MEDICATION MANAGEMENT
FOR CONTROLLED DRINKING GOALS

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SPEAKER DISCLOSURES

✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

1 Develop shared non-abstinence-based drinking goals

2 Develop comfort in the array of medication options for non-abstinent drinking goals

3 Create brief treatment plans for case examples

CASE EXAMPLE

- Eva is a 43yo woman who presents to clinic. She has a history of generalized anxiety disorder, major depressive disorder. She comes to clinic because her friends have expressed concern around her drinking.

DIAGNOSTIC CRITERIA (DSM-5): IN THE PAST YEAR, HAVE YOU...

Had times when you ended up drinking more, or longer than you intended?

More than once wanted to cut down or stop drinking, or tried to, but couldn't?

Spent a lot of time drinking? Or being sick or getting over the aftereffects?

Experienced craving — a strong need, or urge, to drink?

Found that drinking — or being sick from drinking — often interfered with taking care of your home or family? Or caused job troubles? Or school problems?

Continued to drink even though it was causing trouble with your family or friends?

Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?

More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?

Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?

Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?

Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea, or sweating? Or sensed things that were not there?

ADDITIONAL HISTORY

- Alcohol use disorder
  - Cravings – She doesn't drink during the day, but after a long day at work she comes home "really ready for a drink." She gets anxious and irritable when she stops, but "not the really bad shakes or anything"
  - Control – In general she thinks she has control…she's was able to stop during her pregnancy several years ago but hasn't tried to stop since. She doesn't drink and drive. She does much of her drinking socially.
  - Consequences – She doesn't feel she has a too many consequences and mostly finds it helpful for her social anxiety. However, some friends have talked to her about getting really intoxicated at some events.
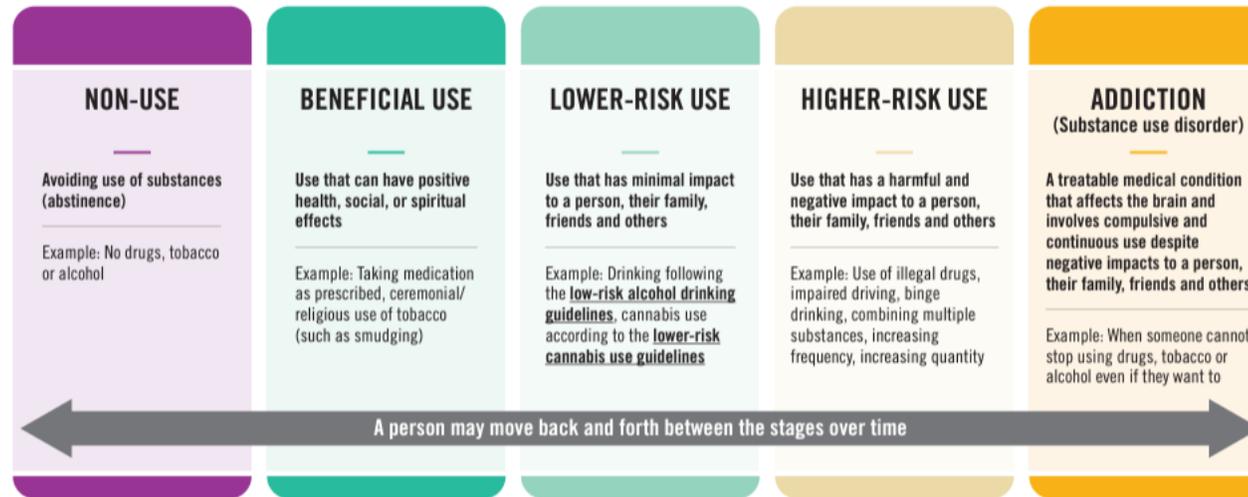
ELICITING GOALS

- Her goals
  - To feel more healthy in general
  - To manage her blood pressure without medications
  - To be able to have 1-2 glasses of wine a night and "not have it be a big deal"

WHO IS APPROPRIATE FOR A CONTROLLED DRINKING GOAL?

