

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



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

**U.S. Department of Health and Human Services**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
Division of Pharmacologic Therapies

1 Choke Cherry Road  
Rockville, MD 20857

## Acknowledgments

This publication was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by JBS International, Inc. under contract number HHSS283200700003/HHSS28342007T, with SAMHSA, U.S. Department of Health and Human Services (HHS). CDR Alina Salvatore, R.Ph., M.S., and LCDR Brandon T. Johnson, M.B.A., served as the Contracting Officer Representatives.

## Disclaimer

The views, opinions, and content expressed herein are the views of the authors and do not necessarily reflect the official position of SAMHSA, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) or HHS. Nothing in this document constitutes an indirect or direct endorsement by SAMHSA, NIAAA, or HHS of any non-federal entity's products, services, or policies and any reference to a non-federal entity's products, services, or policies should not be construed as such. No official support of or endorsement by SAMHSA, NIAAA, or HHS for the opinions, resources, and medications described is intended to be or should be inferred. The information presented in this document should not be considered medical advice and is not a substitute for individualized patient or client care and treatment decisions.

## Public Domain Notice

All materials appearing in this volume except those taken directly from copyrighted sources are in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

## Electronic Access and Printed Copies

This publication may be downloaded or ordered at <http://store.samhsa.gov>. Or call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

## Recommended Citation

Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism, *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide*. HHS Publication No. (SMA) 15-4907. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

## Originating Office

Division of Pharmacologic Therapies, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857. HHS Publication No. (SMA) 15-4907. Printed 2015.

## CONTENTS

<b>Introduction</b> .....	<b>1</b>
<b>Considering Medications</b> .....	<b>2</b>
<b>Screening and Assessing Patients</b> .....	<b>7</b>
Screening for Risky Alcohol Use.....	7
Assessing the Need for Medication-Assisted Treatment.....	7
<b>Developing a Treatment Plan and Selecting a Medication</b> .....	<b>9</b>
Setting Goals for Medication-Assisted Treatment.....	9
Components of the Treatment Plan.....	9
Educating the Patient and Obtaining Informed Consent.....	9
Evaluating the Need for Medically Managed Detoxification.....	10
Integrating Pharmacologic and Nonpharmacologic Therapies.....	11
Addressing Co-Occurring Disorders.....	11
Treating Adolescents and Young Adults.....	12
Treating Pregnant and Postpartum Women.....	12
Treating Older Adults.....	12
Selecting a Medication.....	13
<b>Medication-Assisted Treatment</b> .....	<b>18</b>
Initiating Treatment with Disulfiram.....	18
Initiating Treatment with Naltrexone.....	18
Initiating Treatment with Acamprosate.....	20
Treating People with Co-Occurring Disorders.....	20
<b>Monitoring Patient Progress</b> .....	<b>20</b>
Monitoring.....	20
Adjusting the Treatment Plan.....	21
<b>Summary</b> .....	<b>23</b>
<b>Appendix A: Members of the Consensus Panel, Staff, and Consultants</b> .....	<b>24</b>
<b>Appendix B: Sources of Helpful Information</b> .....	<b>26</b>
<b>Appendix C: Acknowledgments</b> .....	<b>29</b>
<b>References</b> .....	<b>30</b>

## 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.<sup>1,2</sup> 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.<sup>3,4</sup> 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.<sup>2</sup>

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.<sup>3</sup>

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,<sup>1</sup> 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 disorder<sup>2</sup> even though, more than 50 years ago, the American Medical Association (AMA) affirmed that dependence on alcohol and other drugs is a medical disorder.<sup>5</sup> 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 Alcoholism<sup>6</sup>

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.<sup>1</sup> The panel’s guidance is summarized in this document.

# Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

## Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

## Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

## Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

## API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

## LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

## FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

## E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.