

Updated

A POCKET GUIDE FOR Alcohol Screening and Brief Intervention

Updated 2005 Edition

This pocket guide is condensed from the 34-page NIAAA guide, *Helping Patients Who Drink Too Much: A Clinician's Guide*.

Visit www.niaaa.nih.gov/guide for related professional support resources, including:

- patient education handouts
- preformatted progress notes
- animated slide show for training
- materials in Spanish

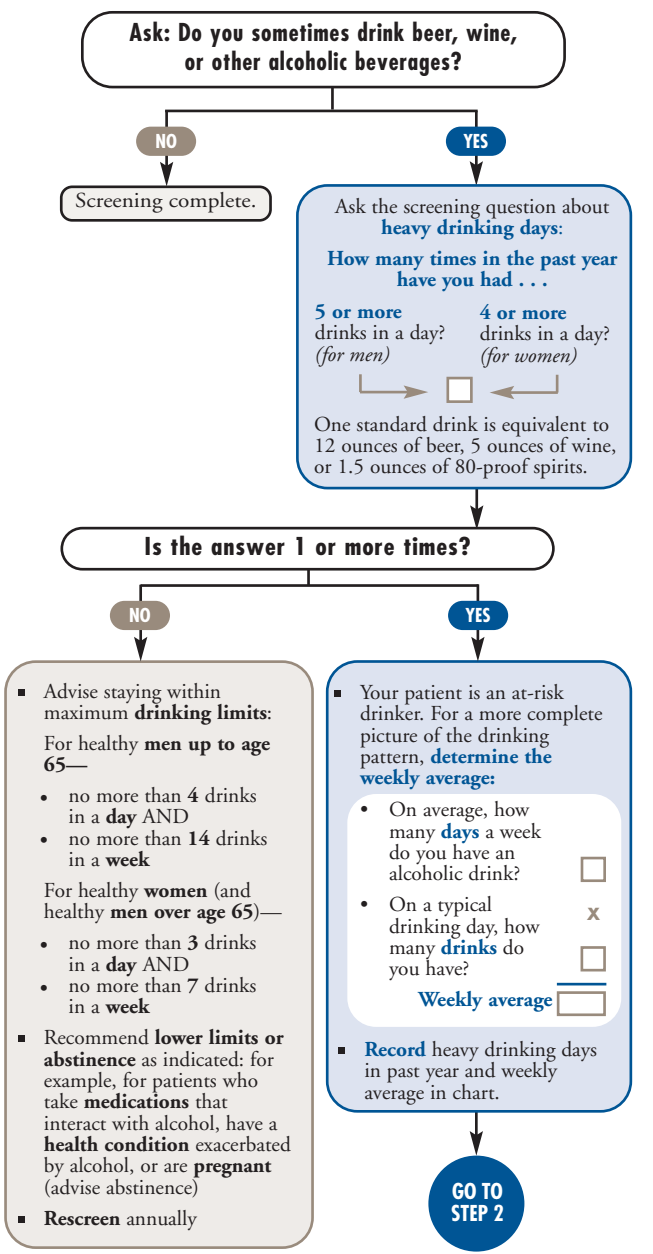
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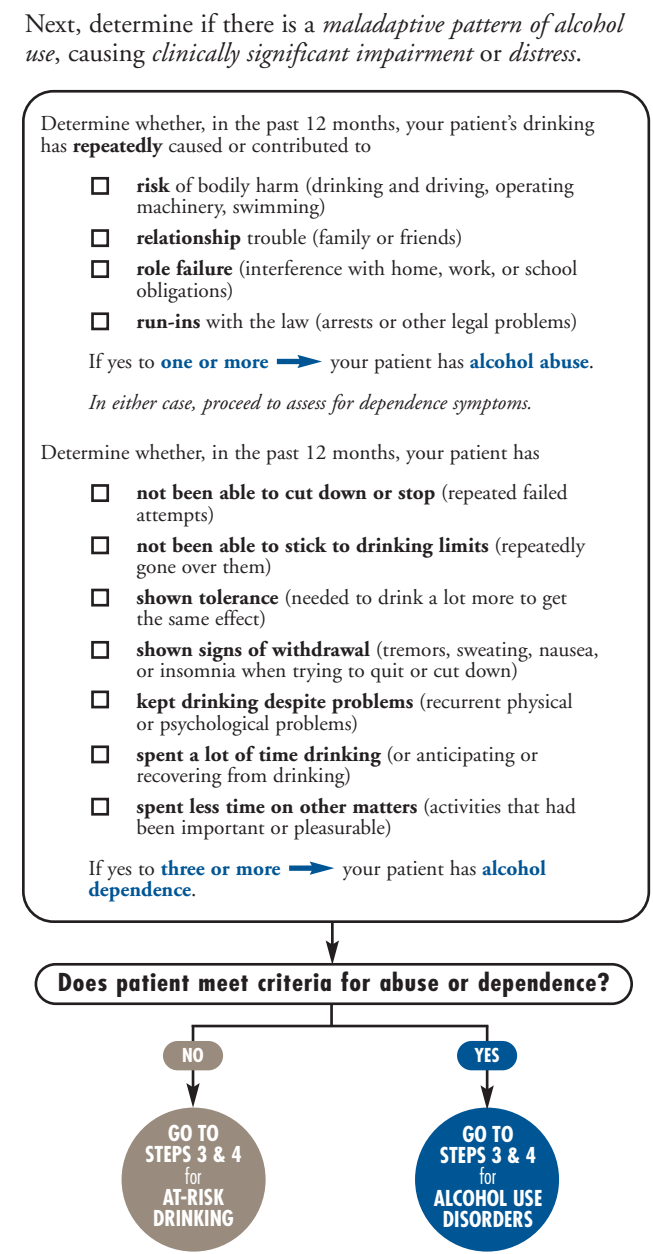
HOW TO SCREEN FOR HEAVY DRINKING

