

ICGP Webinar

GP Management of Alcohol Use Disorder

Dr Hugh Gallagher, MICGP

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Objectives

- ▶ Nature and Extent of Problem
- ▶ Assessment Tools
- ▶ Detox
- ▶ Post Detox Treatment
- ▶ Training - Brief Intervention / Motivational Interviewing
- ▶ Importance of Therapeutic Relationship
- ▶ Supports

Problem Alcohol Use

- ▶ 11.4 Litres of alcohol per capita 2013 (14 Litres early 2000s)
- ▶ 75% consumed in a binge drinking session
- ▶ Half of drinkers consume in a harmful way - 1.2 million
- ▶ Greater than 125000 alcohol dependent people
- ▶ 3 deaths per day
- ▶ Causative in 200 diseases and injury conditions - WHO
- ▶ Recent rapid increase in liver disease rates, greatest in 15 - 34 year olds
- ▶ 500 alcohol-related cancer deaths per year
- ▶ A factor in half of suicides
- ▶ A factor in 2 in 5 road deaths

Problem Alcohol Use

- ▶ Cost to state €2.35 billion
- ▶ Absenteeism cost €41 million
- ▶ 1,500 hospital beds occupied by patients with alcohol-related problems

- ▶ Major contributory factor in child neglect
- ▶ Major factor in assaults, sexual assaults and domestic violence
- ▶ Cause of majority of public order offences

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

Screening Opportunities

- ▶ Build into reviews of CVD, Diabetes, blood tests
- ▶ New patients to the practice
- ▶ Employment/Insurance screening
- ▶ Emergency Contraception requests
- ▶ Presentations with Mood Disorders
- ▶ Requests for Sick Certs
- ▶ Simple Opportunistic Screening

- ▶ As Audit project for Professional Competence

- ▶ Patients Happy/Expect to be asked

Counselling Interventions

Brief Intervention(BI)

Empathic, promotes self efficacy and personal responsibility for change, involves information giving and details of resources to support change. Low intensity, short duration.

Motivational Interviewing(MI)

Explores and Resolves Ambivalence about Behaviour Change. The patient's motivation to change is enhanced if there is a gentle process of negotiation in which the patient, not the practitioner, articulates the benefits and costs involved.

Cognitive Behavioural Therapy(CBT)

Looks at how you think about yourself, the world and other people and how what you do affects your feelings and thoughts. CBT can help you to break vicious cycles of negative thinking, feelings and behaviour.

Motivational Interviewing

- ▶ Ambivalence about changing substance use behaviour is common, perhaps the norm, even for people actively seeking treatment.
- ▶ M.I. offers a framework for helping people explore and resolve ambivalence
- ▶ Patient-centred and directive
- ▶ M.I. has a robust evidence base

Brief Intervention / Motivational Interviewing

Motivational Interviewing

- ▶ Focuses on exploring and resolving ambivalence and centres on motivational processes within the individual that facilitate change
- ▶ Collaborative - grounded in the point of view and experience of the patient
- ▶ Evocative - seeks to call forth the person's own motivation and commitment
- ▶ Autonomy vs. Authority - power and responsibility rest within the patient

Motivational Interviewing Principles

- ▶ Express Empathy - see the world through the eyes of the patient
- ▶ Support Self-Efficacy (patient's belief that change is possible) by focusing on previous successes and highlighting skills and strengths that the patient has
- ▶ Roll with Resistance - avoid the 'righting reflex' or direct confrontation
- ▶ Develop Discrepancy - between their current circumstances/behaviour and their values and future goals

Motivational Interviewing Skills and Strategies 'OARS'

- ▶ Open-ended questions
 - ▶ Affirmations
 - ▶ Reflections
 - ▶ Summaries
-
- ▶ Guide the patient to expressions of CHANGE TALK
- direct correlation between patient's statements about change and outcome

Assessment - Personal Background

- ▶ Positive reinforcers:

 - Familial

 - Vocational/Educational

 - Social/Recreational

 - Familial

 - Family History of Addiction/Mental Health issues

- ▶ Trauma, to include sexual

Assessment - Consequences of Drinking

- ▶ Health
- ▶ Social
- ▶ Work
- ▶ Economic
- ▶ Legal
- ▶ Family

Assessment - Drinking History

- ▶ Preferred drink/s
- ▶ Where drinks - hiding drinking?
- ▶ Typical/average consumption
- ▶ Frequency
- ▶ When start/when finish
- ▶ First consumed alcohol - age/where/with whom/effects
- ▶ Past treatment
- ▶ Complications associated with detox
- ▶ Periods of sobriety
- ▶ Attendance at mutual aid: AA/Lifering/SMART Recovery

AUDIT Questionnaire

- ▶ International screening test developed by WHO
- ▶ Reliable and valid
- ▶ Allows to determine Low Risk, Hazardous, Harmful and Dependent Drinking
- ▶ Shortened AUDIT-C, Questions 1-3

Standard Drink Guide

Did you know: 1 standard drink contains 10g of pure alcohol



...and some drinks are more than one standard drink



AUDIT Questionnaire

How often do you have a drink containing alcohol?

How many standard drinks do you drink on a typical day when you are drinking?

How often have you had 5 or more standard drinks if female, or 7 or more if male, on a single occasion in the last year?

How often during the last year have you found that you were not able to stop drinking once you had started?

How often during the last year have you failed to do what was normally expected from you because of your drinking?

| | Scoring system | | | | | Your score |
|--|----------------|-------------------|-----------------------|----------------------|-----------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week | |
| How many standard drinks do you drink on a typical day when you are drinking? | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ | |
| How often have you had 5 or more standard drinks if female, or 7 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |

AUDIT Questionnaire

How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

How often during the last year have you had a feeling of guilt or remorse after drinking?

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Have you or somebody else been injured as a result of your drinking?

Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

Scoring system

| | 0 | 1 | 2 | 3 | 4 |
|--|-------|-------------------|-------------------------------|--------|---------------------------|
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| Have you or somebody else been injured as a result of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No | | Yes, but not in the last year | | Yes, during the last year |

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

FINAL SCORE: _____

NOTES ON THE USE OF THE SADQ

The Severity of Alcohol Dependence Questionnaire was developed by the Addiction Research Unit at the Maudsley Hospital. It is a measure of the severity of dependence. The AUDIT questionnaire, by contrast, is used to assess whether or not there is a problem with dependence.

The SADQ questions cover the following aspects of dependency syndrome:

- physical withdrawal symptoms
- affective withdrawal symptoms
- relief drinking
- frequency of alcohol consumption
- speed of onset of withdrawal symptoms.

Scoring

Answers to each question are rated on a four-point scale:

| | |
|---------------|-----|
| Almost never | - 0 |
| Sometimes | 1 |
| Often | 2 |
| Nearly always | 3 |

A score of 31 or higher indicates "severe alcohol dependence".

A score of 16 -30 indicates "moderate dependence"

A score of below 16 usually indicates only a mild physical dependency.

A chlordiazepoxide detoxification regime is usually indicated for someone who scores 16 or over.

SADQ

This section contains questions which will give you a detailed picture of whether you are dependent on alcohol - what used to be known as an alcoholic.

1. The day after drinking alcohol, do you wake up feeling sweaty? *

- Almost never Sometimes Often Nearly always

2. The day after drinking alcohol, do your hands shake first thing in the morning? *

- Almost never Sometimes Often Nearly always

3. The day after drinking alcohol, does your body shake violently first thing in the morning if you don't have a drink? *

- Almost never Sometimes Often Nearly always

4. The day after drinking alcohol, do you wake up drenched in sweat? *

- Almost never Sometimes Often Nearly always

5. The day after drinking alcohol, do you dread waking up? *

- Almost never Sometimes Often Nearly always

6. The day after drinking alcohol, are you frightened of meeting people first thing in the morning? *

- Almost never Sometimes Often Nearly always

7. The day after drinking alcohol, do you feel at the edge of despair when you wake up? *

- Almost never Sometimes Often Nearly always

8. The day after drinking alcohol, do you feel frightened when you wake up? *

- Almost never Sometimes Often Nearly always

9. The day after drinking alcohol, do you like a drink in the morning? *

- Almost never Sometimes Often Nearly always

10. The day after drinking alcohol, do you gulp your first few drinks down as fast as possible? *

- Almost never Sometimes Often Nearly always

11. The day after drinking alcohol, do you drink to get rid of the shakes? *

- Almost never Sometimes Often Nearly always

12. The day after drinking alcohol, do you have a strong craving for drink when you wake up? *

- Almost never Sometimes Often Nearly always

13. During a heavy drinking period, do you drink more than 1/4 bottle of spirits (or 1 bottle of wine, or 4 pints of beer) each day. *

