



UW PACC
Psychiatry and Addictions
Case Conference

Screening, Diagnosis, and Medication Assisted Treatment for Alcohol Use Disorders

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OBJECTIVES

1. Identify the current screening tools and recommendations for alcohol use disorders
2. Discuss what to consider in diagnosing alcohol use disorders
3. Review the current medications used for alcohol use disorders



Risky Drinking Limits

Healthy Men <65 years old




- ≤ 4 drinks in a day and
- ≤ 14 drinks in a week

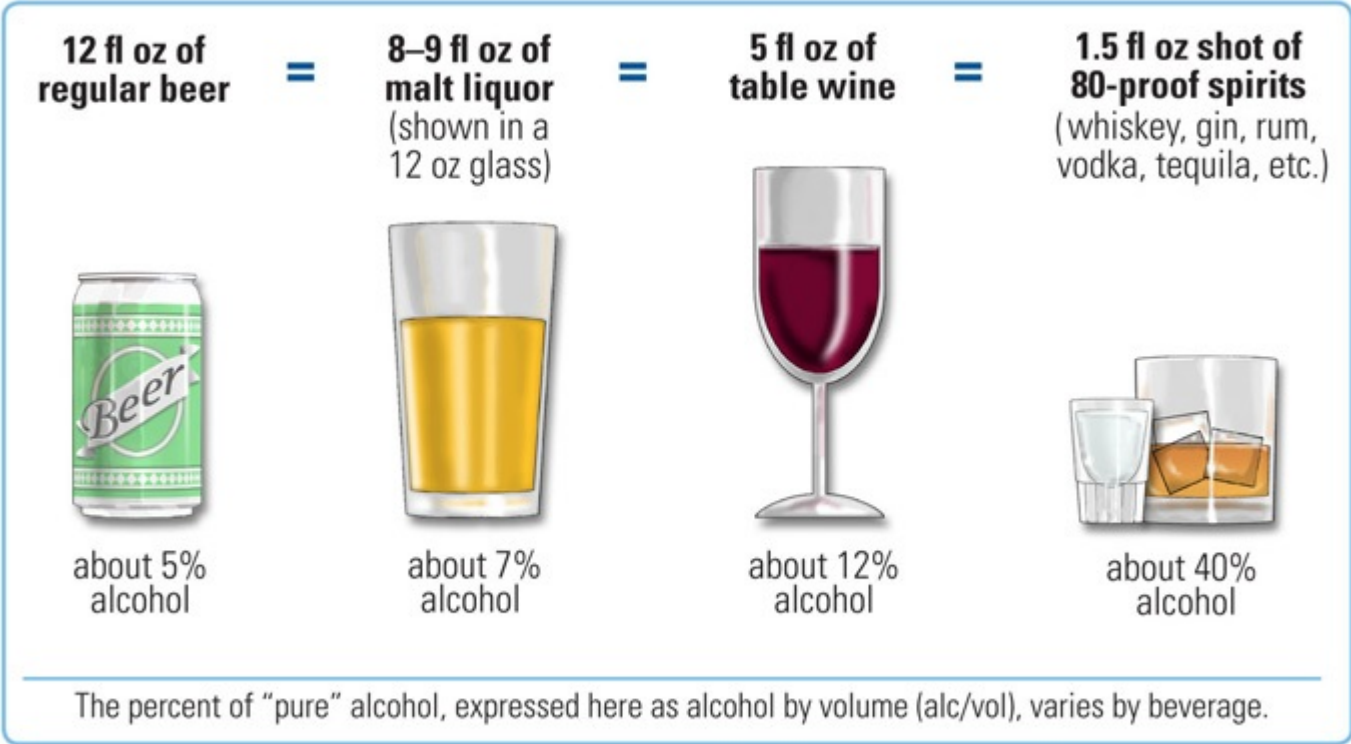
All Healthy Women and
Healthy Men > 65 years old

- ≤ 3 drinks in a day and
- ≤ 7 drinks in a week

Abstinence for selected
populations

- Pregnant
- Medication interactions
- Health conditions with contraindications
- Under 21yo