STEP 1 Ask About Alcohol Use



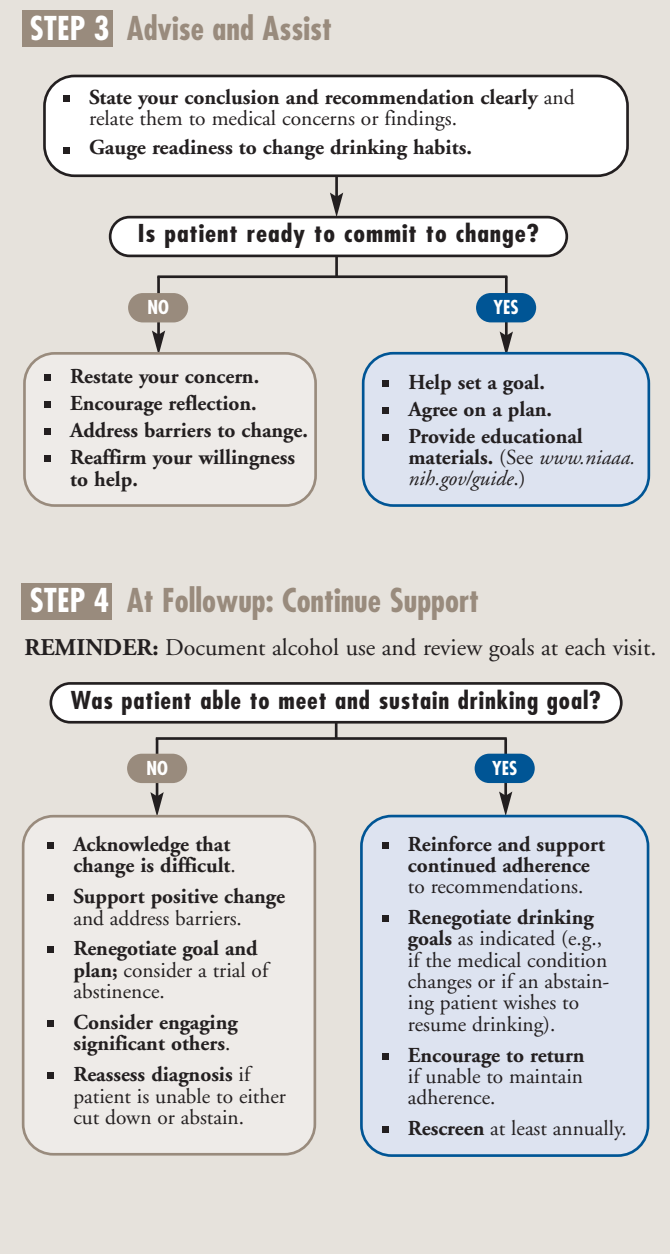
HOW TO ASSESS FOR ALCOHOL USE DISORDERS

STEP 2 Assess For Alcohol Use Disorders

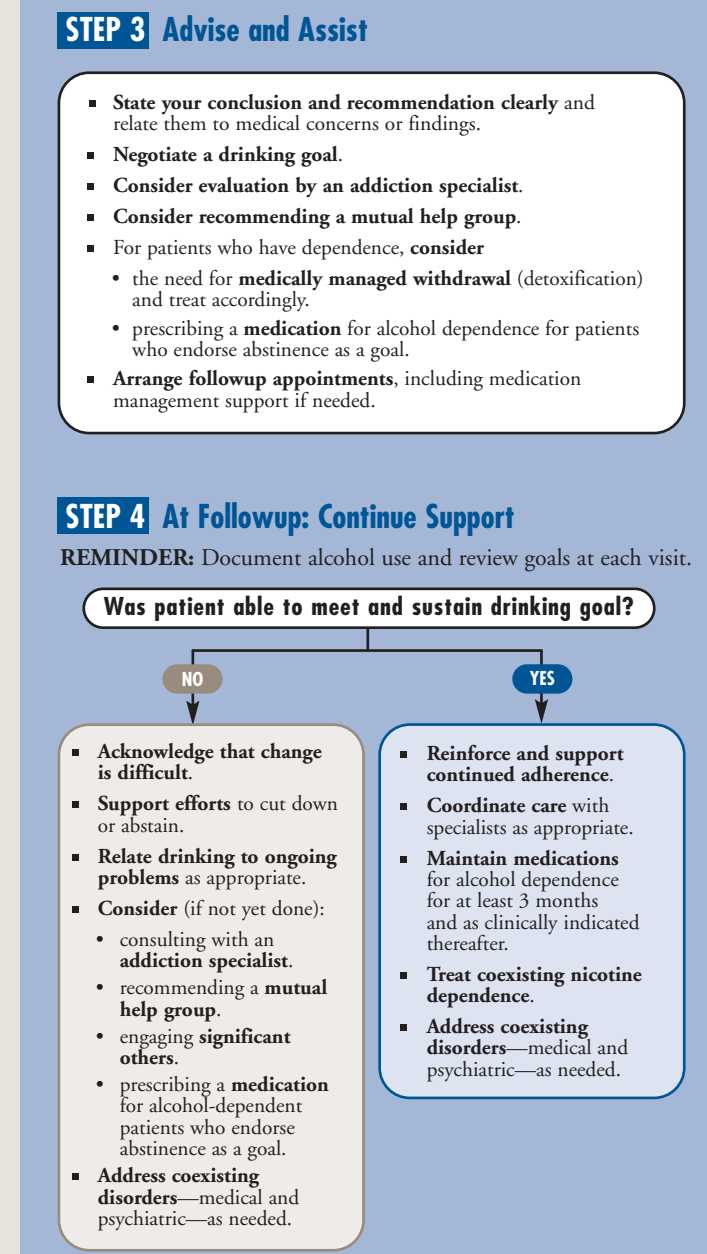


HOW TO CONDUCT A BRIEF INTERVENTION

FOR AT-RISK DRINKING (no abuse or dependence)




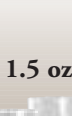


FOR ALCOHOL USE DISORDERS (abuse or dependence)






WHAT'S A STANDARD DRINK?