- Almost never Sometimes Often Nearly always

14. During a heavy drinking period, do you drink more than half a bottle of spirits per day (8 pints of beer, 2 bottles of wine). *

- Almost never Sometimes Often Nearly always

15. During a heavy drinking period, do you drink more than a bottle of spirits per day (3 bottles of wine, 5 litres of cider or 10 pints of lager) *

- Almost never Sometimes Often Nearly always

16. During a heavy drinking period, do you drink more than 2 bottles of spirits per day (7 bottles of wine, 9 litres of cider, 20 pints of beer). *

- Almost never Sometimes Often Nearly always

17. Imagine you have been abstinent for a few weeks, then drink heavily for a couple of days. The morning after would you start to sweat? *

- Not at all Slightly Moderately Quite a lot

18. Imagine the same scenario again - would your hands shake? *

- Not at all Slightly Moderately Quite a lot

19. Imagine the same scenario again - would you body shake? *

- Not at all Slightly Moderately Quite a lot

20. Imagine the same scenario for the last time - would you be craving for a drink? *

- Not at all Slightly Moderately Quite a lot

Decisional Balance Sheet

| Questions2 | Answers |
|--|---------|
| What do you like about alcohol? | |
| What concerns you about your drinking? | |
| What relationship do you want to have with alcohol in the future? | |
| What concerns would you have if you were to quit/cut down? | |
| What would be the benefits of quitting/cutting down? | |

Treatment Goal

- ▶ Abstinence
- ▶ Controlled Drinking

- ▶ If Alcohol Dependent:

 - Advise of need to abstain long term

 - Advise of extremely poor outcomes with controlled drinking

Importance / Confidence Ruler

| Questions | Rating |
|--|--------|
| How important is it for you to stop/cut down, from 1 - 10? | |
| How confident are you that you can stop/cut down, from 1 - 10? | |

Examination - Neurological

- ▶ Dr Michael Ingram on YouTube
- ▶ Gait
- ▶ Rombergs
- ▶ Ataxia - play piano and tap hands rapidly
- ▶ Past pointing
- ▶ Nystagmus
- ▶ Reflexes

- ▶ MOCA or MMSE to test for Alcohol-related Cognitive impairment

Examination

- ▶ Enlarged liver or spleen
- ▶ Ascites
- ▶ Reddened palms
- ▶ Spider naevi
- ▶ Widened veins in the abdominal wall
- ▶ Jaundice