WHAT'S YOUR DRINKING PATTERN?	HOW COMMON IS THIS PATTERN?	HOW COMMON ARE ALCOHOL DISORDERS IN DRINKERS WITH THIS PATTERN?
<p>Based on the following limits—number of drinks:</p> <p>On any DAY—Never more than 4 (men) or 3 (women) – and – In a typical WEEK—No more than 14 (men) or 7 (women)</p>	<p>Percentage of U.S. adults aged 18 or older*</p>	<p>Combined prevalence of alcohol abuse and dependence**</p>
<p>Never exceed the daily or weekly limits</p> <p>(2 out of 3 people in this group abstain or drink fewer than 12 drinks a year)</p>	 <p>72%</p>	<p>fewer than 1 in 100</p>
<p>Exceed only the daily limit</p> <p>(More than 8 out of 10 in this group exceed the daily limit <i>less than once a week</i>)</p>	 <p>16%</p>	<p>1 in 5</p>
<p>Exceed both daily and weekly limits</p> <p>(8 out of 10 in this group exceed the daily limit <i>once a week or more</i>)</p>	 <p>10%</p>	<p>almost 1 in 2</p>



Drink size calculator

<http://rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/drink-size-calculator.aspx>

WHO SHOULD BE SCREENED FOR AN ALCOHOL USE DISORDER?

Recommendation Summary

Summary of Recommendations and Evidence

Population	Recommendation	Grade (What's This?)
Adults aged 18 and older	The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse	B
Adolescents (under 18 years of age)	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.	I

Screen ? → All adults

yearly, or as clinically indicated

WHAT SCREENERS SHOULD YOU USE?

Single Item Alcohol Screener

“How many times in the past year have you had five (four in women) or more drinks in a day?”

Scoring and Notes

- Positive response: any answer >0 or difficulty identifying how often
- Sensitivity 82% Specificity 79% (2)
- Easy to remember and quick.

AUDIT-C (Alcohol Use Disorders Identification Test-Consumption)

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

a: Never b: Monthly or less c: 2-4 times a month d: 2-3 times a week e: 4 or more times a week

1. 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 or 9 e: 10 or more

1. How often do you have six or more drinks on one occasion?

a: Never b: Less than monthly c: Monthly d: Weekly e: Daily or almost daily

Scoring and Notes

- Scoring: a=0, b=1, c=2, d=3, e=4
 - Positive response indicates unhealthy alcohol use
 - **Men: >4** Sensitivity 85% Specificity 89%
 - **Women: >3** Sensitivity 73% Specificity 91%.
 - **Scores >7 suggest alcohol dependence**

AUDIT-C: READING BETWEEN THE LINES

- Scores
 - ≥ 4 : med adherence decreases
 - ≥ 5
 - increased bleeding on warfarin (limited to one genotype)
 - Post-op complications increases
 - ≥ 6
 - increased hospitalizations for liver dz, UGIB & Pancreatitis
 - Poorer self-management of DM & HTN
 - ≥ 8
 - Fractures and/or trauma admissions
 - Potentially preventable hospitalizations
 - ≥ 9 : increased post-op inpatient utilization
 - $\geq 9-10$: increased mortality

DSM 5-SUBSTANCE USE DISORDERS

“A SPECTRUM”

A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a **12-month period**:

- Failure to fulfill obligations at work, school or home
- Use in dangerous situations
- Craving
- Continued use despite social or interpersonal problems due to the substance use (fights with significant other)
- Tolerance
- Withdrawal
- Using more than intended
- Persistent desire or unsuccessful efforts to cut down or stop use
- Significant time spent getting, using or recovering from substance use
- Decreased social or occupational activities due to substance use
- Continued use despite physical or psychological problems

Severity specifier:

2-3: mild

4-5: moderate

6+: severe

ALCOHOL USE DISORDER: DX

- Assess alcohol related medical conditions
 - HTN, GERD, Gout, afib, HCV, insomnia
- Assess for other mental health or substance use
 - PHQ9
 - GAD7
- Check AST/ALT, GGT, CBC
- Assess readiness to change
 - Abstinence: h/o withdrawal?
 - Reduced drinking: goals?
 - Not ready: can they drink safer?

