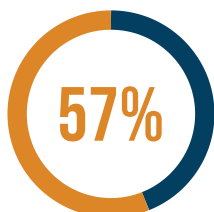# Alcohol use disorder and high-risk drinking
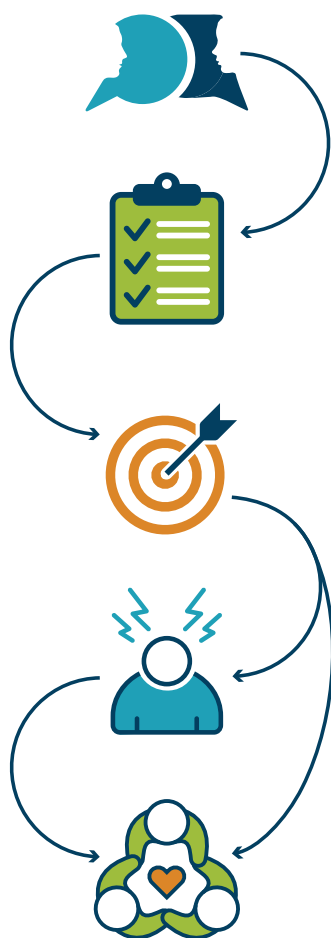
Clinical Practice Guideline

57% of Canadians aged 15 years and older drink above low-risk levels

- Alcohol use disorder (AUD): Pattern of heavy alcohol use and loss of control over intake despite negative consequences
- High-risk drinking and AUD frequently go unrecognized and untreated. Effective treatments are available
- Primary care providers are key to early detection and treatment

Overview of clinical pathway

ASK ABOUT ALCOHOL

"Would it be all right for us to talk about your relationship with alcohol?"

- Asking permission builds trust and comfort

SCREENING AND DIAGNOSIS

"In the past year, how often have you had more than 4 drinks (females) or 5 drinks (males) on any 1 occasion?"

- If 1 occasion or more, ask further screening questions (AUDIT-C*)
- For moderate risk of AUD: Provide brief advice on the health risks and suggestions on how to cut back
- For high risk of AUD: Diagnose using DSM-5-TR criteria

ASSESS THEIR GOALS

If moderate or severe AUD, use brief intervention to discuss goals and a tailored plan:

- Stop drinking
- Cut back on drinking
- Reduce harms of drinking

WITHDRAWAL MANAGEMENT

Use PAWSS* and withdrawal history to determine if low or high risk of severe complications (e.g., delirium tremens, seizures):

- Low risk: outpatient; Rx gabapentin, clonidine
- High risk: inpatient; Rx short course of benzodiazepines

LONG-TERM TREATMENT

- Medications: (1st line) Rx naltrexone or acamprosate; avoid SSRIs,* antipsychotics and long-term benzodiazepines
- Psychosocial treatments: Cognitive behavioural therapy, family-based therapy
- Community supports: Supportive recovery programs, peer groups, etc.

*AUDIT-C = Alcohol Use Disorder Identification Test–Consumption
PAWSS = Prediction of Alcohol Withdrawal Severity Scale
SSRI = selective serotonin reuptake inhibitor*

Figure 1: Summary of clinical pathway for alcohol use disorder. DSM-5-TR = *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision.*