How I help patients with alcohol problems

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Many people with alcohol problems will change their drinking in response to simple advice. Dr Haber outlines a management approach for use in general practice.

Remember

- A standard drink is defined as 10 g of alcohol. Approximate examples are:
  - light beer (2 to 3% alcohol), 1 can (375 mL)
  - full-strength beer (4 to 5% alcohol), 1 middy (a can or schooner is about 1.5 drinks)
  - table wine, 100 mL
  - fortified wine, 60 mL
  - spirits, 30 mL.
- Moderate alcohol use is associated with social and health benefits.
- The NHMRC recommends an average of no more than four standard drinks per day for men and no more than two per day for women, with one or two alcohol-free days per week.
- Many people who have alcohol problems are unaware that their level of consumption is unsafe.

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Assessment

- Request the patient's permission to discuss drinking. Ask about average daily alcohol consumption and frequency of binge drinking (i.e. drinking over 60 g of alcohol on a single occasion). Record consumption in grams or standard drinks.
- Assess the patient for complications in four domains: physical, personal, social and forensic.
- Ask about symptoms indicating dependence, such as a strong desire to drink, tolerance, withdrawal symptoms, inability to control drinking, and drinking in spite of obvious harms or in preference to important tasks.
- Categorise alcohol consumption as low risk, risky (one to two times the NHMRC limit) or high risk (more than twice the NHMRC limit).
- It is important to assess the patient's readiness to change.

Management

Risky and high risk drinking

- Brief interventions for excessive drinking can be performed in five to 10 minutes and are effective in about one-third of cases (see the box).
- For patients who do not wish to stop, prescribe thiamine and instruct against driving or using machinery while intoxicated. Encourage follow up to enable opportunities to try again.

Alcohol dependence

- Prescribe thiamine (100 mg daily) for an alcohol dependent patient until he or she has abstained for three months.
- Help the patient define appropriate and realistic goals. Motivational interviewing may be effective – I ask patients what they can gain if they change and lose if they do not, and ask them to draw conclusions about what to do.
- Withdrawal symptoms may occur if drinking is ceased abruptly, and can be managed with a short course of diazepam (Antenex, Ducene, Valium) prescribed according to severity (5 to 80 mg/day for less than seven days). Home management is recommended if the environment is satisfactory; otherwise, offer residential detoxification or refer to a hospital emergency department or specialist drugs and alcohol service for outpatient treatment.
- Two medications that may reduce the relapse rate are available on authority: acamprosate (Campral) and naltrexone (Revia). Both medications are safe, moderately effective and have few side effects. Encourage a trial of acamprosate (6 tablets per day) or naltrexone (1 tablet per day); if successful, continue for three to 12 months. Note that naltrexone, an opioid antagonist, cannot be given to people needing opioid analgesia.
- Follow up is essential because relapse is the rule rather than the exception. Support the patient without supporting the drinking behaviour. Many patients will do very well with treatment. MT

A brief intervention for excessive drinking

- Provide feedback concerning physical findings and laboratory tests. Inform the patient of current health problems and potential for future problems.
- Give advice about low risk levels of drinking, perhaps with an information booklet. It is important to be empathic and to encourage self-efficacy.
- Monitor the patient with follow up visits.

Further information

1. NHMRC. Australian alcohol guidelines: health risks and benefits. Available at: www.nhmrc.gov.au/publications/index.htm
2. GESA. Professional guidelines: alcohol. Available at: www.gesa.org.au/professional/guidelines/alcohol/index.htm

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