

Alcohol still addicts more people than all other drugs combined

# Alcohol Abuse/Alcoholism



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## Purpose/Objectives

- Understand difference between alcohol use, abuse and dependence
- Learn the potential physiological and emotional affects of alcohol
- Distinguish affects of alcohol on men and woman
- Understand the signs and symptoms of alcohol withdrawal
- Learn about various treatment modalities

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## Quote

- A common Alcoholics Anonymous (AA) saying is "There is no problem that alcohol cannot make worse."

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## Why is this important

- According to SAMHSA's [National Survey on Drug Use and Health \(NSDUH\) – 2014 survey](#), more than half of the adult (older than 12) U.S. population drank alcohol in the past 30 days.
- According to the [Centers for Disease Control and Prevention \(CDC\)](#), alcohol use causes 88,000 deaths a year. Many Americans begin drinking at an early age. <http://www.cdc.gov/alcohol/index.htm>

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## Definitions



- Alcohol abuse: pattern of use that results in harm to ones self, interpersonal relationships of work ability.
- Alcoholism/dependency: chronic disease with strong cravings for alcohol, continued use despite repeated physical, interpersonal and psychological problems, inability to limit alcohol drinking.

<http://www.cdc.gov/alcohol/faqs.htm#whatAlcohol>

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## Models of Alcoholism

- Medical Model
- Behavior Modification Model
- Psychological Model
- Social Model
- Alcoholic Anonymous Model
- Multivariant Model

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## Current Theories of Alcoholism

- Progressive Stage Theory
- Interpersonal Approach
- AA Approach

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## Intoxication (getting drunk)

- Alcohol intoxication can be harmful for a variety of reasons, including—
  1. Impaired brain function resulting in poor judgment, reduced reaction time, loss of balance and motor skills, or slurred speech.
  2. Dilatation of blood vessels causing a feeling of warmth but resulting in rapid loss of body heat.
  3. Increased risk of certain cancers, stroke, and liver diseases (e.g., cirrhosis), particularly when excessive amounts of alcohol are consumed over extended periods of time.
  4. Damage to a developing fetus if consumed by pregnant women.
  5. Increased risk of motor-vehicle traffic crashes, violence, and other injuries.
  6. Coma and death can occur if alcohol is consumed rapidly and in large amounts.

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## Definitions



- **Moderate**
  - Moderate alcohol consumption is defined as having up to 1 drink per day for women and up to 2 drinks per day for men.
- **Heavy drinking**
  - Drinking more than two drinks per day on average for men or more than one drink per day on average for women.
- **Binge drinking**
  - Drinking 5 or more drinks during a single occasion for men or 4 or more drinks during a single occasion for women.

<http://www.cdc.gov/alcohol/index.htm>

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## What is a Standard Drink



- A standard drink is equal to 14.0 grams (0.6 ounces) of pure alcohol. Generally, this amount of pure alcohol is found in
  - 12-ounces of beer (5% alcohol content).
  - 8-ounces of malt liquor (7% alcohol content).
  - 5-ounces of wine (12% alcohol content).
  - 1.5-ounces or a "shot" of 80-proof (40% alcohol content) distilled spirits or liquor (e.g., gin, rum, vodka, whiskey).

<http://www.cdc.gov/alcohol/faqs.htm#whatAlcohol>

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## Alcohol Effects

- Individual characteristics that determine how alcohol affects its user.
  - Age
  - Gender
  - Race or ethnicity
  - Physical condition (weight, fitness level)
  - Amount of food consumed prior to alcohol ingestion
  - How quickly alcohol is ingested
  - Use of drugs or prescription medications
  - Family history of alcohol related issues

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## Alcohol Intake



- Low dose results in depression of inhibitory centers
  - Results in out of character behaviors such as dancing with a lamp shade on the head or blurting out long held confidences.
- High dose results in inhibition of excitatory centers
  - Results in effects ranging from impairment of rational thinking all the way to absence of motor coordination

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## Chronic Alcohol Use

- Physiological effects
  - Gastrointestinal: liver cirrhosis, pancreatitis, gastritis, peptic ulcer, cancer, enlarged or shrunken liver or shrunken spleen
  - Cardiovascular: hypertension, cardiomegaly, atrial fib, Spider angiomas
  - Neurological: ataxia, Wernicke's encephalopathy, Korsakoff psychosis, dementia, amnesia, hepatic encephalopathy
  - Immunological: suppression of immune response
  - Endocrine: males – increased estrogen and decrease progesterone leading to impotence, testicular atrophy, and gynecomastia
  - Obstetrics: fetal alcohol syndrome
  - Psychiatric: depression and anxiety disorders

