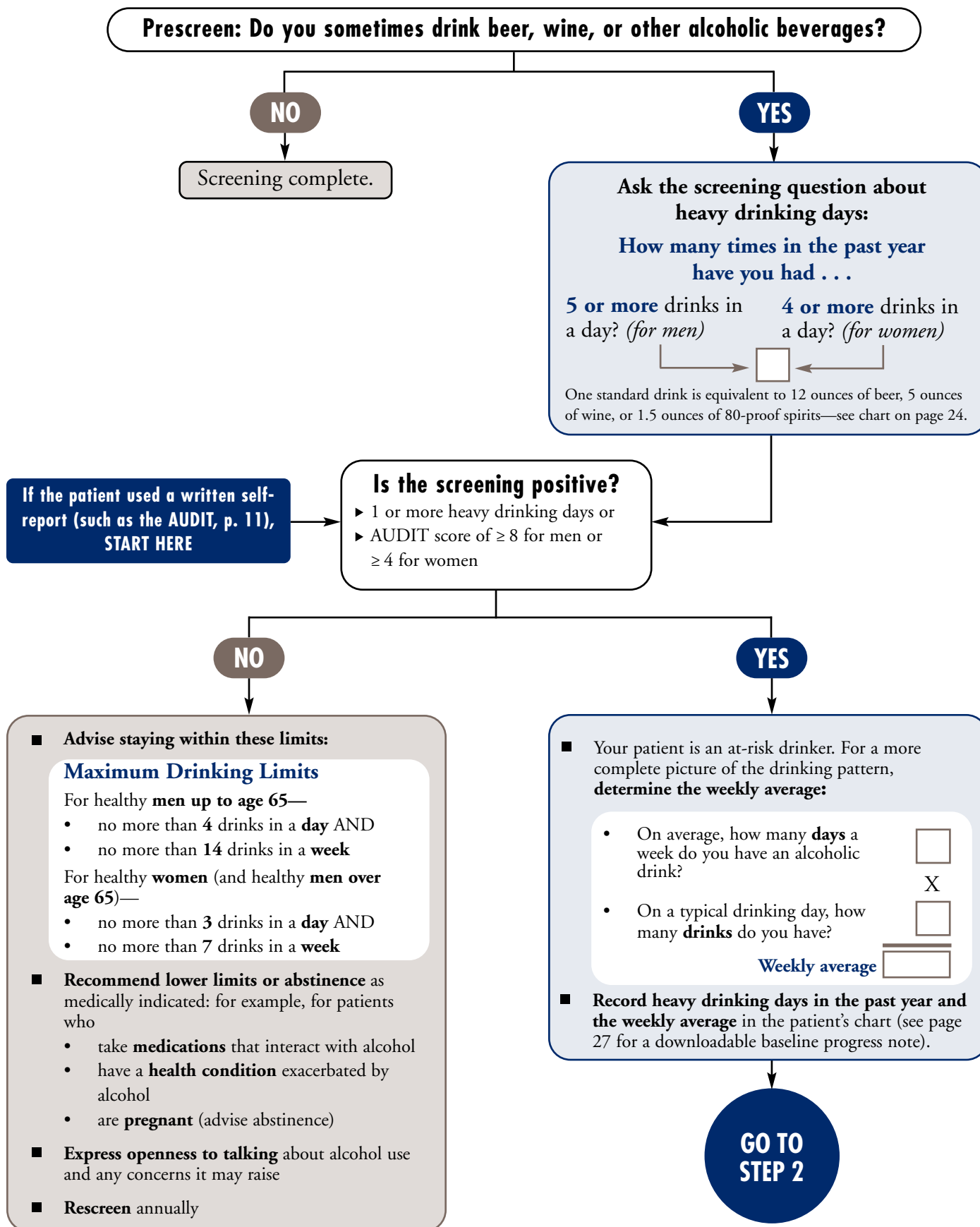


How to Help Patients Who Drink Too Much: A Clinical Approach

STEP 1 Ask About Alcohol Use



STEP 2 Assess for Alcohol Use Disorders

Next, determine whether there is a *maladaptive pattern of alcohol use*, causing *clinically significant impairment or distress*. It is important to assess the severity and extent of all alcohol-related symptoms to inform your decisions about management. The following list of symptoms is adapted from the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), Revised*. Sample assessment questions are available online at www.niaaa.nih.gov/guide.