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WHO IS APPROPRIATE FOR A CONTROLLED DRINKING GOAL?

- Anyone who sets that goal!

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Reduced-risk drinking is a viable treatment option

Abstinence and non-abstinence-based treatments are both effective

Allowing patients to choose their treatment goal increases the success rate

- Van Amsterdam J, van den Brink W. Reduced-risk drinking as a viable treatment goal in problematic alcohol use and alcohol dependence. Journal of Psychopharmacology. 2013;27(11):987-997. doi:10.1177/0269881113495320

SHARED DECISION MAKING FOR A DRINKING GOAL

- The best goal is the one that the patient created
- Goals can be iterated upon – in any direction
- Specific, measurable time-bound
  - "I want to be more in control when I drink"
  - "I want to drink less"
  - "By our next visit in 1 month, I want to cut back from 4 drinks per night to 1 drink per night"
  - "Before my vacation in April, I want to be able to stop after 2 drinks when I go out with friends"

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MODERATING – HARM REDUCTION IN ALCOHOL USE

Space with water

Start later in the day

Eat first

Lower ABV drinks

Decide on drinking days or non-drinking days in advance

Limit alcohol in the home

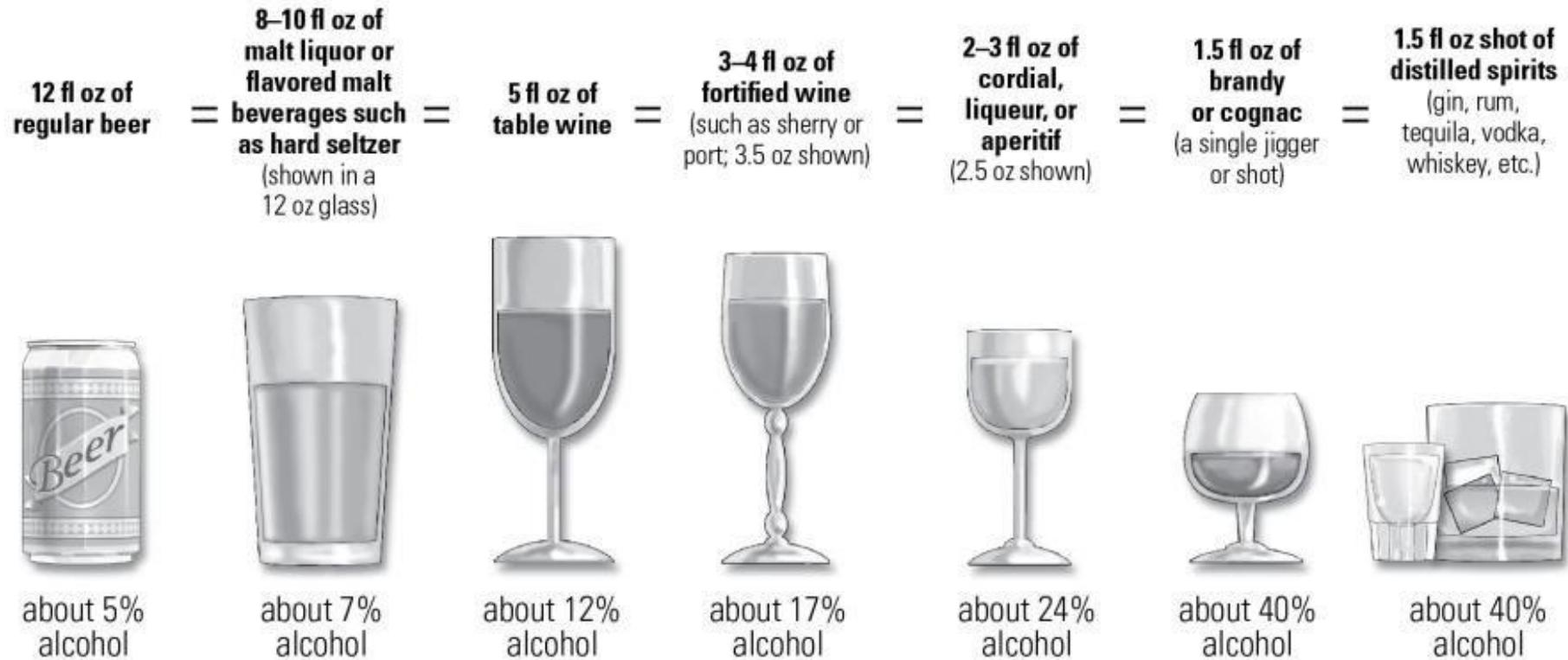Measure and count

Avoid mixing with other substances

Drink with others

Personal breathalyzers

Pre-arrange transportation plan

WHEN MODERATING...COUNT YOUR DRINKS!

What Is a Standard Drink?

12 fl oz of regular beer = 8–10 fl oz of malt liquor or flavored malt beverages such as hard seltzer (shown in a 12 oz glass) = 5 fl oz of table wine = 3–4 fl oz of fortified wine (such as sherry or port; 3.5 oz shown) = 2–3 fl oz of cordial, liqueur, or aperitif (2.5 oz shown) = 1.5 fl oz of brandy or cognac (a single jigger or shot) = 1.5 fl oz shot of distilled spirits (gin, rum, tequila, vodka, whiskey, etc.)

about 5% alcohol — about 7% alcohol — about 12% alcohol — about 17% alcohol — about 24% alcohol — about 40% alcohol — about 40% alcohol

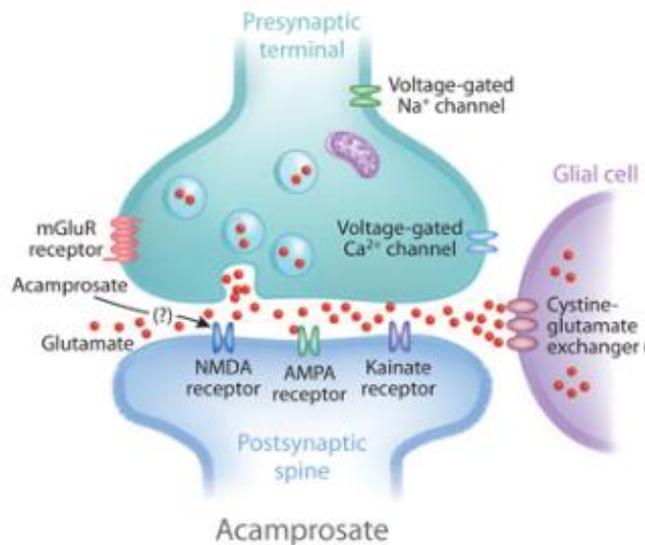*Each drink shown above contains 0.6 fluid ounces of "pure" ethanol and represent one U.S. "standard drink" or "alcoholic drink equivalent."*

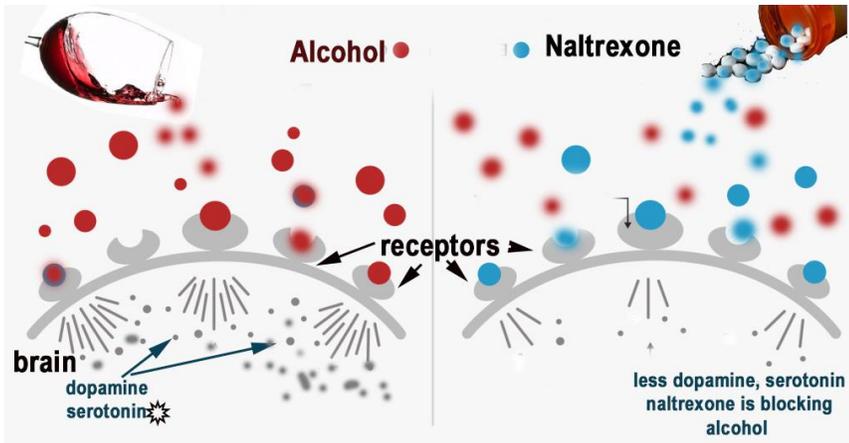# MEDS!

