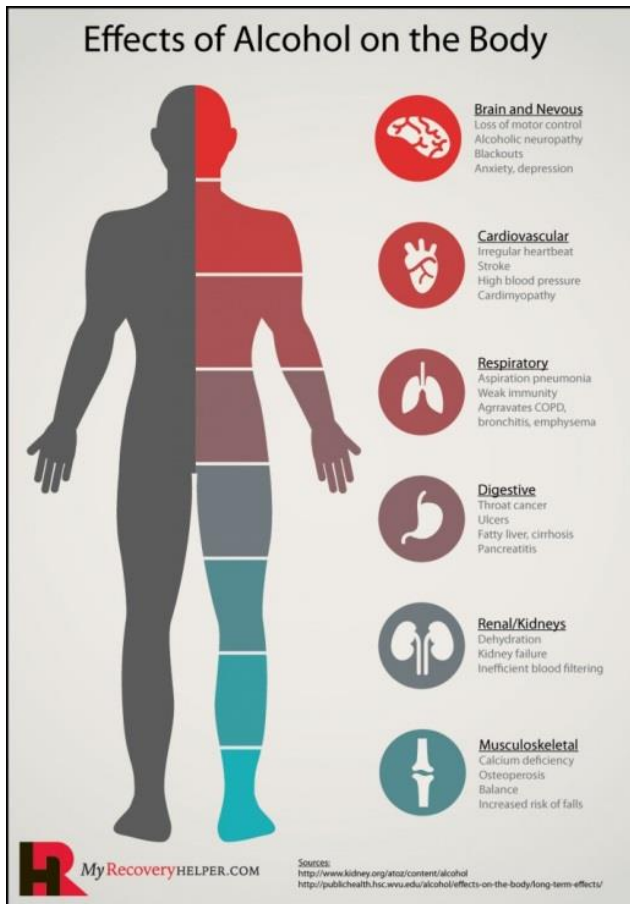


Addressing at-risk alcohol use in primary care- a brief guide for providers



If a patient is reluctant to change...

1) Utilize motivational interviewing techniques:

Open ended questions

“What are your reasons to change?” “What are your goals?”

Utilize O.A.R.S

Open ended questions

Affirmations that recognize the patient’s strengths

Reflections to restate what the patient said

Summarize what the patient has told you

Follow up

What goals can the patient set?

How will he/she be monitored?

2) Encourage patients to track their alcohol use (e.g., via smartphone app or paper and pencil method)

Adapted from: VA Center for Integrated Healthcare information sheet : Assessing Alcohol Use Disorders in the PC Setting”

Resources

- Patient and provider handouts/resources (Center for Integrated Healthcare website) http://www.mirecc.va.gov/cih-visn2/clinical_resources.asp
- AUDIT-C frequently asked questions <http://www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm>
- NIAAA Rethinking your Drinking: <http://rethinkingdrinking.niaaa.nih.gov/>

What is "at-risk drinking"?

Males under the age of 65

- > 14 drinks/week OR
- > 4 drinks on any day OR
- AUDIT C score > 4

Females (all ages) and males over the age of 65

- > 7 drinks/week OR
- > 3 drinks on any day OR
- AUDIT C score > 3

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) also recommends that it is safest for patients to avoid alcohol altogether if they:

- Are taking medications that interact with alcohol
- Have a medical condition that may be exacerbated by alcohol use
- Under the age of 21
- Planning to drive or operate heavy machinery
- Pregnant

What is a standard drink?

1 standard drink is equivalent to:

Regular beer	12 oz
Malt liquor	8-9 oz
Table wine	5 oz
80 proof spirits (e.g. vodka, gin)	1.5 oz

Common containers	Standard drinks
40 oz beer	3.33
Bottle of wine	5
Shot of liquor	1
Pint of liquor (1/2 pint)	9 (4.5)

Brief counseling for at risk drinking

- 1) **Express concern** about the patients alcohol use
- 2) Provide **feedback** linking the patient's drinking to his/her health issues
- 3) Provide **education around recommended drinking limits**
- 4) Explicitly offer **advice** to cut down or abstain
- 5) **Follow-up** in 2-4 weeks to assess response
- 6) **Refer** the patient to specialty substance use treatment if indicated

The most effective interventions are explicitly **patient centered** and **non-confrontational**

Adapted from:
<http://www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm#7>