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Alcohol Treatment Trials with a Non-Abstinence Treatment Goal: A Clinician's Perspective

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Essential Questions

- Who should participate?
- How should they be selected?
- What, short of abstinence, should be the treatment goal?
- Non-abstinence outcome measures that have been used include craving, time to 1st drink, LFT, and # of drinking days.

One Source of Answers

THE PHYSICIANS' GUIDE TO HELPING PATIENTS WITH ALCOHOL PROBLEMS

National Institute on Alcohol Abuse
and Alcoholism,

1995

SCREENING AND BRIEF INTERVENTION PROCEDURES

- Step I. *ASK* about alcohol use.
- Step II. *ASSESS* for alcohol-related problems.
- Step III. *ADVISE* appropriate action (i.e., set a drinking goal, abstain, or obtain alcohol treatment).
- Step IV. *MONITOR* patient progress

STEP I. ASK ABOUT ALCOHOL USE

- Ask all patients: Do you drink alcohol, including beer, wine, or distilled spirits?
- Ask current drinkers about alcohol consumption:
 - how many days per week?
 - how many drinks per drinking day?
 - maximum number of drinks per occasion during the last month?
- Ask current drinkers the CAGE questions

ASK CURRENT DRINKERS THE CAGE QUESTIONS

- Have you ever felt that you should *CUT DOWN* on your drinking?
- Have people *ANNOYED* you by criticizing your drinking?
- Have you ever felt bad or *GUILTY* about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (*EYE OPENER*)?
- If there is a positive response to any of these questions, ASK: Has this occurred during the past year?

A PATIENT MAY BE AT RISK FOR
ALCOHOL-RELATED PROBLEMS IF:

- alcohol consumption is:
 - Men: > 14 drinks per week or > 4 drinks per occasion
 - Women: > 7 drinks per week or > 3 drinks per occasion
 - OR
- one or more positive responses to the CAGE that have occurred in the past year

STEP II. ASSESS FOR ALCOHOL-RELATED PROBLEMS

- Determine problem severity:
 - (1) at increased risk for developing alcohol-related problems
 - (2) currently experiencing alcohol-related problems, or
 - (3) may be alcohol dependent.

AT INCREASED RISK FOR DEVELOPING ALCOHOL PROBLEMS

- drinking above recommended low-risk consumption levels or in high-risk situations
- personal or family history of alcohol-related problems

CURRENTLY EXPERIENCING ALCOHOL-RELATED PROBLEMS

- one or two positive responses to the CAGE that have occurred in the past year
- evidence of alcohol-related medical or behavioral problems

MAY BE ALCOHOL DEPENDENT

- three or four positive responses to the CAGE that have occurred in the past year
- evidence of one or more of the following symptoms:
 - Compulsion to drink--preoccupation with drinking
 - Impaired control--unable to stop drinking once started
 - Relief drinking--drinking to avoid withdrawal symptoms
 - Withdrawal--evidence of tremor, nausea, sweats, or mood disturbance
 - Increased tolerance--takes more alcohol than before to get "high"

STEP III. ADVISE APPROPRIATE ACTION

- Advise to *abstain* if:
 - evidence of alcohol dependence
 - history of repeated failed attempts to cut down
 - pregnant or trying to conceive
 - contraindicated medical condition or medication
- Advise to *cut down* if:
 - drinking above recommended low-risk drinking amounts and no evidence of alcohol dependence

RECOMMENDATIONS TO PATIENTS FOR LOW-RISK DRINKING

- Advise those patients who currently drink to drink in moderation. *Moderate drinking* is defined as follows:
 - Men--no more than two drinks per day
 - Women--no more than one drink per day
 - Over 65--no more than one drink per day
- Advise patients to abstain from alcohol under certain conditions:
 - when pregnant or considering pregnancy
 - when taking a medication that interacts with alcohol
 - if alcohol dependent
 - if a contraindicated medical condition is present (e.g., ulcer, liver disease)

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