Alcohol use disorder

- Repeated alcohol related difficulties in at least 2 of 11 areas of life that cluster together in the same 12 month period

Criteria

- 2 or more in same 12 month period
  - Alcohol craving
  - Great deal of time spent obtaining, using or recovering from alcohol
  - Drinking leading to recurrent failure to fulfill obligations
  - Recurrent drinking in hazardous situations
  - Tolerance
  - Drinking in larger amounts for longer than intended
  - Continued drinking despite alcohol related social/interpersonal problems
  - Continued drinking despite knowledge of physical/psychological problems
  - Withdrawal/substance use for relief/avoidance of withdrawal
  - Important activities given up/reduced due to drinking
  - Persistent desire/failure to stop or reduce drinking

Natural history

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- Earlier onset of alcoholism associated with high risk for later alcohol related diagnosis
- First major life problem around early twenties
- Once established, exacerbations and remissions occur
- 20% chance of spontaneous remission with long term abstinence

Treatment

Patient identification

- By asking questions, lab tests
- Blood tests: γ glutamyl transferase (GGT) >35U
  Carbohydrate deficient transferrin (CDT) >20U/L
  } Done together, highly specific ↓ only after several weeks of abstinence
  High normal MCV
  Serum uric acid >7mg/dL
- Alcohol Use Disorder Identification Test (AUDIT)

Acute intoxication

- Assess vitals, manage vitals
- Toxicology screening if other drugs suspected
- If aggressive, control with response team
- If still aggressive, low dose lorazepam/olanzepine

Intervention

- With acronym FRAMES
  - Feedback to patient
  - Responsibility to be taken by patient
  - Advice
  - Menus of options to be considered
  - Empathy for understanding
  - Self efficacy

Alcohol withdrawal

Symptoms

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- Tremor of hands
- Agitation and anxiety
- ↑HR, RR, sweating, temp
- Insomnia
- Withdrawal seizure (delirium tremens)
- Delirium, confusion, agitation
- Wernicke – Korsakoff Syndrome: Due to damage to mamillary body, dorsomedial nuclei of thalamus, adjacent gray matter due to thiamine (B_1) deficiency

  Due to long standing heavy drinking and inadequate diet

  Wernicke's encephalopathy – Delirium
  Ataxia
  Nystagmus
  Ophthalmoplegia

  Korsakoff syndrome – Severe short term memory deficits
  Confabulation

  Treat promptly or it becomes irreversible

Treatment

- Physical examination
- Evaluate liver, GI bleed, cardiac, electrolyte abnormalities
- Adequate nutrition + oral multiple B vitamin
- Avoid fluids unless relevant medical problem
- Benzodiazepine 10mg every 4-6 hrs on first day, decrease to zero over 5 days

- Outpatient detoxification if patient alright physically with no history
- Return daily for 2-3 days for examination
- In severe case, ICU admission, high dose benzodiazepine. If benzodiazepine not working → Propofol

Rehab phase

- Cognitive behavioral approach: Counsel
  Motivate
  Prevent relapse
  Reassure
- Medication: Naltrexone 50-150mg/day as once a month 380mg injection
  Acamprosate 2g/day in 3 doses
  Disulfiram 250mg/day
- Disulfiram causes vomiting, ANS instability. Dangerous for heart disease, DM, stroke, htn. Can also cause liver damage, peripheral neuropathy, psychotic symptoms, depression