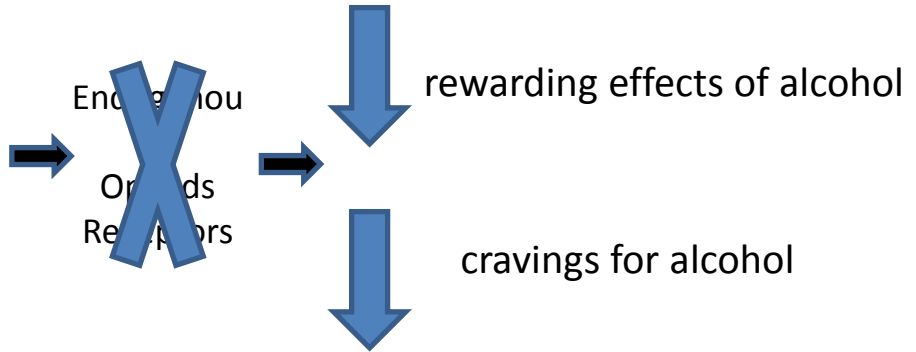
ALCOHOL PHARMACOTHERAPY:

<p>Naltrexone 50mg qday -typically 1st line</p>	<p>Opioid receptor blocker; <i>cuts back craving and 'reward' of use</i> Side effects: Nausea, vomiting, decreased appetite, dizziness. Injection site (if using depot formulation) Cons: will precipitate withdrawal in those with physiologic dependence on opioids</p>
<p>Acamprosate 333mg tid -often considered 2nd line if on opioids</p>	<p>Structurally similar to GABA, may inhibit glutamatergic system Side effects: Diarrhea, nausea, vomiting Start: immediately after cessation of drinking Pros: Can be used in patients with liver disease. Cons: <i>TID dosing</i>, use caution in renal disease</p>
<p>Disulfiram 250mg qday -great for patients with incredible adherence (methadone Disulfiram cocktail)</p>	<p>Blocks aldehyde dehydrogenase, blocks breakdown of alcohol <i>With alcohol: flushing, headache, nausea/vomiting,</i> palpitations, shortness of breath Without alcohol: liver failure, metallic taste, neuropathy *Must watch LFT's! AVOID in: Pregnancy, psychosis, severe heart disease</p>

NALTREXONE PHARMACOLOGY

MOA:

μ opioid antagonist



What Patients Experience

- Reduces feelings of alcohol induced stimulation
- Decreases liking of alcohol
- Increases fatigue and tension following drinking
- Slow progression of drinking
- Reduced the relative value of drinking

Outcomes

- Reduces number of heavy drinking days
- Reduces number of drinking days
- Reduces number of drinks per drinking episode
- Increases time to relapse
- Lower relapse rates

“I am not interested in drinking like I used to be.”

NALTREXONE: CONSIDER FOR ALL WITH AN AUD!

- Indication: **Moderate to Severe Alcohol Use Disorder**
 - First line
 - h/o opioid use disorder
- Contraindications: **opioids, liver failure**
- To start
 - Check LFTs (<5x's ULN), utox for opioids, pregnancy test
 - If h/o opioid problems consider naloxone challenge test
 - Starting dose: 50mg qday
 - Can titrate up to 150mg qday, if still having cravings
 - Can start while still drinking
- Duration: 3 months to ???
- Lab monitoring: at 1 month and then Q3-6 months
- Blackbox warning: hepatic injury

ORAL NALTREXONE: ALTERNATIVE DOSING

Target dosing

- Problem drinkers-to moderate dependence
 - Take 50mg 1-2 hours before a high-risk drinking situation
 - Heavy drinking days declined (19% less), but effect declined with < 3 days out of 7 days of meds
 - May be more effective for men
 - Reduction in alcohol related consequences

EX REL IM NALTREXONE



- 380mg IM **Gluteal** Extended Release injection
- Lasts 4 weeks
- Common side effects
 - Nausea, fatigue, decreased appetite
 - Injection site reactions
- **Consider use if adherence is a problem**

EX IM NALTREXONE



- Requires Prior Authorization
 - Apple health: form **13-331**
 - Abstinence required before initiation
 - Usually need trial of oral Naltrexone
 - 3 or more ED visits, hospitalizations, or other medical services for use related injury, illness, or detox in last 12 months
 - Co-occurring mental or behavioral condition which impairs ability to adherence to oral med

ACAMPROSATE:

CONSIDER IF NALTREXONE IS NOT AN OPTION

- Indication: **Moderate to Severe Alcohol Use Disorder**
 - If have significant liver disease
 - Protracted withdrawal
- Contraindications: **renal failure (CrCL > 30ml/min)**
- To start
 - Check Cr, pregnancy test
 - Starting dose: 330mg tid
 - Titrate up to 660mg tid
 - Start right after cessation of drinking
- Duration: 3 months to ???
- Lab monitoring: none