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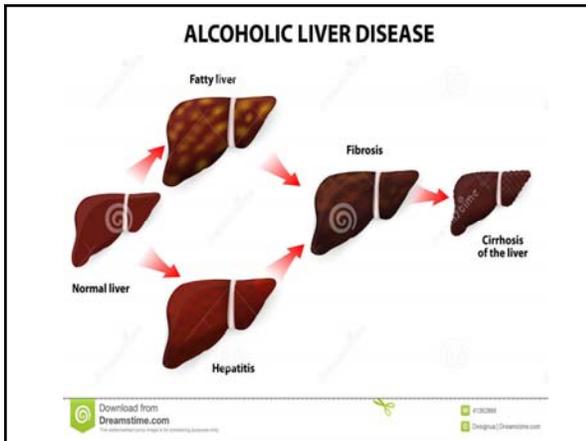
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## Other effects

- Unintentional injuries, such as motor-vehicle traffic crashes, falls, drowning, burns and firearm injuries.
- Violence, such as child maltreatment, homicide, and suicide. Excessive alcohol consumption increases aggression and, as a result, can increase the risk of physically assaulting another person.<sup>11</sup>
- Harm to a developing fetus if a woman drinks while pregnant, such as [fetal alcohol spectrum disorders](http://www.cdc.gov/ncbddd/fasd/index.html)(<http://www.cdc.gov/ncbddd/fasd/index.html>).
- Sudden infant death syndrome (SIDS).
- Alcohol abuse or dependence.

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## Men and Alcohol



- Approximately 58% of adult men report drinking alcohol in the last 30 days.<sup>5</sup>
- Approximately 23% of adult men report [binge drinking](#) 5 times a month, averaging 8 drinks per binge.<sup>6</sup>
- Men are almost two times more likely to binge drink than women.<sup>6</sup>
- Most (90%) people who binge drink are not alcoholics or alcohol dependent.<sup>7</sup>
- About 4.5% of men and 2.5% of women met the diagnostic criteria for alcohol dependence in the past year.<sup>7</sup>

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## Men and Alcohol

- Injuries and deaths as a result of excessive alcohol use
- Reproductive Health and Sexual Function
- Cancer

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## Women and Alcohol



- Approximately 4.6% of adult women report drinking alcohol in the last 30 days.
- Approximately 12% of adult women report binge drinking 3 times a month, averaging 5 drinks per binge.
- Most (90%) people who binge drink are not alcoholics or alcohol dependent.
- About 2.5% of women and 4.5% of men met the diagnostic criteria for alcohol dependence in the past year.

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## Women and Alcohol

- Reproductive Health Outcomes
- Pregnancy Outcomes
- Other Health Concerns

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## Alcohol and Mental Illness

- Alcohol dependence co-occurs with mental illness more often than most clinicians realize: >20% of those with mental illness also suffer from alcohol abuse or dependence.
- Alcohol use disorders can cause or exacerbate a wide variety of Psychiatric syndromes, from schizophrenia to the anxiety disorders.
- Alcohol dependence, abuse, or misuse can cause or exacerbate Cluster B personality disorders, and alcoholism itself can be mistakenly diagnosed as a personality disorder.
- Treatment of alcohol dependence and a co-occurring mental illness necessitates a coordinated plan which addresses both problems.

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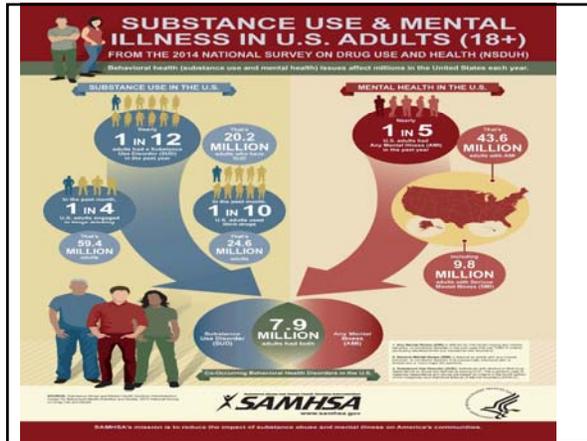
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## Alcohol and Mental Illness

