Alcohol
Early detection and use of brief intervention - the Swedish experience

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Studentlitteratur.se
Alcohol is her dear friend – so you need to give a good reason for her to change
Health motives for a change could vary:
You need different approaches

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<th>Your approach</th>
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<td>Risky use</td>
<td>Increased health risk</td>
<td>Information/advice</td>
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<td>Harmful use</td>
<td>Health complications</td>
<td>Demonstrate a connection</td>
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<td>Patient often unaware</td>
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<td>Addiction</td>
<td>Patient is aware of problem</td>
<td>Offer treatment</td>
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“Early identification”:  
Be attentive to alcohol  
Main purpose: raise patient awareness of risk or problem
Fishing: It seldom bites

Use the proper lure!
Five approaches:

Different situations require different approaches

= Situation adapted screening

1. Ask about consumption
2. Ask about the patient’s own thoughts on alcohol
3. Offer AUDIT test
4. Discuss relation of alcohol with health problem
5. Discuss alcohol influence on lab results
1. Asking about consumption:

Be systematic: Do you drink? -> How often? -> What? -> How much each time? ...

Tools:

- Alcohol diary until revisit
- TLFB (retrospective)
- AUDIT-C (3 questions)

When?: e.g. Most patients! New patient? Specified diagnoses? Make a routine.
2. Ask on the patient’s satisfaction with his alcohol habits:

• “Have you sometimes thought if less alcohol would help your health problem”

• ” You're very health conscious in terms of exercise. Have you thought about reducing your drinking as well? “

• **When?**: e.g. discussing prevention
3. AUDIT Alcohol Use Disorder Identification Test or “a life style questionary”

**When?:** e.g. all new hypertensions, all depressions, sick leave >1 month, etc. Create your personal routine
4. Discuss impact of alcohol on health problem

1. Has the patient noticed a connection?
2. Inform how alcohol can affect
   - Discuss individual sensitivity
3. Inform about treatment options, incl. less alcohol

When?: e.g. Hypertension, depression, sleep disorder, injury, etc
Effect of alcohol:
Put weight on your burden

- Trigger diseases
- Aggravates diseases
Alcohol can influence all common health problems

- Hypertension
- Dysrhythmia
- Cardiomyopathy
- Diabetes
- Sleep disorder
- Depression
- Anxiety
- Memory loss
- Infection proneness
- Polyneuropathy
- Potency
- Seborrhoea
- Rosacae
- Psoriasis
- Diarrhoea
- Low back pain
- Myalgia
- Cancer

> 200 diagnoses related to alcohol (WHO)
Hypertensives with heavy drinking

1 glass/day less -> Decreased BP: 3,3/2,0 mm

Infectious disease

**Chronic effect on leucocytes:**
Neutropenia (bone marrow depression)

**Acute effect on leucocytes:**
Macrophages: mobility, adhesion, toxin production, presentation for T-cell
Monocytes: mobilisation, cytokine formation, modulation of inflammation
Granulocytes: mobilisation, fagocytosis

**Else:**
Cilie activity decrease
Lysozyme, laktoferritin, etc decrease

Globally: 13,5 % of alcohol death
Increased stress

- Noradrenalin
- Adrenalin
- Cortisol

Increase after every alcohol intake
Measurable 1-2 – (10) days

Relevancy: sleep disorder, pain, anxiety, depression, etc.
Alcohol causes 6.5% of all cancer
(men: 10%, women: 3%)
- Female breast
- Colon
- Rectum
- Mouth
- Larynx
- Pharynx
- Oesophagus
- Liver
- ........

Impairs cancer treatment
Increased relapse

IARC Monographs on the Evaluation of Carcinogenic Risks to Humans
VOLUME 96
Alcohol Consumption and Ethyl Carbamate

LYON, FRANCE
2010
Surgical complications

Meta-analysis of 55 studies:

≥ 2 glass/day ➔ 56 % increased complications

30 days postop, RR = 1,56 [CI: 1,31-1,87]

- All infections: 73 %       RR=1,73 [1,32-2,28]
- Wound complications: 23 %   RR=1,23 [1,09-1,40]
- Lung complications: 80 %    RR=1,80 [1,30-2,49]
- Prolonged hospitalisation: 23 % RR=1,23 [1,18-1,31]
- Intensive care: 29 %        RR=1,29 [1,03-1,61]