ACAMPROSATE

Pros
- Good evidence for abstinence (NNT 9-11)
- Safe even in severe liver disease

Considerations
- Poor evidence for reducing heavy drinking/moderating drinking
- Possibly less helpful for craving
- Needs to be renally dosed
- High pill burden

NALTREXONE

Alcohol ●   ● Naltrexone

receptors ►

brain
dopamine
serotonin

less dopamine, serotonin
naltrexone is blocking
alcohol

Pros

- Great option for moderation
- NNT 11 for preventing heavy drinking
- Pill and injectable options – similar in effectiveness
- More effective in patients with family history of AUD, early onset of drinking age, and other substance use disorders

Considerations

- GI upset, headache
- Can't be on opioid medications
- Consideration in severe liver disease (acute liver injury and decompensated cirrhosis)

DISULFURAM

Alcohol → ADH → Acetaldehyde → ALDH → Acetate

Disulfiram (blocks ALDH)
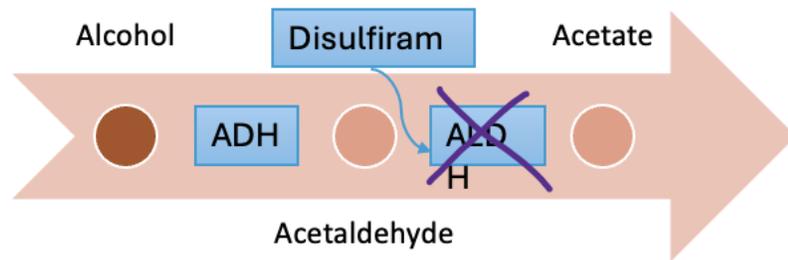
Pros
- Can be effective for the right patient
- Effective for abstinence if adherent
- Can use as needed

Considerations
- Only as effective as adherence
- Requires awareness of ALL sources of alcohol
- Not safe if pt not able to tolerate dehydration/severe flulike symptoms (frailty, heart failure, etc)
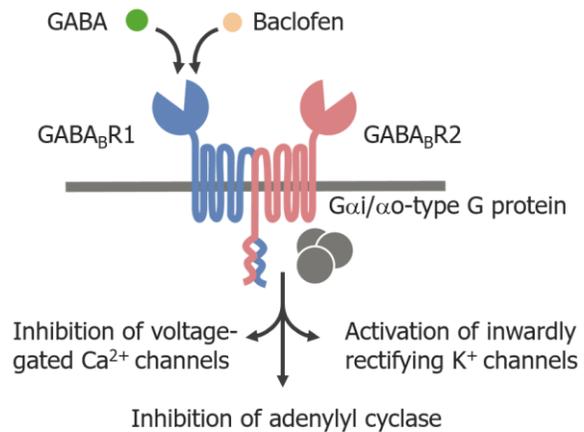
GABAPENTIN*

Pros

- Many patients have co-occurring anxiety, neuropathic pain
- More effective for patients with greater withdrawal symptoms
- Some evidence for decrease in heavy drinking days and abstinence though evidence mixed
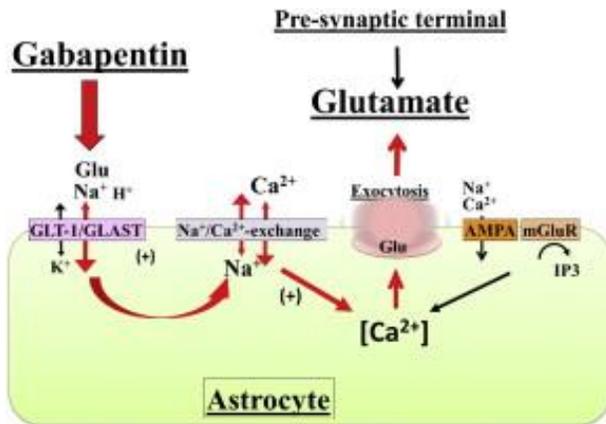
Considerations

