

Screening Adults for Unhealthy Alcohol Use in Primary Care

MVP Health Care® (MVP), as part of its continuing Quality Improvement Program, has adopted The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) guide Helping Patients Who Drink Too Much – A Clinician's Guide. This guide was developed primarily to assist primary care practitioners in identifying alcohol use problems among adults, but also contains components that may be useful to mental health specialists. The full guide is available at:

<file:///M:/Helping%20Patients%20Who%20Drink%20Too%20Much%20-%20A%20Clinician's%20Guide.pdf>¹

Impact of The Condition

Unhealthy alcohol use describes use that exceeds recommended limits, has a negative impact on physical and mental health, contributes to disability, or leads to an alcohol use disorder. It is associated with increased morbidity and mortality from a wide range of illnesses and accidents, and is a leading cause of premature death². About 30 percent of U.S. adults' alcohol consumption level puts them at risk for adverse physical and mental outcomes, as well as negative societal impact. Many of these adverse effects are related to the amount and pattern of alcohol use. Evidence suggests that men who drink more than four (4) standard drinks a day (or more than 14 per week) and women who drink more than three (3) in a day (or more than 7 per week) are at increased risk for alcohol-related problems¹. Detection rates for alcohol use disorders and risky drinking in primary care settings are very low; approximately ten percent of those abusing alcohol actually receive the appropriate screening and referral to treatment. Studies suggest that individuals in primary care are open to answering questions and receiving advice about alcohol use and that brief intervention for at-risk drinkers may have positive lasting effects in reducing drinking levels. Screening for unhealthy alcohol use and brief behavioral counseling interventions are also recommended for pregnant women².

Summary of the Guideline

The following guide provides a brief introduction and suggestions for setting up a screening process in practice which may include use of a self-reported instrument such as the AUDIT tool (Alcohol Use Disorders Identification Test)³. This tool is the most widely studied tool for use in clinical practice to detect alcohol misuse, abuse or dependence and can be used alone or in combination with a broader health interview¹. The guide also contains an easy-to-follow four-page algorithm for identifying alcohol problems that contains the following steps:

Ask about alcohol use (number of heavy drinking days).

Assess for alcohol use disorders (list of symptoms adapted from the DSM-IV criteria; since the update of the guide in 2005, the Diagnostic and Statistical Manual of Mental Disorders has been updated to the Fifth Edition⁴ as such the symptom list has been slightly altered and severity is defined as mild, moderate and severe. A crosswalk of criteria can be found at <https://www.niaaa.nih.gov/sites/default/files/DSMfact.pdf>⁵.

Advise and assist (brief intervention – includes assessing readiness to change, setting goals and referral for specialized treatment if appropriate).

At follow-up: Continue support (assesses whether patient was able to sustain goals and whether continued/new treatment is necessary).

The remainder of the guide consists of many helpful tools for clinicians including the AUDIT screening tool, information on prescribing medications for alcohol use disorder, patient education materials (e.g., what constitutes a “standard” drink; strategies for cutting down), online resources for clinicians and patients and Frequently Asked Questions for clinicians.

Additional tools to assist providers with educating their patients on behavioral health conditions are included in the Provider Quality Improvement Manual under Behavioral Health. [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 website 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. National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) guide Helping Patients Who Drink Too Much – A Clinician’s Guide
<file:///M:/Helping%20Patients%20Who%20Drink%20Too%20Much%20-%20A%20Clinician's%20Guide.pdf>
2. U.S. Preventive Services Task Force. Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: Current Recommendations. November 2018
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>
3. AUDIT Tool <https://www.mvphealthcare.com/wp-content/uploads/download-manager-files/NIAAA-Alcohol-Audit-Tool-07-3769.pdf>

4. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.; DSM–5; American Psychiatric Association [APA], 2013)
<https://doi.org/10.1176/appi.books.9780890425596>
5. National Institute on Alcohol Abuse and Alcoholism. Alcohol Use Disorder: A Comparison Between DSM–IV and DSM–5
<https://www.niaaa.nih.gov/sites/default/files/DSMfact.pdf>