Causes of complications

Causes:

- Impaired infection defence
- Reduced EF of heart
- Coagulation
- Low protein production
- Increased stress

Reversibility after alcohol stop:

- 2-8 weeks
- 1 month
- 1 week
- ≤ 2 months
- 1-7 weeks

Conclusion: alcohol stop 1-2 months before any elective surgery
5. Squeeze more out of lab. results
The more you drink – the higher values

<table>
<thead>
<tr>
<th></th>
<th>Ref.</th>
<th>&lt;1 glas/d</th>
<th>1-2 glas/d</th>
<th>&gt;2 glas/d</th>
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</thead>
<tbody>
<tr>
<td>ALAT</td>
<td>&lt;1,1 μkat/L</td>
<td>0,29</td>
<td>0,31</td>
<td>0,38</td>
</tr>
<tr>
<td>ASAT</td>
<td>&lt;0,76 μkat/L</td>
<td>0,35</td>
<td>0,38</td>
<td>0,43</td>
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<tr>
<td>GT</td>
<td>&lt;2,0 μkat/L</td>
<td>0,43</td>
<td>0,58</td>
<td>0,79</td>
</tr>
<tr>
<td>MCV</td>
<td>82 - 98 fL</td>
<td>90,2</td>
<td>91,5</td>
<td>92,3</td>
</tr>
</tbody>
</table>


Example:
Changes within normal range when drinking less

<table>
<thead>
<tr>
<th></th>
<th>14-08-28</th>
<th>14-09-22</th>
<th>14-11-14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15:09</td>
<td>14:51</td>
<td>11:06</td>
</tr>
<tr>
<td>P-ALAT</td>
<td>0.54</td>
<td>0.34</td>
<td>0.25</td>
</tr>
<tr>
<td>P-ASAT</td>
<td>0.45</td>
<td>0.37</td>
<td>&lt;0.22</td>
</tr>
<tr>
<td>P-GT</td>
<td>0.89</td>
<td>0.47</td>
<td>0.12</td>
</tr>
</tbody>
</table>

Ref: <1.1
     <0.75
     <2.0

Conclusion: react to normal values in upper half or 2/3 of normal range
Investigate more: “The halving experiment”

- **Background:** The individual sensitivity to alcohol varies greatly – in every organ system

- **Offer a test:** Drink half (or less) during 4 weeks. Evaluate at a revisit
Primary goal of alcohol attention & early detection: An insightful patient

- I have a risky consumption (hazardous use)
- My disease is influenced (harmful use)
- My doctor seems knowledgeable, can perhaps help me (dependence)
There are many ways to screen – the ones that take place are the best!

Take home message:
- Make your personal routine
- Make a routine for the clinic
Are there any problem drinkers in Estonia?

AUD 11.3 % (19.3 % males, 3.7 % females)

WHO Global status report on alcohol and health 2014
Why don’t problem drinkers seek help?

Miks?
Why don’t problem drinkers seek help?

1. Patients misconceptions:
   • You have to be teetotaller
   • You have to take Antabuse
   • You will be sent to treatment centre
   • Control measures
Why don’t problem drinkers seek help?

2. Patients fair and true conceptions:
   • Shameful
   • We have a contemptuous attitude (moral weakness)
   • We are not competent
   • Medical records
   • Reporting
What can motivate help seeking?

• Insight about health consequences
• Knowledge about modern treatment
• Non-judging attitude
• Access to anonymous help (internet, help-phone)
• Non-stigmatic clinics
• …
Example:
Integrate in usual care – less stigmatic

www.stuvstavc.se
Beware of your vocabulary!

Avoid negative vocabulary:
- Alcoholic
- Abuser
- Ethylic
- Denial
- Discover/detect alcohol problems

Professional terminology:
- Alcohol dependence (ICD-10)
- Harmful use (ICD-10)
- AUD (DSM-5)
- Hazardous use/risk drinking
- Alcohol problems
- Attend to alcohol problems
Find out more
Offer a “Health check alcohol”

1: Attention on alcohol
Risk or problem?
1-15 min

2: Investigation
Health check alcohol
30 min

3: Treatment
15 min/visit


Health check alcohol

"Drinkers checkup"