DISUFIRAM: 2ND LINE

- Indication: **Moderate to Severe Alcohol Use Disorder**
 - Consider if committed to abstinence
 - Adherence support
 - Cocaine use disorder
 - Short term use
- Contraindications: **active psychosis, severe heart disease, pregnant or nursing**
- To start
 - Check Cr, pregnancy test
 - Starting dose: 330mg tid
 - Titrate up to 660mg tid
 - Start right after cessation of drinking
- Duration: 6 months-???
- Lab monitoring: none

TOPIRAMATE: 2ND LINE

- Indication: **not FDA approved for AUD**
 - If goal is to decrease heavy drinking
 - Requires tapering to effective dose
- Contraindications: **renal calculi**
- To start
 - Increase weekly by 25mg-50mg daily, divided bid to max of 300mg qday
- Duration: 3 months to ???
- Lab monitoring: none

Original Investigation

Gabapentin Treatment for Alcohol Dependence

A Randomized Clinical Trial

Barbara J. Mason, PhD; Susan Quello, BA, BS; Vivian Goodell, MPH; Farhad Shadan, MD;
Mark Kyle, MD; Adnan Begovic, MD

- Gabapentin 0mg, 900mg, or 1800mg/day + manual guided counseling
- Abstinence Rates
 - Placebo: 4.1%
 - 900mg: 11.1%
 - 1800mg: 17.0%
- Heavy drinking reduced (44.7% in 1800mg)
- Reduced: insomnia, dysphoria, craving

Article

Gabapentin Combined With Naltrexone for the Treatment of Alcohol Dependence

- Anton, FA, et al
- Naltrexone 50mg + Gabapentin (up to 1200mg) x 6 weeks + weekly sessions for 1 month and then q2 wk sessions
- Conclusions
 - Longer time to relapse, decreased heavy drinking days, decreased cravings, better sleep

A Double Blind, Placebo-Controlled Trial that Combines Sertraline and Naltrexone for Treating Co-Occurring Depression and Alcohol Dependence

Helen M. Pettinati, Ph.D.¹, David W. Oslin, M.D.^{1,2}, Kyle M. Kampman, M.D.¹, William D. Dundon, Ph.D.¹, Hu Xie, M.S.¹, Thea L. Gallis, B.A.¹, Charles A. Dackis, M.D.¹, and Charles P. O'Brien, M.D., Ph.D.^{1,2}

¹Center for the Studies of Addiction, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, PA 19104

²Philadelphia Veterans Affairs Medical Center, Philadelphia, PA 19104

- Sertraline 200mg qday + Naltrexone 100mg qday + weekly CBT
- Conclusions: increased abstinence rates, delayed relapse to heavy drinking, less depressed.

Original Investigation

Pharmacotherapy for Adults With Alcohol Use Disorders in Outpatient Settings

A Systematic Review and Meta-analysis

Daniel E. Jonas, MD, MPH; Halle R. Amick, MSPH; Cynthia Feltner, MD, MPH; Georgiy Bobashev, PhD; Kathleen Thomas, PhD; Roberta Wines, MPH; Mimi M. Kim, PhD; Ellen Shanahan, MA; C. Elizabeth Gass, MPH; Cassandra J. Rowe, BA; James C. Garbutt, MD

- 122 RCTs and 1 Cohort Study
 - 53 Naltrexone Studies n=9140
- PO Acamprosate → Reduced return to drinking vs Placebo
 - 9% fewer subjects returned to any drinking
 - No difference for fewer subjects returned to heavy drinking
 - 8.8% fewer drinking days
 - No difference for fewer heavy drinking day
 - **NNT** to prevent return to any drinking=**12**
 - **NNT** to prevent return to heavy drinking=**not significant**
 - Heavy drinking: ≥4 drinks per day for women; ≥5 drinks per day for men

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- 122 RCTs and 1 Cohort Study
 - 27 Acamprosate Studies n=7519
- PO Naltrexone → Reduced return to drinking vs Placebo
 - 4% fewer subjects returned to any drinking
 - 7% fewer subjects returned to heavy drinking
 - 4.6% fewer drinking days
 - 3.8% fewer heavy drinking day
 - **NNT** to prevent return to any drinking=**20**
 - **NNT** to prevent return to heavy drinking=**12**
 - Heavy drinking: ≥ 4 drinks per day for women; ≥ 5 drinks per day for men