- Can be oversedating, neuro side effects
- Not for significant renal impairment
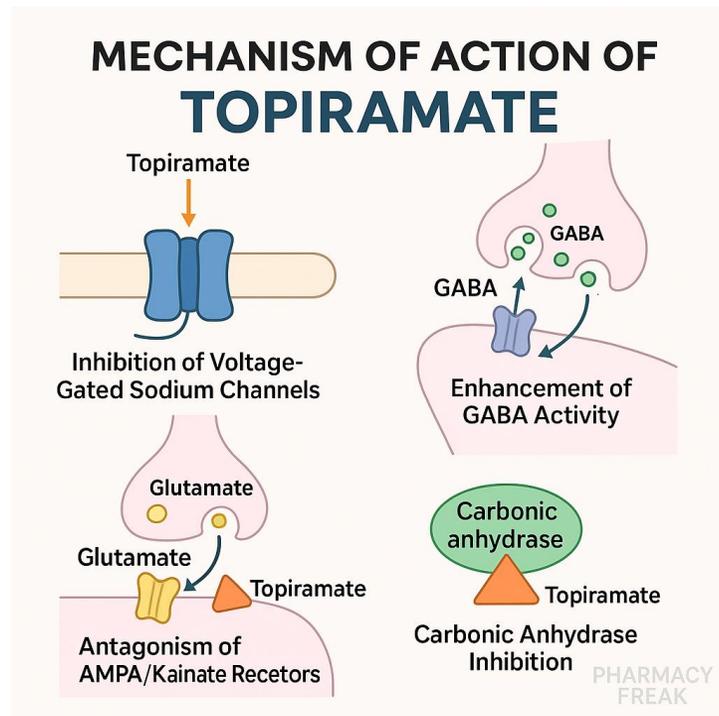
BACLOFEN*

The GABA$_B$ receptor complex

Pros	• Some evidence for abstinence • Safe in cirrhosis
Considerations	• Minimal evidence for moderation in drinking • Not for significant renal impairment

TOPIRAMATE*

MECHANISM OF ACTION OF
TOPIRAMATE

Topiramate

Inhibition of Voltage-Gated Sodium Channels

GABA
GABA
Enhancement of GABA Activity

Glutamate
Glutamate
Topiramate
Antagonism of AMPA/Kainate Recetors

Carbonic anhydrase
Topiramate
Carbonic Anhydrase Inhibition

PHARMACY FREAK

Pros

- Reduction in percentage of heavy drinking days
- Reduction in number of drinks per drinking day

Considerations

- Can have a challenging side effect profile
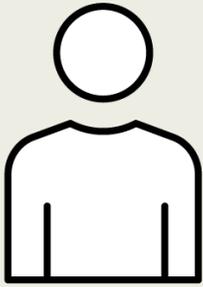- Not for significant renal impairment
- Long up-titration

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SEMAGLUTIDE*

- No change in number of drinking days
- Significantly reduced drinks per drinking day (β, -0.41; 95% CI, -0.73 to -0.09; P = .04)
- Reduced alcohol craving (β, -0.39; 95% CI, -0.73 to -0.06; P = .01)

JAMA Psychiatry

RCT: Once-Weekly Semaglutide in Adults with Alcohol Use Disorder

POPULATION

14 Men, 34 Women

Non–treatment-seeking adults meeting criteria for alcohol use disorder
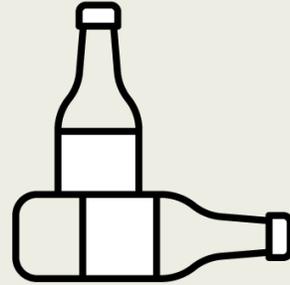
Mean (SD) age, 39.9 (10.6) y