A standard drink in the United States is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Below are U.S. standard drink equivalents as well as the number of standard drinks in different container sizes for each beverage. These are approximate, since different brands and types of beverages vary in their actual alcohol content.

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
 <p>12 oz.</p> <p>~5% alcohol</p>	<ul style="list-style-type: none"> • 12 oz. = 1 • 16 oz. = 1.3 • 22 oz. = 2 • 40 oz. = 3.3
MALT LIQUOR	
 <p>8–9 oz.</p> <p>~7% alcohol</p>	<ul style="list-style-type: none"> • 12 oz. = 1.5 • 16 oz. = 2 • 22 oz. = 2.5 • 40 oz. = 4.5
TABLE WINE	
 <p>5 oz.</p> <p>~12% alcohol</p>	<ul style="list-style-type: none"> • a 750-mL (25-oz.) bottle = 5
80-proof SPIRITS (hard liquor)	
 <p>1.5 oz.</p> <p>~40% alcohol</p>	<ul style="list-style-type: none"> • a mixed drink = 1 or more* • a pint (16 oz.) = 11 • a fifth (25 oz.) = 17 • 1.75 L (59 oz.) = 39

*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

DRINKING PATTERNS

WHAT'S YOUR DRINKING PATTERN?	HOW COMMON IS THIS PATTERN?	HOW COMMON ARE ALCOHOL DISORDERS IN DRINKERS WITH THIS PATTERN?
<p>Based on the following limits—number of drinks:</p> <p>On any DAY—Never more than 4 (men) or 3 (women)</p> <p>– and –</p> <p>In a typical WEEK—No more than 14 (men) or 7 (women)</p>	<p>Percentage of U.S. adults aged 18 or older*</p>	<p>Combined prevalence of alcohol abuse and dependence</p>
<p>Never exceed the daily or weekly limits</p> <p>(2 out of 3 people in this group abstain or drink fewer than 12 drinks a year)</p>	 <p>72%</p>	<p>fewer than 1 in 100</p>
<p>Exceed only the daily limit</p> <p>(More than 8 out of 10 in this group exceed the daily limit <i>less than once a week</i>)</p>	 <p>16%</p>	<p>1 in 5</p>
<p>Exceed both daily and weekly limits</p> <p>(8 out of 10 in this group exceed the daily limit <i>once a week or more</i>)</p>	 <p>10%</p>	<p>almost 1 in 2</p>

*Not included in the chart, for simplicity, are the 2 percent of U.S. adults who exceed *only* the weekly limits. The combined prevalence of alcohol use disorders in this group is 8 percent.

Source: 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationwide NIAAA survey of 43,093 U.S. adults aged 18 or older.

PRESCRIBING MEDICATIONS

The chart below contains excerpts from page 16 of NIAAA's *Helping Patients Who Drink Too Much: A Clinician's Guide*. It does *not* provide complete information and is not meant to be a substitute for the patient package inserts or other drug references used by clinicians. For patient information, visit <http://medlineplus.gov>.