Determine whether, in the past 12 months, your patient’s drinking has **repeatedly** caused or contributed to

- risk** of bodily harm (drinking and driving, operating machinery, swimming)
- relationship** trouble (family or friends)
- role failure** (interference with home, work, or school obligations)
- run-ins** with the law (arrests or other legal problems)

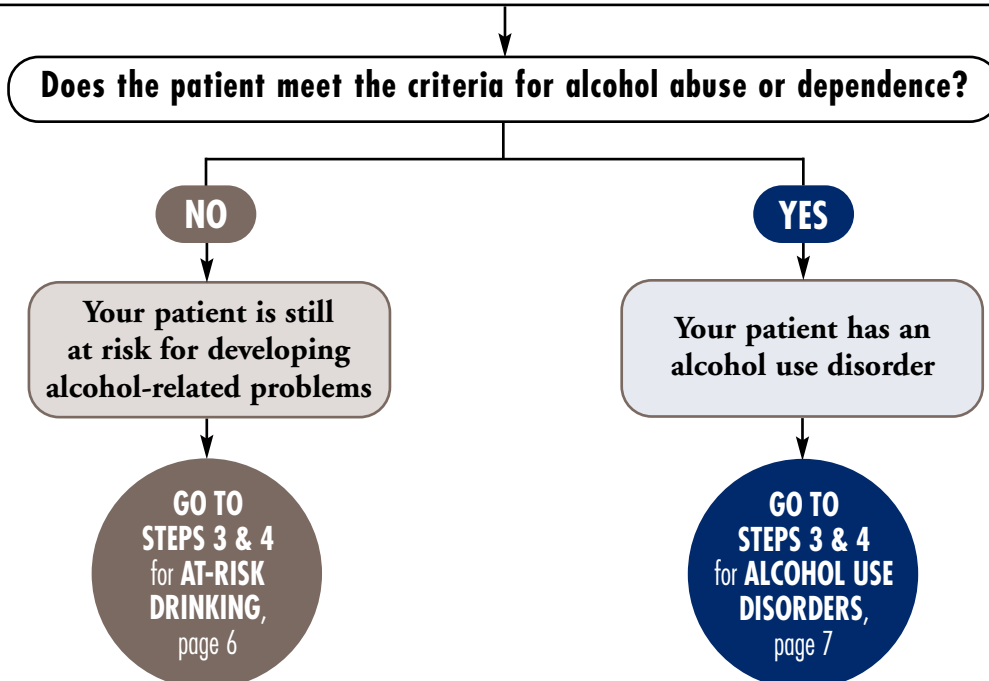
If yes to **one or more** → your patient has **alcohol abuse**.

In either case, proceed to assess for dependence symptoms.

Determine whether, in the past 12 months, your patient has

- not been able to stick to drinking limits** (repeatedly gone over them)
- not been able to cut down or stop** (repeated failed attempts)
- shown tolerance** (needed to drink a lot more to get the same effect)
- shown signs of withdrawal** (tremors, sweating, nausea, or insomnia when trying to quit or cut down)
- kept drinking despite problems** (recurrent physical or psychological problems)
- spent a lot of time drinking** (or anticipating or recovering from drinking)
- spent less time on other matters** (activities that had been important or pleasurable)

If yes to **three or more** → your patient has **alcohol dependence**.



AT-RISK DRINKING (no abuse or dependence)

STEP 3 Advise and Assist (Brief Intervention)

- **State your conclusion and recommendation clearly:**
 - “You’re drinking more than is medically safe.” Relate to the patient’s concerns and medical findings, if present. (Consider using the chart on page 25 to show increased risk.)
 - “I strongly recommend that you cut down (or quit) and I’m willing to help.” (See page 29 for advice considerations.)
- **Gauge readiness to change drinking habits:**
 “Are you willing to consider making changes in your drinking?”

