

Dear Colleague,

The Canadian Alcohol Use Disorder Society has created this handout in order to help your patient share and discuss treatment options for alcohol use disorder with you.

Medical treatment options for AUD are becoming increasingly understood and are providing new hope for recovery, with **new national guidelines for prescribing just published by the Canadian Research Initiative on Substance Misuse and the BC Centre on Substance use.**

We hope you will take a few moments to look over this information.

Prescribing Information

AUD is a chronic, relapsing, remitting brain disorder with a highly heterogeneous clinical and pathological course. It is entirely treatable with several effective and commonly prescribed medications, depending on a person's personal, family or consumption history.

Please find the Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder, a step-by-step prescribing summary, events and education opportunities, as well as many other resources, on our website:

www.cauds.org



We have also attached a clinical pathway one-pager and pharmacotherapy chart to preview. Contact us at admin@cauds.org or through our website to learn more. We also welcome you to sign up for our quarterly newsletter to view latest resources, as well as hear about launch dates for upcoming resources:

- Events and education sessions
- A prescribing community of practice
- An interactive prescribing guide
- Conference and research opportunities

Sincerely,

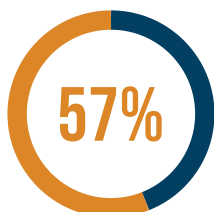
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Canadian Alcohol Use Disorder Society
Board Member & Clinical Advisory Committee Chair

About The Canadian Alcohol Use Disorder Society

Formed in Sept. 2020, this national nonprofit organization aims to provide hope and improve quality of life by advancing proven and effective treatment for Alcohol Use Disorder. By positively transforming attitudes, beliefs and behaviours, it also advocates for a more compassionate perception of this disorder amongst care providers, patients and society as a whole. We are not affiliated with or funded by pharmaceutical or related enterprise.

Alcohol use disorder and high-risk drinking

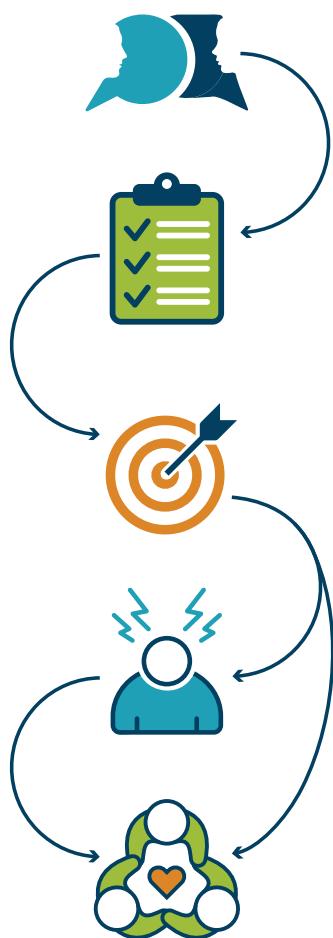
Clinical Practice Guideline



of Canadians aged 15 years and older drink above low-risk levels

- Alcohol use disorder (AUD): Pattern of heavy alcohol use and loss of control over intake despite negative consequences
- High-risk drinking and AUD frequently go unrecognized and untreated. Effective treatments are available
- Primary care providers are key to early detection and treatment

Overview of clinical pathway



ASK ABOUT ALCOHOL

“Would it be all right for us to talk about your relationship with alcohol?”

- Asking permission builds trust and comfort

SCREENING AND DIAGNOSIS

“In the past year, how often have you had more than 4 drinks (females) or 5 drinks (males) on any 1 occasion?”