	Naltrexone (Depade [®] , ReVia [®])	Extended-Release Injectable Naltrexone (Vivitrol [®])	Acamprosate (Campral [®])	Disulfiram (Antabuse [®])
Action	Blocks opioid receptors, resulting in reduced craving and reduced reward in response to drinking.	Same as oral naltrexone; 30-day duration.	Affects glutamate and GABA neurotransmitter systems, but its alcohol-related action is unclear.	Inhibits intermediate metabolism of alcohol, causing a buildup of acetaldehyde and a reaction of flushing, sweating, nausea, and tachycardia if a patient drinks alcohol.
Contraindications	Currently using opioids or in acute opioid withdrawal; anticipated need for opioid analgesics; acute hepatitis or liver failure.	Same as oral naltrexone, plus inadequate muscle mass for deep intramuscular injection; rash or infection at the injection site.	Severe renal impairment (CrCl ≤ 30 mL/min).	Concomitant use of alcohol or alcohol-containing preparations or metronidazole; coronary artery disease; severe myocardial disease; hypersensitivity to rubber (thiuram) derivatives.
Precautions	Other hepatic disease; renal impairment; history of suicide attempts or depression. If opioid analgesia is needed, larger doses may be required, and respiratory depression may be deeper and more prolonged. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see www.niaaa.nih.gov/guide .	Same as oral naltrexone, plus hemophilia or other bleeding problems.	Moderate renal impairment (dose adjustment for CrCl between 30 and 50 mL/min); depression or suicidal ideation and behavior. Pregnancy Category C.	Hepatic cirrhosis or insufficiency; cerebrovascular disease or cerebral damage; psychoses (current or history); diabetes mellitus; epilepsy; hypothyroidism; renal impairment. Pregnancy Category C. Advise patients to carry a wallet card to alert medical personnel in the event of an emergency. For wallet card information, see www.niaaa.nih.gov/guide .
Serious adverse reactions	Will precipitate severe withdrawal if the patient is dependent on opioids; hepatotoxicity (although does not appear to be a hepatotoxin at the recommended doses).	Same as oral naltrexone, plus infection at the injection site; depression; and rare events including allergic pneumonia and suicidal ideation and behavior.	Rare events include suicidal ideation and behavior.	Disulfiram-alcohol reaction, hepatotoxicity, optic neuritis, peripheral neuropathy, psychotic reactions.
Common side effects	Nausea; vomiting; decreased appetite; headache; dizziness; fatigue; somnolence; anxiety.	Same as oral naltrexone, plus a reaction at the injection site; joint pain; muscle aches or cramps.	Diarrhea; somnolence.	Metallic after-taste; dermatitis; transient mild drowsiness.
Examples of drug interactions	Opioid medications (blocks action).	Same as oral naltrexone.	No clinically relevant interactions known.	Anticoagulants such as warfarin; isoniazid; metronidazole; phenytoin; any nonprescription drug containing alcohol.
Usual adult dosage	<p><i>Oral dose:</i> 50 mg daily.</p> <p><i>Before prescribing:</i> Patients must be opioid-free for a minimum of 7 to 10 days before starting. If you feel that there's a risk of precipitating an opioid withdrawal reaction, a naloxone challenge test should be employed. Evaluate liver function.</p> <p><i>Laboratory followup:</i> Monitor liver function.</p>	<p><i>IM dose:</i> 380 mg given as a deep intramuscular gluteal injection, once monthly.</p> <p><i>Before prescribing:</i> Same as oral naltrexone, plus examine the injection site for adequate muscle mass and skin condition.</p> <p><i>Laboratory followup:</i> Monitor liver function.</p>	<p><i>Oral dose:</i> 666 mg (two 333-mg tablets) three times daily; or for patients with moderate renal impairment (CrCl 30 to 50 mL/min), reduce to 333 mg (one tablet) three times daily.</p> <p><i>Before prescribing:</i> Evaluate renal function. Establish abstinence.</p>	<p><i>Oral dose:</i> 250 mg daily (range 125 mg to 500 mg).</p> <p><i>Before prescribing:</i> Evaluate liver function. Warn the patient (1) not to take disulfiram for at least 12 hours after drinking and that a disulfiram-alcohol reaction can occur up to 2 weeks after the last dose and (2) to avoid alcohol in the diet (e.g., sauces and vinegars), over-the-counter medications (e.g., cough syrups), and toiletries (e.g., cologne, mouthwash).</p> <p><i>Laboratory followup:</i> Monitor liver function.</p>

Note: Whether or not a medication should be prescribed and in what amount is a matter between individuals and their health care providers. The prescribing information provided here is not a substitute for a provider's judgment in an individual circumstance and the NIH accepts no liability or responsibility for use of the information with regard to particular patients.