1. Questionnaires + Biol. markers
   (+ pats history and status)

2. Professional assessment and feedback

3. Pats own thoughts?
   Next step?
Third step: Treatment – offer a menu!

1: Attention on a risk or a problem
   - Often 15 min/visit
   - 1-15 min

2: Assessment
   - Health check
   - Alcohol
   - 30 min

3: Treatment
   - Medicines
   - Psychological
   - Self help material

Matching Alcoholism Treatments to Client Heterogeneity: Project MATCH Posttreatment Drinking Outcomes. J. Stud. Alcohol 1997;58:7-29,
1. Alcohol problems are usually not severe

- Alcohol dependent + social problems ~1%
- Alcohol dependent no social problems ~3.5%
- Harmful use ~5%
- Hazardous use, no harm yet ~10%
- No alcohol problems ~80%

Ref: Andréasson et al., 2011 Berglund et al. 2010, Thakker et al. 2004)
2. Alcohol dependence has good prognosis!

MET
Motivational Enhancement Therapy

1. Get facts: "health check alcohol"

2. 3 MI-sessions

Priority 1 in Swedish guidelines

Swedish manual: alkoholhjalpen.se/MET
http://motivationalinterviewing.org/sites/default/files/MATCH.pdf
# CBT: Guide To Better Drinking

**Four sessions, 15-30 min**

<table>
<thead>
<tr>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Situation now: “health check alcohol”</td>
<td>• Patient reports result</td>
<td>• Patient reports result</td>
<td>• Patient reports result</td>
</tr>
<tr>
<td>• Homework: ✓ drinking goal ✓ alcohol diary</td>
<td>• New homework: ✓ risk situations</td>
<td>• New homework: ✓ handle risk situations</td>
<td>• Evaluation • More treatment?</td>
</tr>
<tr>
<td>v.1</td>
<td>v.3</td>
<td>v.6</td>
<td>v.12</td>
</tr>
</tbody>
</table>


Swedish manual: riddargatan1.se/PV
Drugs with strong evidence

- akamprosat
- naltrexon + nalmefen
- disulfiram

Less evidence:
- Baklofen
- Topiramate
- Vareniclin
Akamprosat

Farmacodynamics: NMDA receptor modulator (glutamat)

Clinical effect: Less desire, less thoughts on alcohol

Variation in effect: ~ 1/3 good effect, ~1/3 no effect

Dosage: 3 + 3 or more
Naltrexon

Farmacodynamics: Opiatereceptor antagonist (µ,δ,κ)

Clinical effect: Drinks less and slower, less desire and thoughts on alcohol

Variation in effect: ~1/3 good effect, ~1/3 no effect

Dosage: 1x1

Side effects: nausea, vertigo, etc.
Disulfiram

- **Clinical effect**: easier to be sober, less thoughts on alcohol
- **Dosage**: Flexible ex: 400mg 2-3 /week, or 100 – 200 mg daily
- **Side effects**: Tiredness, headache, etc. Rare but severe liver damage
Disulfiram supports sobriety

Ask the patient:

1. Do you want to be sober?
2. Do you need support to be sober?
3. Do you need support to take disulfiram?
Replace alcohol self medication

Example:

- Beta-blockers
- Propiomazin, mitazapin for sleep
- Hydroxizinin for anxiety
- SSRI
Drug treatment is more than a prescription

Prescription + Follow-ups
Systematic follow-up

"Medical management"

1. Found a routine for intake?
2. Side effects?
3. Does it help?
4. Give feedback on lab results
5. Give positive enforcement
6. Continue drug?

*Focus on patient satisfaction, not on drinking quantities*
Is choice of treatment of importance?

• Chose what your patient is motivated for
• Give a menu
• Matching has no strong evidence
• Pragmatic goal: Harm reduction
• Short treatments as effective as longer
• Drugs as an alibi for psychological treatment
Summary

1. Make routines for talking alcohol
   Primary purpose: patient should know more
2. Lower the thresholds for seeking help; De-stigmatize
3. Alcohol problems are usually light and easily managed
   Offer treatment

Thank You!
Work systematically: 15-method (Audit >15, 15 min visits)

1: Attention on alcohol
   “Early detection”
   1-15 min

2: Investigation/assessment
   “Health check alcohol”
   Often 15 min/visit
   30 min

3: Treatment
   Often 15 min/visit

- Information/advice
- Demonstrate connection to health problem