# MEDICAL MANAGEMENT OF ALCOHOL USE DISORDER

Substance Use Learning Event

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# OBJECTIVES

- Medical assessment of patient with Alcohol Use Disorder
- Identification patients suitable for home detox
- Process for referral to inpatient detox
- Guidelines and protocol for outpatient detoxification of patient with AUD
- Community resources post-detox
- Long term medical management
- Use of "anti craving" medications in relapse prevention

# WILBUR

- 58 year old appliance repairman, recently retired, comes to office with his wife
- 12-15 beer daily
- Recent diagnosis and treatment of Ca of floor of mouth
- Frequent absenteeism from work in the past
- Father died from complications of alcohol
- Wants to stop drinking altogether

# WILBUR

- 6-12 beers / day for 30 years, 12-15 since retirement
- Quit smoking 5 yrs ago
- No other drug use
- Essential tremor
- Past attempts caused worsening of tremor, cravings, no seizures or hallucinations
- Ca of mouth, no IDDM /CAD, no depression / anxiety

# Is this patient a suitable candidate for office-based management of alcohol withdrawal?

# Problem Drinking

BCGuidelines.ca

*"By BC Physicians, for BC Physicians"*

# CONTRAINDICATIONS TO OUTPATIENT WITHDRAWAL MANAGEMENT

- History of withdrawal seizure or withdrawal delirium.
- Multiple failed attempts at outpatient withdrawal.
- Unstable associated medical conditions: Coronary Artery Disease (CAD), Insulin-Dependent Diabetes Mellitus (IDDM).
- Unstable psychiatric disorders: psychosis, suicidal ideation, cognitive deficits, delusions or hallucinations.
- Additional sedative dependence syndromes (e.g., benzodiazepines, gamma-hydroxy butyric acid, barbituates and opiates).
- Signs of liver compromise (e.g., jaundice, ascites).
- Pregnancy.
- Failure to respond to medications after 24-48 hours.
- Advanced withdrawal state (e.g., delerium, hallucinations, temperature > 38.5 ° ).
- **Lack of a safe, stable, substance-free setting and care giver to dispense medications.**

# PATIENT ASSESSMENT

- Hx - pattern of use, other drugs, past attempts to quit/ cut down, past seizures or w/d delirium, time since last drink, other medical conditions (IDDM, CAD), psychiatric conditions (depression, anxiety, psychosis), meds, allergies
- **Pharmanet search**
- PE – vitals, signs of liver disease, CIWA
- Lab – CBC, creat, lytes, AST, ALT, GGT, bili, albumin, INR, HIV and hepatitis screen, preg test, **UDS**

# CIWA

- Nausea and Vomiting
- Tremor
- Paroxysmal Sweats
- Anxiety
- Agitation
- Tactile Disturbances
- Auditory Disturbances
- Visual Disturbances
- Headache / Fullness in Head
- Orientation and Clouding of Sensorium

# WILBUR

BP 120/80, P 68 reg, facial plethora, telangectasias, mild tremor, abdominal obesity, no hepatomegaly or ascites

Mildly elevated MCV and GGT

# WILBUR

Home detox / refer ?

# OUTPATIENT DETOX PROTOCOL

- Start on a Monday or Tuesday and see with reliable caregiver
- Rx Thiamine 100 mgs daily for 5 days
- Encourage fluids
- Daily assessments for 3-4 days – vitals, hydration, CIWA, sleep,
- Monitor for relapse / ongoing drinking
- Ongoing discussion of post-detox plan

# OUTPATIENT DETOX PROTOCOL

Usually benzodiazepines - diazepam / lorazepam

3 regimen options:

1. **Fixed dose** - diazepam 10 mgs QID and taper by 10 mgs daily

2. **PRN dosing** - diazepam 10 mgs Q 4-6 hrs PRN

3. **Front end loading** – Diazepam 20 mgs Q 2-4 hrs until sedated then 10 mgs Q 4-6 hrs PRN

# WILBUR

Uneventful home detox, diazepam tapered over 4 days then stopped.

# Now what?

Short term abstinence after detox:

Untreated – 21%

Treated – 43%

# TREATMENT POST DETOX

- Support groups – AA/NA (Al-Anon, Nar-Anon), LifeRing, SMART Recovery
- Outpatient treatment – **AOT Quadra Clinic**, private
- **Stabilization Unit** post detox
- Residential treatment – 12 step vs. non-12 step, private vs. publically funded
- Supportive Housing – **Lilac and Holly House**, **The Grove**

# TREATMENT POST DETOX

- Medications in post detox period
- Treat psychiatric comorbidities
- Long term follow up and planning - addiction is a chronic disease
- Watch for life stressors - grief & loss, pain, poor health, divorce, retirement
- Mindful prescribing of opioids and benzodiazepines

# MEDICATIONS TO TREAT AUD

Approved:

disulfiram, naltrexone, acamprosate

Off Label:

gabapentin, baclofen, topirimate

Of patients with SUD 1/3 receive treatment and fewer that 1/10 of these receive medication as part of treatment … Why?

# NALTREXONE AND ACAMPROSATE

Both effective in reducing alcohol consumption

NNT to prevent one person from returning to any drinking:

Naltrexone - 7

Acamprosate - 7

Info POEM: NNT to prevent stroke by treating mild hypertension- 173

# DISULFIRAM

- Aldehyde dehydrogenase inhibitor
- Requires abstinence
- Causes reaction if alcohol ingested – sweating, N&V, flushing, hypotension, headaches
- Use in highly motivated patient
- Best if witnessed ingestion

# DISULFIRAM

- Side effects: drowsiness, headaches, sexual dysfunction

- Contraindications: cardiac disease, CV disease, renal/hepatic failure, pregnancy

- 250-500 mgs daily, $146/yr, regular benefit

# NALTREXONE

- Opioid antagonist, blocks action of endorphins when alcohol consumed
- Reduces days of heavy drinking
- May be more effective if strong family history
- May start while still drinking
- Must be opioid free for 10 days and stop for 7 days if opioids needed

# NALTREXONE

- Side effects: nausea, vomiting, headache, fatigue, hepatotoxicity
- Contraindications: hepatic failure, opioid use - monitor liver enzymes
- 50 mgs daily, $1952.50/yr, limited coverage - Collaborative Prescribing Agreement

# ACAMPROSATE

- Restores neuronal imbalance caused by chronic alcohol use
- Reduces anxiety and insomnia in post-acute withdrawal period
- Delays return to drinking and is helpful for maintaining abstinence
- Must be abstinent when starting
- Can be used in patients with severe liver disease

# ACAMPROSATE

- Side effects: diarrhea, nausea, headaches, depression
- Contraindications: severe renal impairment, pregnancy
- 666mgs TID (333mgs TID in renal impairment), $1817.70/yr, limited coverage – Collaborative Prescribing Agreement

# MEDICATIONS USED OFF LABEL

- Gabapentin 300/600 mgs TID
- Topirimate 50 mgs daily, titrate to 150 mgs BID
- Baclofen 10 mgs TID

# SUMMARY

- Addiction is a chronic disease
- Home based detox safe and effective **in selected patients**
- Pharmanet searches
- Urine Drug Screening – universal in CNCP
- Caution when prescribing benzodiazepines, especially with opioid or alcohol use
- Post-detox planning and support is important
- Long-term follow up is essential

Thank You!