A Guideline for the Clinical Management of

High-Risk Drinking and Alcohol Use Disorder

ALCOHOL-RELATED HARMS

Alcohol use, and specifically the consumption of alcohol above recommended daily and weekly limits for safer or "low-risk" use, is a serious public health issue.

- In BC, there were ~27 alcohol-related deaths per 100,000 people in 2014, which was more than 3 times higher than the mortality rate for all illicit drugs combined
- From 2002 to 2014, hospitalization rates for alcohol-attributable conditions increased from 383 to 513 per 100,000 individuals
- From 2001 to 2011, the number of primary care visits for alcohol-attributable conditions in BC increased by 53%

ACCESS TO TREATMENT

Despite the significant burden of disease, social harms, and economic costs attributed to alcohol use in BC, high-risk drinking and alcohol use disorder frequently go unrecognized and untreated in the healthcare system.

Although nationally-representative data from Canada is not available, data from the U.S. and Europe have shown that fewer than 10% of people with AUD receive evidence-based treatment.

The BCCSU convened an expert panel to review the literature and develop a consensus guideline for the optimal screening, diagnosis, treatment, and care of individuals drinking above low-risk limits. The forthcoming guideline sets out 13 recommendations that are supported by high-quality, current, and rigorously reviewed evidence.

The guideline aims to bridge the significant research-to-practice gap in this field, which will, in turn, improve access to evidence-based treatment for patients and families, and reduce the significant harms associated with alcohol use in British Columbia.

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SUMMARY OF RECOMMENDATIONS

Screening and Brief Intervention

Clinicians should provide education about Canada's Low-Risk Alcohol Drinking Guidelines to all adult and youth patients

All adult and youth patients should be screened annually for alcohol use above low-risk limits.

All patients who are drinking alcohol above low-risk limits butdo not have an AUD should receive a brief counselling intervention.

Withdrawal Management

Clinicians should use the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) to assess the risk of severe complications of alcohol withdrawal in patients with AUD, in order to select the most appropriate withdrawal management pathway

Patients at low risk of severe complications of alcohol withdrawal (PAWSS<4) who have no other concurrent conditions that would require inpatient management shouldbe offered outpatient withdrawal management

Clinicians should consider prescribing non-benzodiazepine medications, such as gabapentin, carbamazepine, orclonidine, for the outpatient management of patients at low risk of severe complications of alcohol withdrawal

Patients at high risk of severe complications of withdrawal (PAWSS ≥ 4) should be referred to an inpatient facility (i.e., withdrawal management facility or hospital) where they can receive a benzodiazepine treatment regimen under close observation, and emergency care can be administered immediately if needed

All patients who complete withdrawal management should beconnected to continuing AUD care

Continuing Care

Adult patients with moderate to severe AUD should be offered naltrexone or acamprosate as a first-line pharmacotherapy to support achievement of patient-identified treatment goals

A. Naltrexone is recommended for patients who have atreatment goal of either abstinence or a reduction in alcohol consumption
B. Acamprosate is recommended for patients who have atreatment goal of abstinence

Adult patients with moderate to severe AUD who do not benefit from, have contraindications to, or express a preference for an alternative to first-line medications, can be offered topiramate or gabapentin

Clinicians should provide motivational interviewing-based counselling to all patients with mild to severe AUD to support achievement of treatment goals

All patients with mild to severe AUD can be provided with information about and referrals to specialist-led psychosocial treatment interventions

All patients with mild to severe AUD can be provided with information about and referrals to peer-support groups and other recovery-oriented services in the community