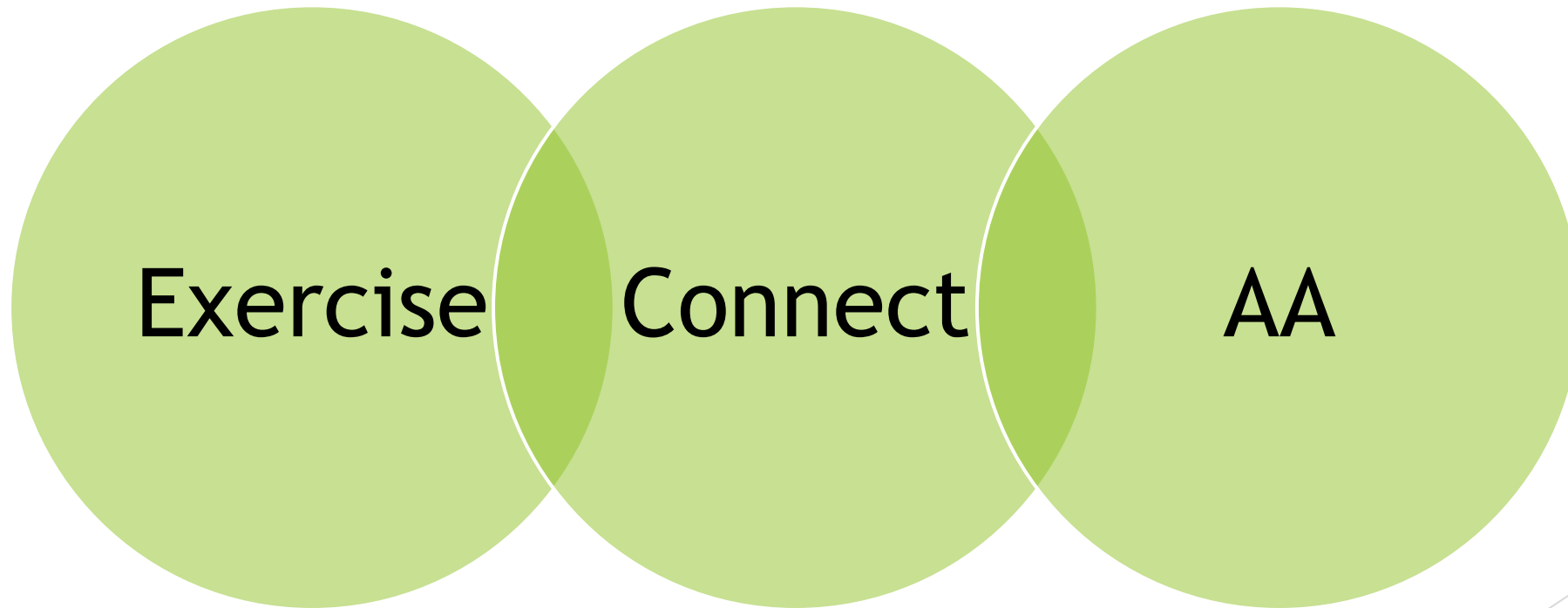
Blood Tests

- ▶ LFTs: Raised GGT
- ▶ FBC: High MCV

General Measures

- ▶ Lifestyle advice
- ▶ Mutual Aid
- ▶ One to One counselling
- ▶ Medical Treatment - Detox and/or Relapse Prevention Aids
- ▶ Review

