

Abuse or Dependence? Assessing the Alcoholic patient in the Clinic.

Antoni Gual
tgual@clinic.ub.es

Alcohol Unit
Psychiatry Department
Neurosciences Institute
Hospital Clínic de Barcelona. IDIBAPS

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- Defining hazardous & harmful drinking
- Diagnosing alcohol dependence
- A new conceptual umbrella: alcohol use disorders
- The art of assessing alcohol dependent patients: what to assess and how to do it
- Summary

Basic diagnostic classifications

WHO – ICD 10

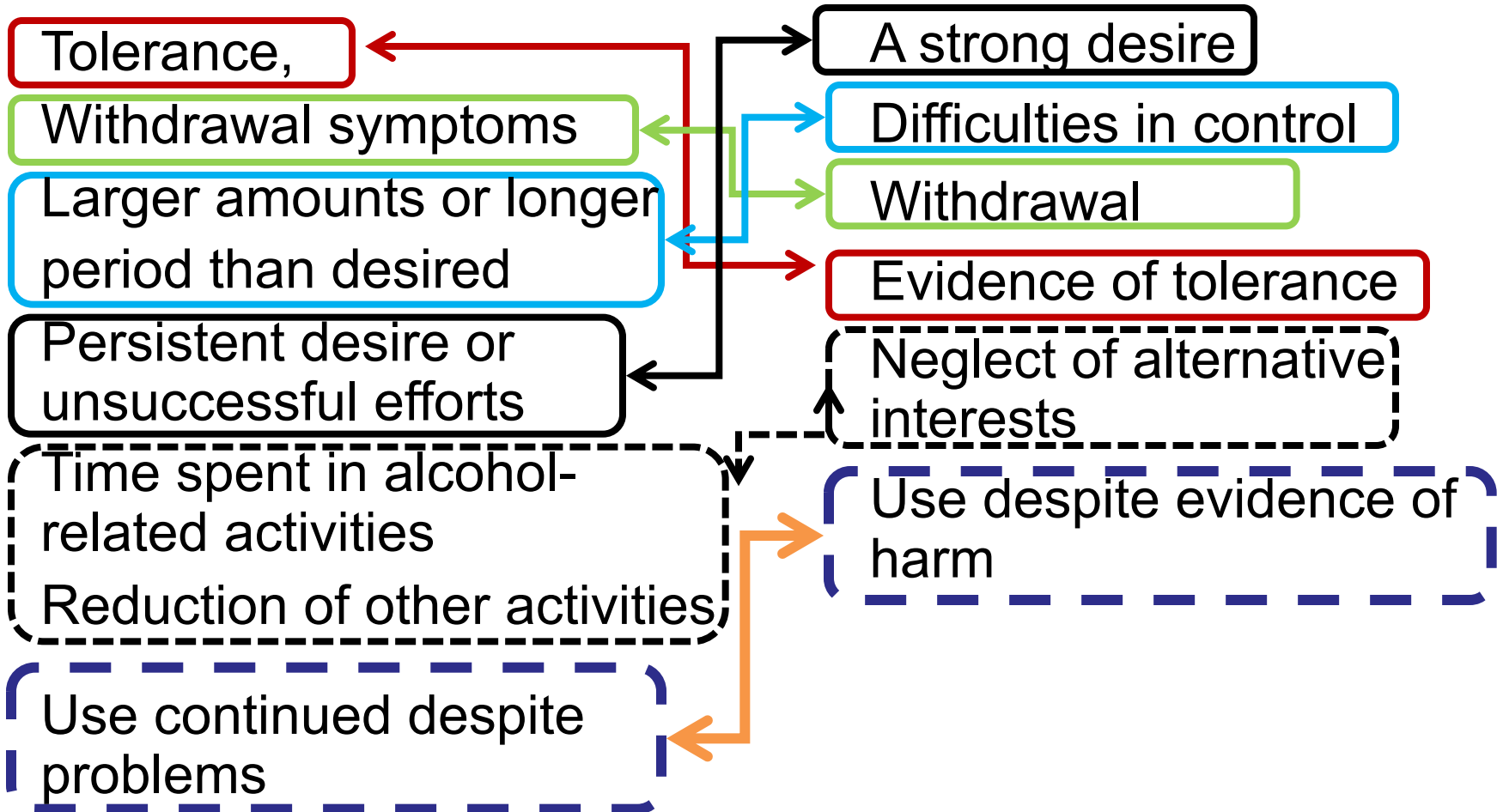
- Hazardous drinking
- Harmful drinking
- Alcohol dependence

