HOW TO SCREEN FOR HEAVY DRINKING

HOW TO ASSESS FOR ALCOHOL USE DISORDERS

HOW TO CONDUCT A BRIEF INTERVENTION

Alcohol Screening and Brief Intervention

A POCKET GUIDE FOR

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

Or contact:

NIAAA Publications Distribution Center P.O. Box 10686, Rockville, MD 20849-0686 (301) 443–3860 www.niaaa.nih.gov







STEP 1 Ask About Alcohol Use

Ask: Do you sometimes drink beer, wine, or other alcoholic beverages? Screening complete. Ask the screening question about heavy drinking days: How many times in the past year have you had . . . 4 or more drinks in a day? drinks in a day? (for men) (for women) One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits. Is the answer 1 or more times? YES Advise staying within these Your patient is an at-risk drinker. For a more complete **Maximum Drinking Limits** picture of the drinking pattern, determine the For healthy men up to age 65 weekly average: · no more than 4 drinks · On average, how in a day AND many days a week no more than 14 drinks do vou have an in a week

alcoholic drink?

On a typical drinking day, how many **drinks** do you have?

Weekly average

GO TO

STEP 2

 Recommend lower limits or **Record** heavy drinking days abstinence as indicated: for in past year and weekly example, for patients who take average in chart.

(advise abstinence) Rescreen annually

For healthy women (and

· no more than 3 drinks

no more than 7 drinks

medications that interact

condition exacerbated by

alcohol, or are pregnant

with alcohol, have a health

in a day AND

in a week

healthy men over age 65)-

STEP 2 Assess For Alcohol Use Disorders

Next, determine if there is a maladaptive pattern of alcohol use, causing clinically significant impairment or distress.

Determine whether, in the past 12 months, your patient's drinking has **repeatedly** caused or contributed to

- risk of bodily harm (drinking and driving, operating machinery, swimming)
- relationship trouble (family or friends)
- role failure (interference with home, work, or school
- **run-ins** with the law (arrests or other legal problems) If yes to **one or more \rightharpoonup** your patient has **alcohol abuse**.

In either case, proceed to assess for dependence symptoms.

Determine whether, in the past 12 months, your patient has

- **not been able to cut down or stop** (repeated failed
- not been able to stick to drinking limits (repeatedly gone over them)
- **shown tolerance** (needed to drink a lot more to get
- shown signs of withdrawal (tremors, sweating, nausea, or insomnia when trying to quit or cut down)
- kept drinking despite problems (recurrent physical or psychological problems)
- **spent a lot of time drinking** (or anticipating or recovering from drinking)
- spent less time on other matters (activities that had been important or pleasurable)

If yes to three or more - your patient has alcohol

Does patient meet criteria for abuse or dependence?



FOR AT-RISK DRINKING (no abuse or dependence)

STEP 3 Advise and Assist

- State your conclusion and recommendation clearly and relate them to medical concerns or findings.
- Gauge readiness to change drinking habits.

Is patient ready to commit to change? YES

- Restate vour concern.
- Encourage reflection.
- Address barriers to change.
- Reaffirm your willingness to help.

 State your conclusion and recommendation clearly and relate them to medical concerns or findings.

FOR ALCOHOL USE DISORDERS (abuse or dependence)

Negotiate a drinking goal.

STEP 3 Advise and Assist

- Consider evaluation by an addiction specialist.
- Consider recommending a mutual help group.
- For patients who have dependence, consider
- the need for medically managed withdrawal (detoxification) and treat accordingly
- prescribing a medication for alcohol dependence for patients who endorse abstinence as a goal.
- Arrange followup appointments, including medication management support if needed.

STEP 4 At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

Was patient able to meet and sustain drinking goal?



- Acknowledge that change is difficult.
- Support positive change and address barriers.
- Renegotiate goal and plan; consider a trial of
- Consider engaging significant others.
- Reassess diagnosis if patient is unable to either cut down or abstain.

YES

Help set a goal.

Agree on a plan.

nih.gov/guide.)

Provide educational

materials. (See www.niaaa.

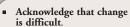
- Reinforce and support continued adherence to recommendations.
- Renegotiate drinking goals as indicated (e.g., if the medical condition changes or if an abstaining patient wishes to resume drinking).
- Encourage to return if unable to maintain adherence.
- Rescreen at least annually.

STEP 4 At Followup: Continue Support

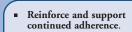
REMINDER: Document alcohol use and review goals at each visit.

Was patient able to meet and sustain drinking goal?





- Support efforts to cut down Relate drinking to ongoing
- problems as appropriate. Consider (if not yet done):
- · consulting with an addiction specialist.
- · recommending a mutual help group
- engaging significant others.
- prescribing a **medication** for alcohol-dependent patients who endorse abstinence as a goal.
- Address coexisting disorders—medical and psychiatric—as needed.



- Coordinate care with specialists as appropriate.
- Maintain medications for alcohol dependence for at least 3 months and as clinically indicated thereafter.
- Treat coexisting nicotine dependence.
- Address coexisting disorders-medical and psychiatric—as needed.





