Dr Hugh Gallagher
ICGP Annual Conference
25th May 2018

Declaration of Interest

NO INTEREST

Statistics

- 25% of adult population drink alcohol in a way that is potentially or actually harmful to health

- 4 – 5% are alcohol dependent

- 20% of patients presenting to primary care are higher risk or dependent drinkers

APA January 2018

'This is an area of practice where, given the statistics, there's a tremendous upside for practitioners to assume responsibility for treatment and a tremendous upside to the benefits not only for the patient but for society at large'

Victor Reus, Lead Author

Alcohol Use Disorder Guidelines

Wood et al, Lancet April 2018

- Analysis of data of 600,000 people

- Association between alcohol use and all-cause mortality begins at levels much lower than previously thought

- Alcohol consumption roughly linearly associated with a higher risk of Cardiovascular Disease

- Chief implication for public policy is to support reductions of alcohol consumption guidelines

- Threshold for lowest risk for all-cause mortality is about 100 g per week

Barriers to care

Despite GPs being well placed to address alcohol problems, there are well-documented individual, professional and systemic barriers that prevent him/her from doing so, such as:

▶ lack of time and resources

▶ lack of support

▶ lack of relevant knowledge and skills

▶ inadequate remuneration

▶ perceptions about 'hard to cure' patients and negative stereotypical views of alcoholics

Brief Intervention

- Extensively studied in primary health care
- Consistently reports reduction in hazardous and harmful consumption at 6 and 12 months later
- Brief advice delivered by general health care workers
- Targets non-treatment seeking drinkers
- Aims to reduce alcohol consumption

Training

Needs to focus on three core concepts

1. Emphasises effectiveness of brief GP-based interventions for early stage problems and stable recovery

2. Emphasises clinical interaction skills – use of Motivation Interviewing approach

3. Outcome expectancy – realistic expectations

Plus follow-up and networking to encourage reflection on practice and CPD needs and support

Training

- Emphasis on knowledge transfer is unlikely to adequately address a lack of role confidence or enhance skill development or be responsive to individual learning needs

- Learner Centred Approach – Role Play

- increases self efficacy

- positive educational experience

- context driven (real world of GPs)

- peer/expert feedback in a safe environment

- fosters different perspectives

Pharmacological Treatment

NICE: Reviewed 4 therapies for preventing relapse

- should be combined with psychosocial support
- endorsed acamprosate, naltrexone and nalmefene

American Psychiatric Association
Alcohol Use Disorder Guideline, Jan 2018

'The topic of AUD came to the top of our list as a topic to pursue in guideline development because it is highly prevalent and its rates are increasing, but despite the FDA-approved pharmacologic interventions in our armamentarium, the disorder is remarkably undertreated'

American Psychiatric Association Alcohol Use Disorder Guideline, Jan 2018

- Assess use of alcohol, tobacco, other substances, prescription and OTC drugs

- Do a quantitative behavioural measure – AUDIT

- Use physiological markers

- Assess for co-occurring medical/psychiatric disorders

- Establish goals of treatment

- Discuss impact of alcohol use to self and others

- Treatment plan to include non-pharmacological and pharmacological interventions

American Psychiatric Association Alcohol Use Disorder Guideline, Jan 2018

Offer Naltrexone or Acamprosate to patients with moderate to severe AUD who:

- Have a goal of reduction or abstinence

- Prefer pharmacotherapy or

- Have not responded to non-pharmacological interventions alone

- Have no contraindications to their use

American Psychiatric Association
Alcohol Use Disorder Guideline, Jan 2018

Caution in the use of anti-depressants and benzodiazepines

Most will need some sort of behavioural intervention

- Mutual Aid – AA or SMART Recovery

- 1:1 CBT, MET

THANK YOU

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