NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Alcohol Treatment

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Alcohol and HIV

- Alcohol use impacts HIV transmission, progression and treatment
- Adherence to HAART can be compromised and toxicity increased by heavy alcohol use
- Alcohol is a major risk factor for progression of liver disease with HCV and is a common barriers to HCV treatment
- Large spectrum of alcohol use and problems for clinicians to sort through

Steps in Managing Alcohol Problems

- Screening to identify risk level
- Assess patients for alcohol use disorders
- Brief intervention for at-risk drinkers
- For patients with alcohol use disorders, consider referral, withdrawal management, and prescribing medication for alcohol dependence

Alcohol Screening

- "Do you sometimes drink alcoholic beverages?"
  - If no, "Have you ever tried to cut down or have others have ever been concerned about your alcohol use?"
  - If yes, "How often have you had 5 (4) or more drinks in a day?"
- If >0, calculate weekly average
- Advise staying within safe drinking limits:
  - 4 (3) drinks/day, 14 (7) drinks/week
  - Recommend abstinence for patients with HCV

DSM-5 Substance Use Disorder

- If over safe drinking limits, assess for AUD:
  - Tolerance
  - Withdrawal
  - Persistent desire to cut down or quit
  - Spends lots of time taking, obtaining, recovering
  - Takes more than intended
  - Gives up important activities due to substance
  - Use in spite of physical or psychological problems caused by substance
  - Failure to fulfill major role obligations due to substance
  - Recurrent use in physically hazardous situations
  - Craving (such as strong urge that could not think of anything else)
  - Continues use in spite of social or interpersonal problems

DSM-5 Substance Use Disorder

- New severity estimation categorization:
- Replaces Substance Abuse/Dependence
  - No Substance Use Disorder: one criteria
  - Mild Substance Use Disorder: 2-3 criteria
  - Moderate Substance Use Disorder: 4-5 criteria
  - Severe Substance Use Disorder: 6 or more criteria

For At-Risk Drinkers Without AUD

- “You are drinking more than is medically safe”
- “I strongly recommend that you quit or cut down”
- “Are you willing to change your drinking?”
- If no:
  - Encourage reflection: pros and cons of drinking
  - Restate your health concerns
  - Reaffirm willingness to help
- If yes:
  - Set a goal, agree on a plan, problem solve
- For either, follow up to continue support

For Patients With AUD

- "You have an alcohol use disorder and I strongly recommend that you quit"
- Negotiate a drinking goal (none is safest)
- Consider:
  - Addiction evaluation/treatment
  - Recommending a mutual help group
  - Need for medically managed withdrawal
  - Prescribing a medication for alcohol dependence
- Always arrange for follow up

FDA Approved Medications

- Disulfiram (Antabuse)
- Acamprosate (Campral)
- Naltrexone (Revia-PO, Vivitrol-IM)

NON-FDA Approved Medications

- Topiramate (Topamax) – high level of evidence
- Varenicline – single positive study
- Gabapentin (with Naltrexone) – also effective for withdrawal
- Baclofen – small studies, mixed results
- …and many more! **www.clinicaltrials.gov**

Disulfiram

- Produces an acute sensitivity to alcohol
- Randomized trials do not show benefit
- May be effective if adherence can be monitored
- Cannot begin Disulfiram until 12 hours after last drink
- Initial dose is 500 mg daily for 1-2 weeks, then maintain on 250 mg (range 125 mg - 500 mg) per day
- May cause liver toxicity so use with caution in patients with chronic HBV and/or HCV

Acamprosate

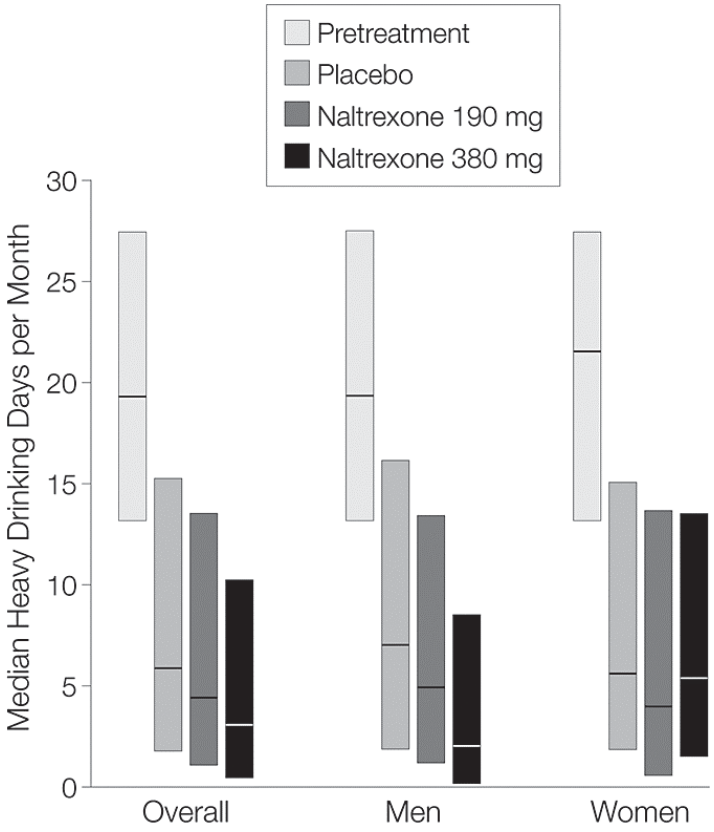
- Blocks release of glutamate, which is associated with alcohol withdrawal
- Appears to be more helpful in preventing relapse than reducing drinking levels
- Does not prevent withdrawal symptoms
- Dose: 666 mg TID (can use 1/2 strength)
- Side effects: diarrhea, gas, upset stomach, loss of appetite, dry mouth, dizziness, itching, weakness
- No liver toxicity

Naltrexone

- Blocks μ-opioid receptors
- Weakens the rewarding effects of alcohol
- Appears to promote reduction in drinking level rather than abstinence
- Dose: 50-100 mg PO daily
- Side effect nausea, headache, dizziness
- Transaminitis rare
- Extended-release naltrexone is approved as a once-a-month injection for alcohol dependence

Example of Medication Impact: Injectable Naltrexone

Median Heavy Drinking Days per Month for Each Treatment Group Overall and by Sex



Garbutt, J. C. et al. JAMA 2005;293:1617-1625.

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Choosing Alcohol Medications

- Naltrexone
  - Can be used in active drinkers (unlike others)
  - Predictors of response: +FH, ↑craving
- Acamprosate
  - Safe in liver disease (baclofen too), with opioids
  - Predictors of response: ↑anxiety, severe withdrawal, -FH, late onset, female
- Disulfiram
  - Highly motivated, supervised adherence
- Genetic markers?

Emerging Models

- Collaborative care for alcohol dependence
  - Modeled on depression/anxiety trials
  - RN intervention/outreach with expert advice
  - Emphasis on medications, lab monitoring
- Harm reduction
  - Monthly naltrexone injections in heavy drinkers
  - Strong outreach/engagement
  - Focus on reducing drinking

Alcohol Treatment

- Begins with screening and determination of risk
- Assess high risk patients for Alcohol Use Disorders
- Brief interventions are effective for at-risk drinkers without AUD
- Medications are effective for patients with alcohol dependence