

Alcohol Use Disorder Clinical Guideline

MVP Health Care® (MVP), as part of its continuing Quality Improvement Program, has adopted the American Psychiatric Association's (APA) Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder¹. The full guideline is available at:

<https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9781615371969>

Impact of The Condition

Alcohol use disorder (AUD) is defined by a cluster of behavioral and physical symptoms, which can include withdrawal, tolerance, and craving². The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) combined alcohol abuse and alcohol dependence into alcohol use disorder (AUD) with severity specified as mild, moderate or severe depending on the number of symptom criteria met. According to the 2019 National Survey on Drug Use and Health (NSDUH), 5.3% of Americans ages 12 and older had an alcohol use disorder³. About 7.2 percent of people ages 12 and older who had an alcohol use disorder in the past year received any treatment in the past year³. , Less than four percent of people with an alcohol use disorder were prescribed a medication approved by the U.S. Food & Drug Administration (FDA) to treat their disorder³. . Twelve-month prevalence of alcohol use disorders is highest among individuals ages 18 to 29 years². Men have higher rates of drinking and alcohol use disorder than women, although the gender gap is narrowing as women are initiating alcohol use at a younger age². Additionally, the 12-month prevalence rates are as follows: 14.4% in African Americans, 14.0% in non-Hispanic Whites, 13.6% in Hispanics, and 10.6% in Asia Americans and Pacific Islanders. Prevalence estimates among Native Americans should be interpreted with caution as there are more than 570 American Indian and Alaska Native communities in the United States².

Summary of the APA Guideline

MVP Health Care® (MVP) adopted the APA guideline which specifically focuses on effective, evidence-based pharmacological treatments for alcohol use disorder. The goal of the guideline is to improve the quality of care and treatment outcomes for persons with alcohol use disorder. For persons with moderate to severe alcohol use disorder and a goal of reducing alcohol consumption or achieving abstinence, either naltrexone or acamprosate may be offered. Neither medication was found to be superior to the other as no statistically significant difference was found in the percent with a return to any drinking, the percent with a return to heavy drinking, or the number of drinking days^{1,4,5}. Naltrexone may, additionally, help to reduce the subjective feeling of "craving"¹. Disulfiram may be offered to persons with moderate to severe alcohol use disorder who have a goal of achieving abstinence and who prefer disulfiram or are intolerant to or have not responded to naltrexone or acamprosate. Topiramate or Gabapentin may be offered to persons with moderate to severe alcohol use disorder who have a goal of reducing alcohol consumption or achieving abstinence. As part of a patient-centered treatment plan, additional considerations for pharmacological interventions should include side effect profile, co-occurring medical and psychiatric

conditions, as well as previous treatment history/response (or lack thereof) and patient preference, which may be influenced by ease of access to and administration of medication. The guideline also addresses the use of quantitative behavioral measures, physiological biomarkers, as well as the use of pharmacological interventions in certain patient populations, such as pregnant and breastfeeding women, persons with compromised renal and hepatic function and those who also have a co-occurring opioid use disorder.

Additional tools to assist providers with educating their patients on behavioral health conditions are available on the MVP Health Care website via the link below.

[Quality Programs and Initiatives | MVP Health Care](#)

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case Management program, please call the MVP Case Management Department at **1-800-852-7826**.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 1-2247**.

References

1. American Psychiatric Association (APA) Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder, 2018:
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2. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed. Text Revision; DSM–5-TR; American Psychiatric Association [APA], 2022)
https://dsm.psychiatryonline.org/doi/10.1176/appi.books.9780890425787.x00_Diagnostic_Classification
3. National Institute on Alcohol Abuse and Alcoholism: Alcohol Facts and Statistics
<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics?msclkid=2b88d8e2c0cf11ec87086cb3d176e797>
4. Agency for Healthcare Research and Quality Pharmacotherapy for Adults with Alcohol Use Disorder in Outpatient Settings, 2016.

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5. Centers for Disease Control and Prevention. National Center for Health Statistics. Heavy Drinking Among U.S. Adults, 2018. NCHS Data Brief No. 374, August 2020

<https://www.cdc.gov/nchs/products/databriefs/db374.htm>