First Principles

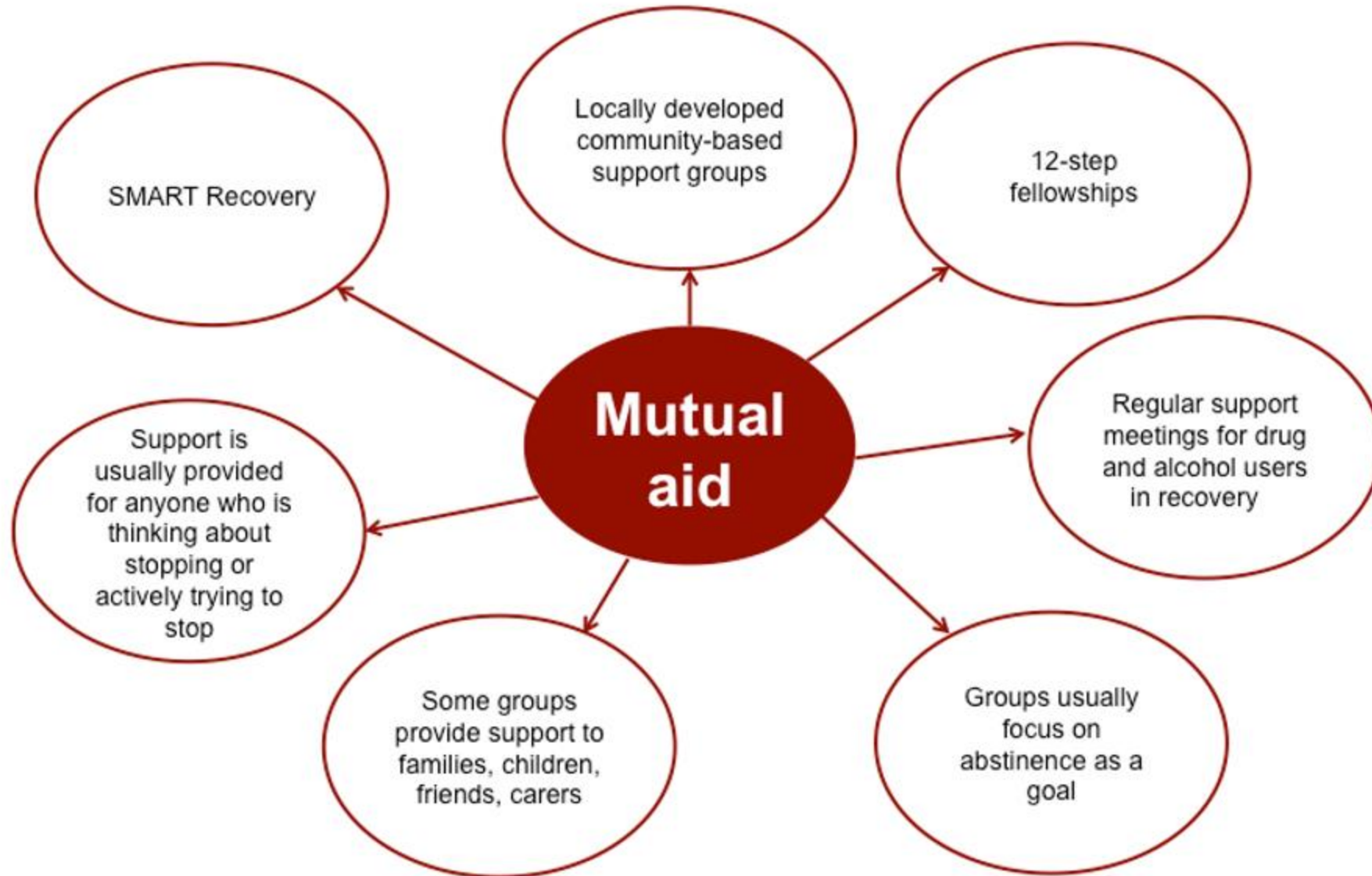


Exercise

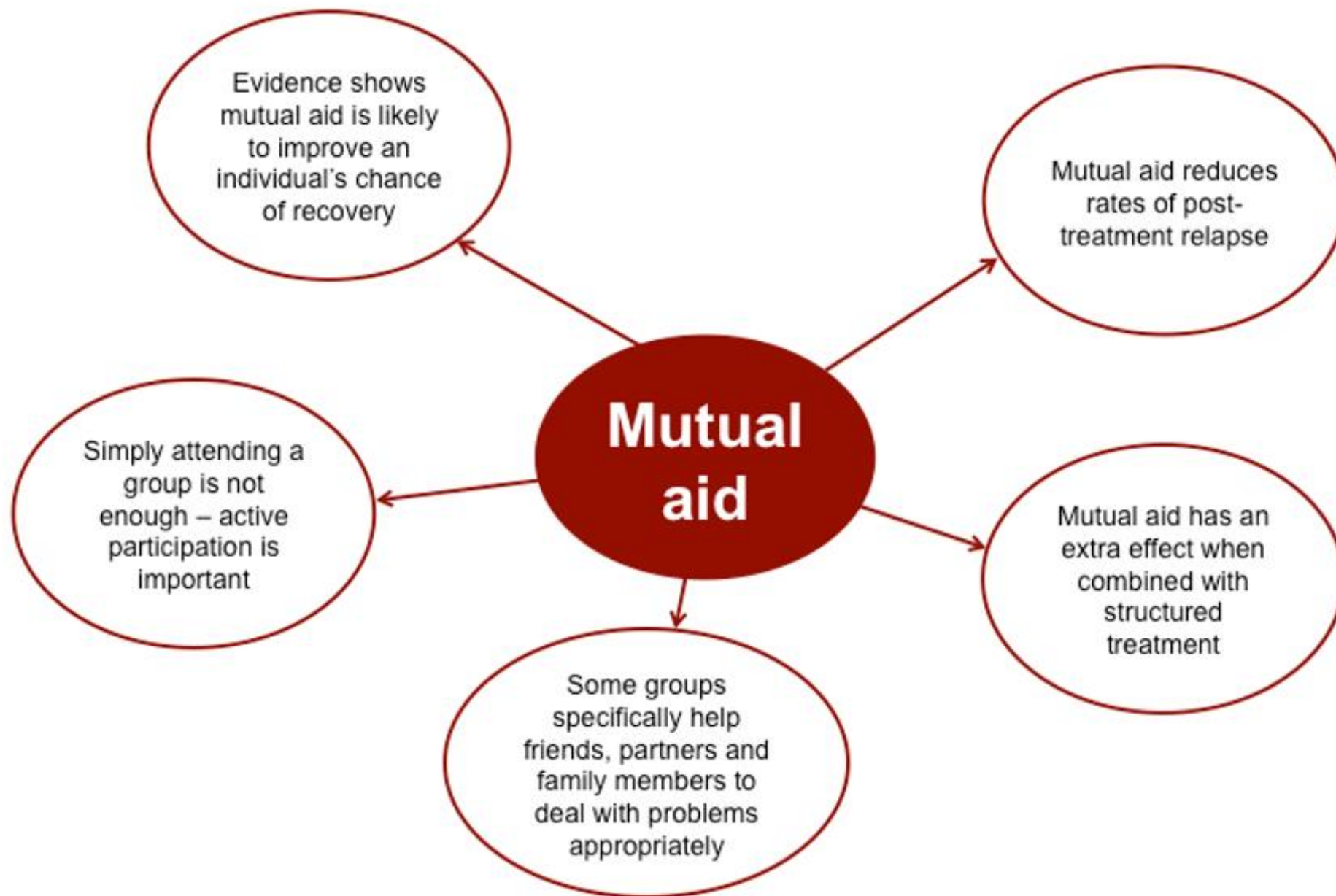
Connect

AA

1. What is mutual aid?



2. Why is mutual aid important?



Alcoholics Anonymous (AA)

- ▶ Establish relationship with local AA member
- ▶ Attend at a meeting
- ▶ Al-Anon
- ▶ nta.nhs.uk/uploads/mutualaid-fama.pdf -
Facilitating Access to Mutual Aid

Medical Detox

- ▶ Don't be pressured into unplanned ad hoc detoxes
'No money left', 'Won't drink any more', 'PLEASE give me a detox'
- ▶ 'Kindling effect'
- ▶ Drinks Diary and review
- ▶ Arrange supports
- ▶ Review with support (concerned) person
- ▶ Commence early in week

Medical Detox

- ▶ First evidence of benefits of Chlordiazepoxide / Librium in 1967
- ▶ Fixed Dose - advised in community setting
- ▶ Symptom-triggered
- ▶ Involve Pharmacist
- ▶ Use CIWA scoring system for withdrawal measurement

| Daily alcohol consumption | 24 Standard Drinks | 20 Standard Drinks | 16 Standard Drinks | 12 Standard Drinks |
|--------------------------------|------------------------|------------------------|------------------------|------------------------|
| Severity of alcohol dependence | SADQ score 30 | SADQ score 25 | SADQ score 20 | SADQ score 15 |