- Depression
- Anxiety
- Bi-Polar Disorder
- Schizophrenia
- Personality Disorders

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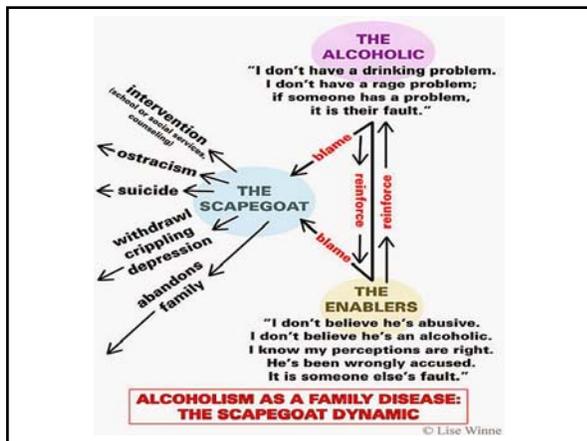
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## Alcohol Withdrawal

- Nausea and vomiting
- Diaphoresis
- Agitation and anxiety
- Headache
- Tremor
- Seizures
- Visual and auditory hallucinations: Many patients who are not disoriented, and who do not have delirium tremens, have hallucinations.
- Delirium tremens (DT) begins 3-5 days after the last drink. DT is characterized by disorientation, fever, rapid heart rate, high blood pressure, and visual hallucinations.
  - DT is a medical emergency and should be treated on an inpatient basis.

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## Fallacy

Controlling drinking is all a matter of will power. If they made up their minds to do it, alcoholics could drink just like everyone else.

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## Treatment

- Integrated
- Individual/Group Therapy
- 12 Step
- Medications



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## Screening



- The CAGE questionnaire is the most well known.
- Complete face to face.
- Complete prior to asking questions about type, frequency and quantity of alcohol ingested.
- Sensitivity is about 75%. It identifies 75% of people who have problems with alcohol.

Thompson, W., Lande, G. R., & Kalapatapu, R. K. Alcoholism. Updated: Dec 2, 2010

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## CAGE Questionnaire

- The following 4 questions make up the CAGE questionnaire:
  - Have you ever felt the need to cut down on your drinking?
  - Have people annoyed you by criticizing your drinking?
  - Have you ever felt bad or guilty about your drinking?
  - Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?
- Patients who answer yes to 2 questions are 7 times more likely to be alcohol dependent than the general population. Those who answer no to all 4 questions are one-seventh as likely to have alcoholism as the general population.

Thompson, W., Lande, G. R., & Kalapatapu, R. K. Alcoholism. Updated: Dec 2, 2010

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**Are you an Alcoholic?**

Have you ever felt you should cut down on your drinking?

Have people criticized your drinking?

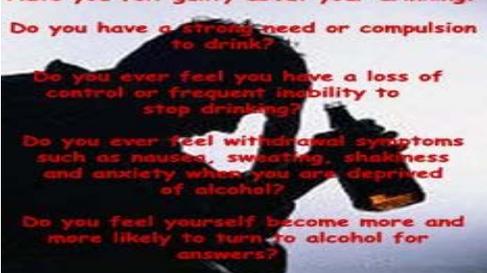
Have you felt guilty about your drinking?

Do you have a strong need or compulsion to drink?

Do you ever feel you have a loss of control or frequent inability to stop drinking?

Do you ever feel withdrawal symptoms such as nausea, sweating, shakiness and anxiety when you are deprived of alcohol?

Do you feel yourself become more and more likely to turn to alcohol for answers?




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## Screening

- The AUDIT (alcohol use disorders identification test) is the best test for screening because it detects hazardous drinking and alcohol abuse.
  - It is a 10 question test
  - It can be given with paper and pencil
- The diagnosis of alcohol dependence relies more on the consequences of alcohol use and less on the amount of alcohol consumed. If alcohol problems are suspected try to determine what consequences of alcohol abuse the patient has experienced.