ALCOHOL: MEDICATION MANAGEMENT

- Provides both medication treatment and brief behavioral support to promote recovery
 - Increases med adherence
 - Promotes education
 - Enhances referrals to support groups

MEDICATION MANAGEMENT

- Initial visits
 - Review of medical evaluation, including alcohol-affected comorbidities
 - Physical signs of substance use, including signs of withdrawal
 - Check laboratory: CBC, LFTs
 - Reviewing any negative aspects of drinking
 - Discussion of their diagnosis
 - Interest in abstinence
 - Utility of medication, including its mechanism, adverse effects, and adherence strategies⁵⁸
 - Encourage participation in a mutual support group
- Follow-up visits
 - Assess drinking amounts
 - Functional status
 - Medication adherence
 - Medication adverse effects

WHEN TO CONSIDER CHANGING TREATMENT

- If patient does not change drinking habits after 3 months of treatment with naltrexone
 - Review reasons for lack of response
 - Dose adherence → could consider IM Naltrexone
 - Side effects?
 - Need to increase dose?
 - Need additional social support
- Can not tolerate naltrexone → consider Acamprosate
- Co-occurring disorder → consider referral
- Higher level of care?

HOW TO GET-EFFECTIVE 10/1/2015

- Apple Health Coverage for MAT
 - Naltrexone
 - Acamprosate
 - Disulfiram
- NO Prior Authorization Needed!
- **check with individual MCOs



<http://www.hca.wa.gov/billers-providers/programs-and-services/apple-health-medicaid-drug-coverage-criteria>

- Coverage for Oral Naltrexone **if > 6 months**
 - Complete **form 13-333 Medication Assisted Therapy Patient Status** and keep it in the patient's record.
 - **Complete new form Q6months and keep in chart****

SECTION 3: To be completed every six months and maintained in the patient's file

If patient does not have a past/current history of mental health diagnosis, screens for depression and anxiety have been performed as a baseline: Yes No

Suicide screen performed: Yes No

PMP database checked: Yes No Date: _____

Is there evidence of multiple prescribers?: Yes No

If yes, were you aware of and approved other opioid prescriptions? Yes No

Urine drug screens demonstrate patient is taking prescribed medications: Yes No

Urine tests demonstrate abstinence or near abstinence from opioids Yes No

Urine tests demonstrate abstinence or near abstinence from other illicit drugs Yes No

Opioids : No use after stabilization Infrequent use Problematic use

Alcohol/other illicit drugs: No use Infrequent use Problematic use

ED visits/hospitalizations: None Decreased Same Increased

Medical co-morbidity: None/minor Major problem/engaged in care Major problem/unengaged in care

Psychiatric co-morbidity: None/minor Major problem/engaged in care Major problem/unengaged in care

Legal issues: None/minor Major problem/being addressed Major problem/not being addressed

Family-social problems: None/minor Major: _____ Homeless/unstable housing

School/work: Full time Part time Episodic None Disabled

Participation in recovery support activities*: Multiple times a week Weekly Episodic None

*AA/NA, spiritual programs, other support groups, counseling, meetings

Prescriber signature	Prescriber specialty	Date
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ALCOHOL: NOT INTERESTED IN CHANGE

- See if patient could track own drinking over 1-2 weeks
- Order labs every 3-6 months
- Follow-up with patient

RESOURCES

WA HealthCare Authority FEE FOR SERVICE (FFS) DRUG COVERAGE CRITERIA

- http://www.hca.wa.gov/medicaid/pharmacy/Pages/ffs_drug_criteria.aspx

Treatment Improvement Protocol #49: **Incorporating Alcohol Pharmacotherapies Into Medical Practice**

- <http://www.ncbi.nlm.nih.gov/books/NBK64041/>

Mike Evans Video: A ReThink of the Way We Drink

- <https://www.youtube.com/watch?v=tbKbq2IytC4>

NIAAA-ReThinking Drinking

<http://rethinkingdrinking.niaaa.nih.gov/>

Helping Patients Who Drink Too Much-A Clinician's Guide

<http://rethinkingdrinking.niaaa.nih.gov/>

SUMMARY: ALCOHOL USE DISORDERS

- Use the single-item screener or AUDIT, or AUDIT-C to screen
- Strongly consider using medication assisted treatment for all patients with Alcohol Use Disorders
- Medications work best with some sort of therapeutic intervention