| Day 1 (starting dose) | 30mg four times a day | 25mg four times a day | 20mg four times a day | 15mg four times a day |
| Day 2 | 25mg four times a day | 20mg four times a day | 15mg four times a day | 10mg four times a day |
| Day 3 | 20mg four times a day | 15mg four times a day | 10mg four times a day | 10mg three times a day |
| Day 4 | 15mg four times a day | 10mg four times a day | 10mg three times a day | 5mg three times a day |
| Day 5 | 10mg four times a day | 10mg three times a day | 5mg three times a day | 5mg twice a day |
| Day 6 | 10mg three times a day | 5mg three times a day | 5mg twice a day | 5mg once daily |
| Day 7 | 5mg three times a day | 5mg twice a day | 5mg once daily | |
| Day 8 | 5mg twice a day | 5mg once daily | | |
| Day 9 | 5mg once daily | | | |

Thiamine and Pabrinex

- ▶ First evidence of benefits 1950's
- ▶ Abrupt cessation of alcohol in well nourished patients still followed by alcohol withdrawal and seizures, Kaim et al
- ▶ Thiamine 100 mg tid, non GMS, available under Hardship Scheme

Medical Management Post Detox

- ▶ Disulfiram (Antabuse) - Beware acute liver impairment, best if supervised
- ▶ Naltrexone (Nalorex) - 'Sinclair Method'*
- ▶ Acamprosate (Campral)*