SETTINGS / LOCATIONS

1 US academic medical center

INTERVENTION

48 Participants randomized and analyzed
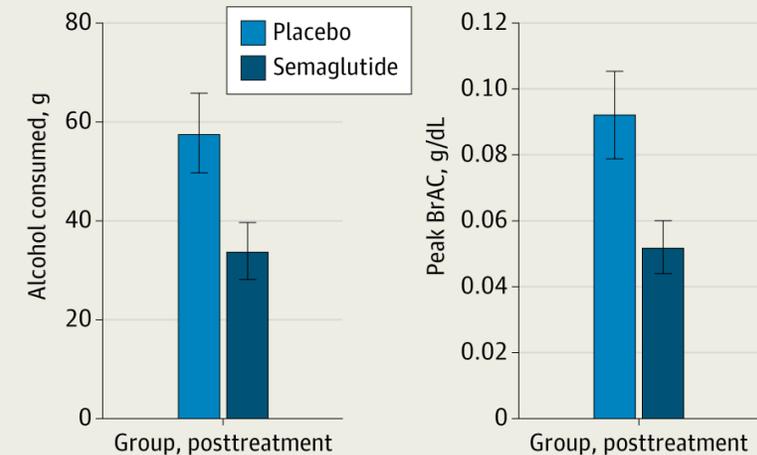
24 Semaglutide
Once-weekly semaglutide

24 Placebo
Placebo injections

PRIMARY OUTCOME

Estimated alcohol consumed over 120 min during laboratory self-administration (estimated alcohol consumed in grams and peak breath alcohol concentration [BrAC] in g/dL)

FINDINGS

Among participants consuming alcohol in a laboratory session following 8 wk of treatment, those in the semaglutide group drank significantly less alcohol than those in the placebo group
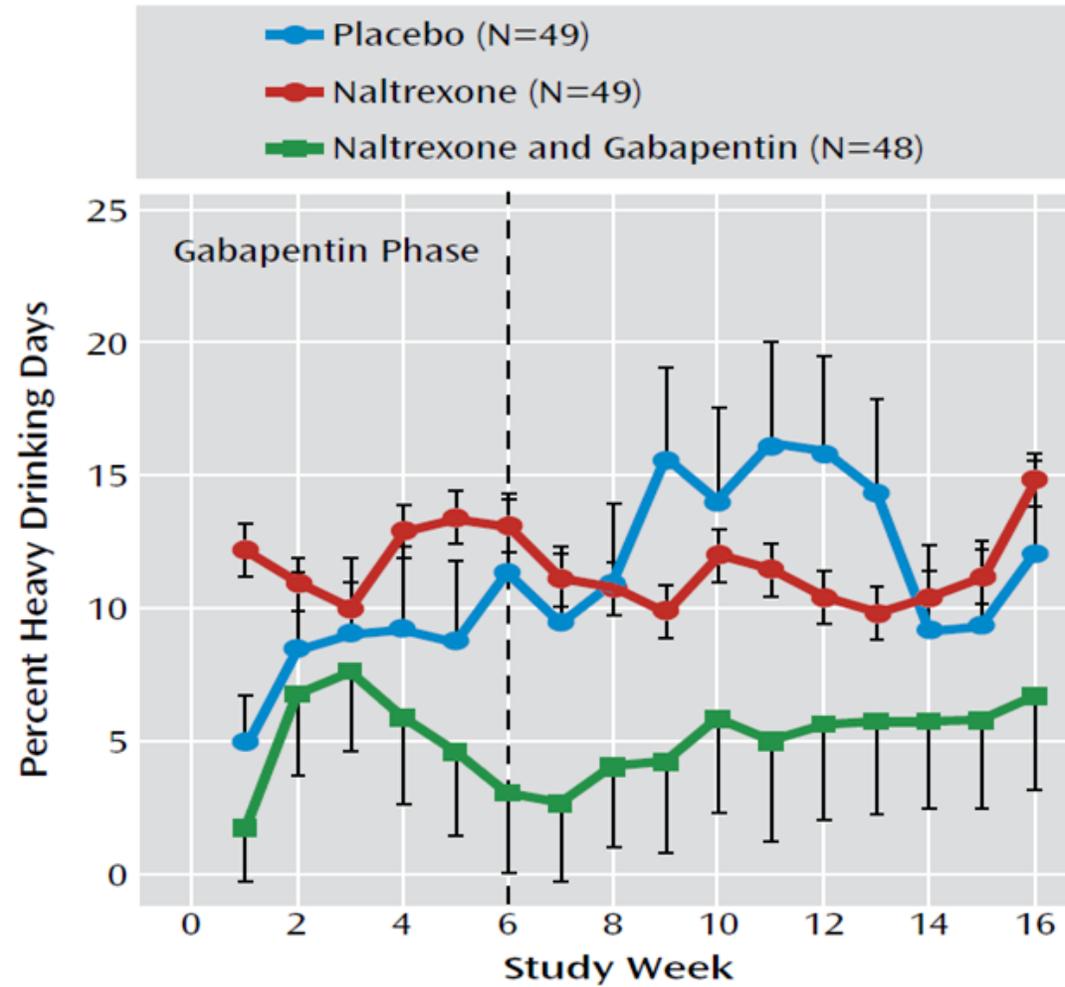