Thompson, W., Lande, G. R., & Kalapatapu, R. K. Alcoholism. Updated: Dec 2, 2010

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## Additional Screening Questions

- Have you ever had a drinking problem?
- When was your last drink? (Less than 24 h is a red flag.)
- Do you use alcohol to relieve pain, anxiety, or insomnia?
- Have you ever been arrested for drinking, such as driving under the influence?
- Have you ever lost friends or girlfriends/boyfriends because of your drinking?
- Have you ever been to an Alcoholics Anonymous (AA) meeting?
- The following are additional questions specific to older persons:
  - Did your drinking increase after someone close to you died?
  - Does alcohol make you sleepy so that you often fall asleep in your chair?

Thompson, W., Lande, G. R., & Kalapatapu, R. K. Alcoholism. Updated: Dec 2, 2010

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## Medications



- Medication used to treat alcohol addiction help reduce drinking, avoid relapse and maintain abstinence.
  - Oral medications: naltrexone, acamprosate, and disulfiram)
  - Injectable medication: extended-release naltrexone
- Topiramate has been shown to be effective but does not have the FDA indication for treatment.
- Folate deficiency is usually present and the person should take supplemental folate.

National Institute on Alcohol Abuse and Alcoholism NIH Publication 07-3769 www.niaaa.nih.gov/guide

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## Self-Management



- Encourage attendance at AA meetings.
- Encourage identification of a sponsor.
- Have participant write out list of names and numbers he/she can call if difficult times.
- Encourage identification of high stress situations that may lead them to drinking and ways of coping.
- Encourage exercise and other leisure time activities.
- Assist or refer for assistance with development of new coping strategies.
- Encourage participation of family or significant others if possible.

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## Getting help



- Consult your personal health care provider if you feel you or someone you know has a drinking problem. Other resources include the **National Drug and Alcohol Treatment Referral Routing Service** available at 1-800-662-HELP. This service can provide you with information about treatment programs in your local community and allow you to speak with someone about alcohol problems.

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## Urge to Drink

When urge to drink occurs the person can:

- Use self distraction – do some other activity they enjoy.
- Try to think of something else.
- Avoid activities that remind them of drinking.
- Use social support: call support persons that were previously identified.

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## Relapse



- If relapse occurs institute a treatment plan.
  - Determine what the participant thinks is appropriate treatment.
  - Reinforce the participant's decision to seek help.
  - Emphasize that complete abstinence is the only solution.
  - Reframe the relapse as a learning opportunity.
  - Provide support and empathy.
  - Have the patient come up with ways to avoid the triggering event or find alternative ways to deal with it.
  - Rehearse what to do in high-risk situations, including making use of the patient's social support system.

Thompson, W., Lande, G. R., & Kalapatapu, R. K. Alcoholism. Updated: Dec 2, 2010

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## Blackouts

- Partial
- Complete
- Causes
- Consequences
- Prevention

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Not to get technical...but according to chemistry, alcohol is a solution.

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- Cohagan, A., Worthington, R., Amy Cohagan, & Krause, R. DO. Alcohol and Substance Abuse Evaluation. Updated: Oct 21, 2010 <http://emedicine.medscape.com/article/805084-overview>
- Flores, Philip, PhD. *Group Psychotherapy with Addicted Populations*, The Haworth Press, 1997
- National Institutes of Health National Institute on Alcohol Abuse and Alcoholism NIH Publication 07-3769 www.niaaa.nih.gov/guide October 2008 Update <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/PrescribingMeds.pdf>

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### References and Resources

- Thompson, W., Lande, G. R., & Kalapatapu, R. K. Alcoholism. Updated: Dec 2, 2010 <http://emedicine.medscape.com/article/285913-overview>
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■ Brown, Stephanie, Treating the Alcoholic: A Developmental Model of Recovery, 1985, John Wiley and Sons

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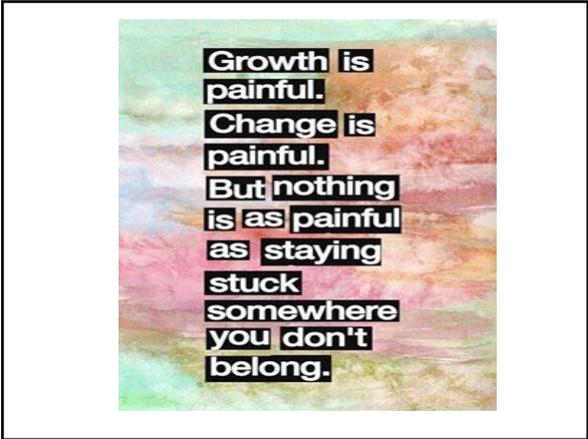
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