- If 1 occasion or more, ask further screening questions (AUDIT-C*)
- For moderate risk of AUD: Provide brief advice on the health risks and suggestions on how to cut back
- For high risk of AUD: Diagnose using DSM-5-TR criteria

ASSESS THEIR GOALS

If moderate or severe AUD, use brief intervention to discuss goals and a tailored plan:

- Stop drinking
- Cut back on drinking
- Reduce harms of drinking

WITHDRAWAL MANAGEMENT

Use PAWSS* and withdrawal history to determine if low or high risk of severe complications (e.g., delirium tremens, seizures):

- Low risk: outpatient; Rx gabapentin, clonidine
- High risk: inpatient; Rx short course of benzodiazepines

LONG-TERM TREATMENT

- Medications: (1st line) Rx naltrexone or acamprosate; avoid SSRIs,* antipsychotics and long-term benzodiazepines
- Psychosocial treatments: Cognitive behavioural therapy, family-based therapy
- Community supports: Supportive recovery programs, peer groups, etc.

*AUDIT-C = Alcohol Use Disorder Identification Test–Consumption
 PAWSS = Prediction of Alcohol Withdrawal Severity Scale
 SSRI = selective serotonin reuptake inhibitor

Figure 1: Summary of clinical pathway for alcohol use disorder. DSM-5-TR = Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision.

Choosing an Alcohol Use Disorder Pharmacotherapy: Medication Selection Tool*

After screening and diagnosis of AUD, you may wish to use the following checklist to generate a suggested medication for your patient. Please note, this is an aid and not a replacement for your decision-making and selection process.

Optional information

Patient Name:

DOB:

Date:

	Suggested Medications***			
	Naltrexone	Acamprosate	Topiramate	Gabapentin
	First line	Second line	Second line	Other
CLINICAL CONSIDERATIONS TO REVIEW WITH YOUR PATIENT				
Check all that apply. Then, review the suggested medications next to each checked box, as an aid to your decision-making process.				
QUESTION A: What are your patient's reasons for drinking?				
1 - Reward (Life more exciting, enjoyable, more fun, better times, more confident and relaxed)	<input type="checkbox"/>			
2 - Relief (To reduce irritability, to help forget problems at work/home, troubles with friends/family, poor sleep)	<input type="checkbox"/>			
3 - Combo of Reward/Relief	<input type="checkbox"/>			
QUESTION B: What are your patient's drinking goals?				
4 - To drink less	<input type="checkbox"/>			
5 - To drink less and to eventually abstain	<input type="checkbox"/>			
6 - Abstinence only	<input type="checkbox"/>			
QUESTION C: Which, if any, of the following conditions may be attributed to your patient?				
7 - May have PTSD	<input type="checkbox"/>			
8 - May have a history of significant use of cocaine or meth	<input type="checkbox"/>			
9 - May have anger issues	<input type="checkbox"/>			
10 - May have obesity/eating disorder	<input type="checkbox"/>			
11 - Experiences headaches	<input type="checkbox"/>			
12 - Has a history of seizures	<input type="checkbox"/>			
13 - Experiences anxiety and/or sleep problems	<input type="checkbox"/>			
14 - Experiences chronic or neuropathic pain	<input type="checkbox"/>			
15 - Has a gambling disorder	<input type="checkbox"/>			
16 - Smokes cigarettes	<input type="checkbox"/>			
17 - Has acute or chronic liver failure	<input type="checkbox"/>			
18 - Wants to detox at home despite being advised of risks of acute withdrawal	<input type="checkbox"/>			
19 - Patient is on opiates, including suboxone or methadone (Do not use naltrexone)	<input type="checkbox"/>			

IMPORTANT CONSIDERATIONS AFTER SELECTING A PHARMACOTHERAPY

- If your first choice medication is not helping reduce symptoms, despite dose adjustments as appropriate, discontinue and trial the second most likely medication to work.
- Don't stop trialing until success occurs because with the right medication, success is achievable for just about everyone.
- Counseling and other supports should be pursued alongside pharmacotherapy in keeping with your patient's wishes.
- Provide appropriate withdrawal management and follow-up care.

To review national prescribing guidelines, find more prescribing information such as dosing and contraindications, and to access an online version of this Medication Selection Tool, please visit: cauds.org/clinician-resources.

