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)

Resources

- Patient and provider handouts/resources (Center for Integrated Healthcare website)
  http://www.mirecc.va.gov/visn2/clinical_resources.asp

- AUDIT-C frequently asked questions

- NIAAA Rethinking your Drinking:
  http://rethinkingdrinking.niaaa.nih.gov/

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

| Drink Type               | Standard
<table>
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<tr>
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<tbody>
<tr>
<td>Regular beer</td>
<td>12 oz</td>
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<tr>
<td>Malt liquor</td>
<td>8-9 oz</td>
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<tr>
<td>Table wine</td>
<td>5 oz</td>
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<tr>
<td>80 proof spirits (e.g. vodka, gin)</td>
<td>1.5 oz</td>
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Common containers | Standard drinks
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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