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

MARK DUNCAN, MD
Acting Assistant Professor, UW PACC Co-lead
University of Washington
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
Drink size calculator

WHO SHOULD BE SCREENED FOR AN ALCOHOL USE DISORDER?
## Summary of Recommendations and Evidence

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What's This?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged 18 and older</td>
<td>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.</td>
<td>B</td>
</tr>
<tr>
<td>Adolescents (under 18 years of age)</td>
<td>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.</td>
<td>I</td>
</tr>
</tbody>
</table>

Screen ?→ All adults

**yearly, or as clinically indicted**
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?

<table>
<thead>
<tr>
<th></th>
<th>a: Never</th>
<th>b: Monthly or less</th>
<th>c: 2-4 times a month</th>
<th>d: 2-3 times a week</th>
<th>e: 4 or more times a week</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>a: 1 or 2</th>
<th>b: 3 or 4</th>
<th>c: 5 or 6</th>
<th>d: 7 or 9</th>
<th>e: 10 or more</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>a: Never</th>
<th>b: Less than monthly</th>
<th>c: Monthly</th>
<th>d: Weekly</th>
<th>e: Daily or almost daily</th>
</tr>
</thead>
</table>

**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 & Pancreatits
    • Poorer self-management of DM & HTN
  – ≥ 8
    • Fractures and/or trauma admissions
    • Potentially preventable hospitalizations
  – ≥9: increased post-op inpatient utilization
  – ≥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:

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

NALTREXONE PHARMACOLOGY

MOA: μ opioid antagonist

Endogenous Opioids

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

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: 2^{ND} 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: 2\textsuperscript{ND} 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
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
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.
• 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
• 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

JAMA 2014
ALCOHOL: MEDICATION MANAGEMENT

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

Anton, et al 2006
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 strategies
  – 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

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**

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### 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

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Prescriber signature | Prescriber specialty | Date
---|---|---

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

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