

Medication for the Treatment of Alcohol Use Disorder: A Brief Guide



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INTRODUCTION

Current evidence shows that medications are underused in the treatment of alcohol use disorder, including alcohol abuse and dependence.* This is of concern because of the high prevalence of alcohol problems in the general population.^{1,2} For example, data show that an estimated 10 percent to 20 percent of patients seen in primary care or hospital settings have a diagnosable alcohol use disorder.^{3,4} People who engage in risky drinking often have physical and social problems related to their alcohol use. Problems with alcohol influence the incidence, course, and treatment of many other medical and psychiatric conditions.²

Yet, of the 18.0 million people who met the criteria for alcohol dependence or abuse in 2013, only a small subset (1.4 million) received any type of formal treatment (excluding mutual-help groups)—ranging from a single meeting with a counselor to participation in a specialized treatment program.³

Although many experts in addiction believe that patients with moderate or severe alcohol-related problems should be offered medication-assisted treatment (MAT) on a routine basis,¹ considerable resistance to the use of MAT persists. A diagnosis of alcohol use disorder continues to carry significant social exclusion, which affects both the individual who receives the diagnosis and the health care professionals to whom that individual may turn for care. In part, the social exclusion continues because of a lack of understanding of alcohol use disorder as a treatable medical disorder² even though, more than 50 years ago, the American Medical Association (AMA) affirmed that dependence on alcohol and other drugs is a medical disorder.⁵ The AMA encouraged physicians and other clinicians, health care organizations, and policymakers to frame all their activities and decisions in ways that reflect that fact.

* Within this document “alcohol abuse” and “alcohol dependence” are used when discussing medication indications or research that is based upon this terminology. For a summary of important differences between DSM-IV and DSM-5, please see the box on this page.

Alcohol Use Disorder: A Comparison Between DSM-IV and DSM-5

“In May 2013, the American Psychiatric Association issued the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Although there is considerable overlap between DSM-5 and DSM-IV, the prior edition, there are several important differences: DSM-IV described two distinct disorders, alcohol abuse and alcohol dependence, with specific criteria for each. DSM-5 integrates the two DSM-IV disorders, alcohol abuse and alcohol dependence, into a single disorder called alcohol use disorder (AUD) with mild, moderate, and severe subclassifications. Under DSM-5, anyone meeting any two of the 11 criteria during the same 12-month period would receive a diagnosis of AUD. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met:

- **Mild:** The presence of 2 to 3 symptoms
- **Moderate:** The presence of 4 to 5 symptoms
- **Severe:** The presence of 6 or more symptoms

The DSM-5 eliminates legal problems as a criterion, adds craving as a criterion for an AUD diagnosis and modifies some of the criteria descriptions with updated language.”

—National Institute on Alcohol Abuse and Alcoholism⁶

To clarify the situation, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) jointly convened a Consensus Panel on New and Emerging Pharmacotherapies for Alcohol Use Disorders and Related Comorbidities (see Appendix A). The panel, which brought together experts in alcohol research, clinical care, medical education, and public policy, reviewed current evidence on the effectiveness of available medications for the treatment of alcohol use disorders and developed guidance for the use of medications in clinical practice.¹ The panel’s guidance is summarized in this document.

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