ~ 8 drinks
1 fifth (1/5 gal) of liquor ~ 17 drinks
1 handle (1/2 gal) of liquor ~ 60 drinks

Coors Light = 4.3%
Budweiser = 5%
Desert Fog Hazy IPA = 6.8%
Mass Ascension IPA = 6.9%
Bosque Scotia = 8.4%


16oz glass of 6.8% IPA = 1.7 standard drinks

National Institute on Alcohol Abuse and Alcoholism:
https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

# Drinking Guidelines

## World Health Organization (WHO)

| | World Health Organization Alcohol Risk Levels (for males) | | | |
|---|---|---|---|---|
| | Low Risk | Medium Risk | High Risk | Very High Risk |
| Drinks per day (in grams) | 1 to 40 g | 41 to 60 g | 61 to 100 g | 101+ g |
| Drinks per day (in standard drinks) | 0 to 2.9 drinks | 3.0 to 4.3 drinks | 4.4 to 7.1 drinks | 7.2+ drinks |

| | World Health Organization Alcohol Risk Levels (for females) | | | |
|---|---|---|---|---|
| | Low Risk | Medium Risk | High Risk | Very High Risk |
| Drinks per day (in grams) | 1 to 20 g | 21 to 40 g | 41 to 60 g | 61+ g |
| Drinks per day (in standard drinks) | 0 to 1.4 drinks | 1.5 to 2.8 drinks | 2.9 to 4.3 drinks | 4.4+ drinks |

# Medications for Alcohol Use Disorder

| | MECHANISM | SUBJECTIVE EFFECT | USE IN CASES OF CIRRHOSIS? ** | HOW TO START MEDICATION |
|---|---|---|---|---|
| **Naltrexone** | Mu opioid receptor antagonist | Decreases craving<br>Decreases euphoria | Use caution if AST/ALT are more than 5x ULN<br>Contraindicated in Class C | Can be started while patient is still drinking<br>**50mg PO QAM, some patients increase to 100mg QAM** |
| **Long-Acting Injectable Naltrexone (Vivitrol)** | Mu opioid receptor antagonist | Decreases craving<br>Decreases euphoria | Use caution if AST/ALT are more than 5x ULN<br>Contraindicated in Class C | Can be started while patient is still drinking<br>**Establish PO tolerability first, then Rx 380mg IM Q4 weeks** |
| **Acamprosate (Campral)** | Affects Glutamate and GABA transmission | Decreases craving | YES<br>———<br>Primarily renal excretion<br>No adjustment in class A or B<br>Class C dosing not defined | Start ASAP after withdrawal when abstinence achieved<br>Continue even if relapse<br>**666mg PO TID** |
| **Disulfiram (Antabuse)** | Acetaldehyde dehydrogenase inhibitor | Nausea, vomiting, headache and vasomotor symptoms | AVOID | Patient must be abstinent from alcohol<br>This medication is for very motivated patients<br>Most effective when given by supportive other<br>**500mg PO QAM** |
| Gabapentin (Neurontin)<br><br>non-FDA approved | GABA receptor agonist | Decreases craving | YES<br>————<br>No Adjustment | Can be started while still drinking<br>Can reduce anxiety<br>More effective when added to Naltrexone<br>Downside: has some abuse potential<br>**300mg - 600mg PO TID** |
| Topiramate (Topiramate)<br><br>Non-FDA approved | Affects Glutamate and GABA transmission | Decreases craving | YES<br>———<br>Primarily renal excretion<br>Hepatic dosing not defined | Can be started while still drinking ; Can reduce anxiety<br>Downside: Nephrolithiasis is relative contraindication<br>**25mg PO BID x 1 week, then 50mg PO BID; can increase to 100mg BID** |

** ACG Clinical Guideline: Alcohol-Associated Liver Disease. *American Journal of Gastroenterology* January 2024;119(1):30-54

# How is recovery defined?

**Boness, Kuhlemeier, & Witkiewitz, (2022). Nonabstinent recovery from alcohol use disorder. *Psychiatric Times, 39*(5), 22-23.**

- Definitions vary
- Recovery is a dynamic process, characterized by:
  - **Remission** from AUD symptoms
  - **Cessation** from heavy drinking
  - Improvements in physical health, mental health, relationships, spirituality, and other measures of well-being


Figure. **Domains and Subdomains in Definitions of Recovery From AUD**

# How likely is recovery?

Most people with AUD can reduce drinking over time even without formal treatment

*Challenges the notion that AUD is a chronic condition*

People can experience improvements in functioning even with occasional heavy drinking

*Challenges the notion that abstinence is required to be in recovery*

# Thank you for what you do!

# Q&A