Mean (SD) alcohol consumed: Semaglutide: 33.62 (20.72) g; placebo: 57.19 (28.15) g
Mean (SD) peak BrAC: Semaglutide: 0.052 (0.029) g/dL; placebo: 0.092 (0.046) g/dL
Effect sizes: Alcohol consumed: β, −0.48; 95% CI, −0.85 to −0.11; P=.01; peak BrAC: β, −0.46; 95% CI, −0.87 to −0.06; P=.03

ADJUNCTIVE TREATMENT

TARGETED NALTREXONE

- 2011: Targeted Naltrexone for Problem Drinkers
- 163 individuals (58.3% male) whose goal was to **reduce their drinking to safe limits**
  - Patients received study medication (i.e., naltrexone 50 mg or placebo)
  - Instructed to use it either daily or targeted to situations identified by them as being **high risk for heavy drinking**
  - Targeted group did just as well as scheduled group, with fewer drinks per drinking day (1-2 fewer drinks)

TARGETED NALTREXONE

- Targeted Oral Naltrexone for Mild to Moderate Alcohol Use Disorder Among Sexual and Gender Minority Men
  - 2022 RCT
  - Median frequency of naltrexone 50mg **2.5** times per week
  - Reduced reported number of binge-drinking days [NNT]=2,
  - Reduced weeks with any binge drinking, number of drinks per month (NNT = 6 to reduce by 10 drinks/month)

RAPID CASES

- Pt has hx binge drinking with friends but otherwise doesn't drink to excess

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RAPID CASES

- Pt has hx binge drinking with friends but otherwise doesn't drink to excess
  - Consider naltrexone – scheduled vs PRN
  - Dosing regimens
    - 50mg PRN
    - 50mg daily
    - 50mg daily + additional 50mg PRN
    - IM Naltrexone

RAPID CASES

- Pt has hx binge drinking with friends but otherwise doesn't drink to excess
  - Consider naltrexone
  - Dosing regimens
    - 50mg daily + additional 100mg
    - 50mg as pill in pocket
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- Tried the naltrexone and the drinking is better but not where the pt wants it to be

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- Tried the naltrexone but a month later – the drinking is still the same

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  - Stop naltrexone
  - Try 2nd line – semaglutide, topiramate, baclofen depending on co-occurring conditions

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- Pt doing well with moderating, but going on a cruise next month
  - Naltrexone
  - Disulfiram?
    - ideally abstinent 48hrs in advance

BEYOND PHARMACOTHERAPY

Frequent check ins – tracking progress

People, places, and things

Recovery-oriented activities (lifestyle changes, employment, education)

THANK YOU!

- Questions?