Is the patient ready to commit to change at this time?

NO

Don’t be discouraged—ambivalence is common. Your advice has likely prompted a change in your patient’s thinking, a positive change in itself. With continued reinforcement, your patient may decide to take action. For now,

- **Restate your concern** about his or her health.
- **Encourage reflection** by asking patients to weigh what they like about drinking versus their reasons for cutting down. What are the major barriers to change?
- **Reaffirm your willingness to help** when he or she is ready.

YES

- **Help set a goal** to cut down to within maximum limits (see Step 1) or abstain for a time.
- **Agree on a plan**, including
 - what specific steps the patient will take (e.g., not go to a bar after work, measure all drinks at home, alternate alcoholic and nonalcoholic beverages).
 - how drinking will be tracked (diary, kitchen calendar).
 - how the patient will manage high-risk situations.
 - who might be willing to help, such as significant others or nondrinking friends.
- **Provide educational materials.** See page 26 for “Strategies for Cutting Down” and page 27 for other materials available from NIAAA.

STEP 4 At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit (see page 27 for downloadable progress notes).

Was the patient able to meet and sustain the drinking goal?

NO

- **Acknowledge that change is difficult.**
- **Support any positive change** and address barriers to reaching the goal.
- **Renegotiate the goal and plan;** consider a trial of abstinence.
- **Consider engaging significant others.**
- **Reassess the diagnosis** if the patient is unable to either cut down or abstain. (Go to Step 2.)

YES

- **Reinforce and support continued adherence** to recommendations.
- **Renegotiate drinking goals** as indicated (e.g., if the medical condition changes or if an abstaining patient wishes to resume drinking).
- **Encourage the patient to return** if unable to maintain adherence.
- **Rescreen** at least annually.

ALCOHOL USE DISORDERS (abuse or dependence)

STEP 3 Advise and Assist (Brief Intervention)

- **State your conclusion and recommendation clearly:**
 - “I believe that you have an alcohol use disorder. I strongly recommend that you quit drinking and I’m willing to help.”
 - Relate to the patient’s concerns and medical findings if present.
- **Negotiate a drinking goal:**
 - Abstaining is the safest course for most patients with alcohol use disorders.
 - Patients who have milder forms of abuse or dependence and are unwilling to abstain may be successful at cutting down. (See Step 3 for At-Risk Drinking.)
- **Consider referring for additional evaluation by an addiction specialist**, especially if the patient is dependent. (See page 23 for tips on finding treatment resources.)
- **Consider recommending a mutual help group.**
- For patients who have dependence, **consider**
 - the need for **medically managed withdrawal** (detoxification) and treat accordingly (see page 31).
 - prescribing a **medication** for alcohol dependence for those who endorse abstinence as a goal (see page 13).
- **Arrange followup** appointments, including medication management support if needed (see page 17).

STEP 4 At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit (see page 27 for downloadable progress notes). If the patient is receiving a medication for alcohol dependence, medication management support should be provided (see page 17).

Was the patient able to meet and sustain the drinking goal?

NO

- **Acknowledge that change is difficult.**
- **Support efforts** to cut down or abstain, while making it clear that your recommendation is to abstain.
- **Relate drinking to problems** (medical, psychological, and social) as appropriate.
- If the following measures aren’t already being taken, **consider**
 - referring to an **addiction specialist** or consulting with one.
 - recommending a **mutual help group**.
 - engaging **significant others**.
 - prescribing a **medication** for alcohol-dependent patients who endorse abstinence as a goal.
- **Address coexisting disorders**—medical and psychiatric—as needed.

YES

- **Reinforce and support continued adherence** to recommendations.
- **Coordinate care** with a specialist if the patient has accepted referral.
- **Maintain medications** for alcohol dependence for at least 3 months and as clinically indicated thereafter.
- **Treat coexisting nicotine dependence** for 6 to 12 months after reaching the drinking goal.
- **Address coexisting disorders**—medical and psychiatric—as needed.