*Large number of RCTs show reduced relapse rate for Naltrexone and Acamprosate. Treatment should be continued for at least 3 months

- ▶ Baclofen (Lioresal) - consider if patient requests
- ▶ Nalmefene (Selincro) - in low dependence

ALL REQUIRE PSYCHO-SOCIAL INTERVENTION

Residential Treatment

- ▶ Severe Dependence - over 25 Standard Drinks per day, SADQ > 30
- ▶ Alcohol and Other Drugs or Alcohol + Behavioural Addiction +/- Other Drug
- ▶ History of Seizures
- ▶ History of Delirium Tremens (DTs)
- ▶ Vulnerable - frail, cognitive impairment, multiple comorbidities, lack social support, learning difficulties

- ▶ Explicitly aimed at long-term or lifetime abstinence from all substances
- ▶ More likely to follow up with Mutual Aid

Common Mental Health Disorders

- ▶ Depression and Anxiety
- ▶ Attempt at Self-Medicating further aggravating the problem
- ▶ What is the Primary Disorder?
- ▶ Most likely a relationship of 'Mutual Influence' rather than there being a clear causal pathway
- ▶ Treat the alcohol misuse first
- ▶ Most get better with alcohol cessation
- ▶ If persists after 3 to 4 weeks of abstinence consider treatment

findings.org: Australian Guidelines Alcohol Matrix A3 - treating substance users with Mental Health Disorders

Therapist in Treatment

- ▶ Build a trusting relationship
- ▶ Provide information appropriate to the person's understanding
- ▶ Be unequivocal:
 - Long term abstinence if alcohol dependent
 - No other drugs if alcohol dependent - likely to cause relapse
 - No health benefits from alcohol
 - No safe limits for alcohol in pregnancy

Alcohol Related Brain Injury

Spectrum includes:

Wernicke's-Korsakoff's Syndrome

Changes in Frontal Lobe functioning - executive functions

Generalised Cognitive deterioration

- ▶ 1 in 8 of Alcohol Dependent
- ▶ 2 in 100 of General Population
- ▶ 1 in 8 of Dementia patients
- ▶ Associated with history of:
 - binge drinking
 - repeated blackouts
 - sustained liver damage
 - multiple episodes of withdrawal/detox

Assess using MOCA (Montreal Cognitive Assessment) or MMSE

Integrated Care - multi-disciplinary inter-agency approach

¼ full, ¼ significant, ¼ partial and ¼ no recovery

Alcohol Forum GP Guide

Family

'5-Step Intervention Model' – Family Support Network – fsn.ie

A brief primary care counselling programme for family members living with a relative with substance use problems

Step 1

Listen to the family member - how the problem affects family members - Stresses and Strains and Impact on Health

Step 2

Provide Information - Increase Knowledge and Understanding - effects of alcohol and other drugs, how people can become dependent and how family members can find out more about these issues

Step 3

Look at Coping Strategies - the advantages and disadvantages of how family members respond and identifying ways of responding and coping that are best for the situation

Step 4

Identify Sources of social support - emotional, practical and material

Step 5

Summarise the intervention, assess whether further work is needed, eg. Supporting children, dealing with domestic violence or supporting relatives access treatment services

Resources

- ▶ HSE Alcohol Screening and Brief Intervention Project - Tools and 1 Day Training
- ▶ AskAboutAlcohol.ie
- ▶ Drugs.ie
- ▶ DrinksMeter.com
- ▶ HelloSundayMorning.org
- ▶ Soberistas.com
- ▶ AlcoholicsAnonymous.ie
- ▶ DublinLifering.com
- ▶ SmartRecovery.ie
- ▶ Fsn.ie - Family Support Network
- ▶ <http://www.nta.nhs.uk/uploads/mutualaid-fama.pdf>
- ▶ Findings.org.uk

Needs of GPs

- ▶ Formal and informal support,
- ▶ Policies/Protocols/Guidelines
- ▶ Training with a generic focus (i.e. skills to do with patient behaviour change) is likely to be of more lasting value.
- ▶ Role Playing
- ▶ Performance Feedback

THANK YOU

Dr Hugh Gallagher MICGP

hugh.gallagher@hse.ie

Tel. 0879327972