APA – DSM-IVR

- Alcohol abuse
- Alcohol dependence

DSM-IV Criteria

ICD-10 Criteria



Basic diagnostic classifications

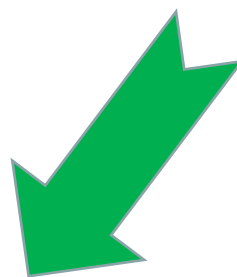
WHO – ICD 10

- Hazardous drinking
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APA – DSM-IVR

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- Alcohol dependence



ICD 11 + DSM V

ALCOHOL USE DISORDER (AUD)

ALCOHOL USE DISORDER

(ICD 11 & DSM V)

Given the empirical evidence, the DSM-V Substance Use Disorders Workgroup recommends:

- To combine abuse and dependence into a single disorder
- With graded clinical severity
- Two criteria required to make a diagnosis

Alcohol Use Disorder (1)

1. Recurrent use resulting in a failure to fulfill major role obligations
2. Recurrent use in situations in which it is physically hazardous
3. Continued use despite problems caused/exacerbated by alcohol
4. Tolerance
5. Withdrawal
6. Alcohol taken in larger amounts or over longer periods than intended

Alcohol Use Disorder (2)

7. Persistent desire or unsuccessful efforts to cut down or control drinking
8. A great deal of time spent in alcohol-related activities
9. Important social, occupational, or recreational activities are given up or reduced because of drinking
10. Alcohol use is continued despite knowledge of having a problem probably caused or exacerbated by alcohol.
11. Craving or a strong desire or urge to drink alcohol.

Alcohol use disorder (AUD)

Severity specifiers:

- Moderate: 2-3 criteria positive
- Severe: 4 or more criteria positive

Specify Physiological Dependence:

- tolerance and/or withdrawal

Areas of the AUD

AREAS	DIAGNOSTIC CRITERIA
Biological	Tolerance Withdrawal Craving
Medical harm	Continued use despite medical problems Recurrent drinking (physically hazardous)
Behavioural	Uncontrolled intake Unsuccessful efforts to stop Time spent around alcohol
Social and functional harm	Given up or reduced activities Use despite social or interpersonal problems Failure to fulfil major role obligations

Assessment dimensions

- Drinking patterns
- Medical assessment
- Psychological assessment
- Social assessment

Assessment of drinking patterns

- Use Standard Drinks (8-10gr in EU)
- Measure in grams/week
- Ask quantity & frequency specifically
- Ask for labour & weekend days separately
- Identify binge drinking (>6 drinks pdo)
- The 'normal day' strategy
- Use standard tools whenever possible:
AUDIT

Bio-psycho-social assessment (1)

Biological assessment

- Physical examination
- Blood tests (GGT, VCM, ASAT, ALAT, VHC, etc)
- Focussed Anamnesis (accidents, A&E and hospital admissions, alcohol –related diseases, etc)

Bio-**psycho**-social assessment (2)

Psychological Assessment

- Alcohol related distress
 - Feeling guilty
 - Irritability
 - Insomnia
 - Antisocial behaviour
- **Psychiatric comorbidity**
 - Depression
 - Suicidal behaviour
 - Anxiety disorders
 - Personality disorders

Bio-psycho-**social** assessment (3)

Social Assessment

- Family status (divorce, ACOAs, etc)
- Work (unemployment, instability, etc)
- Economical situation (debts, financial problems, etc)
- Educational level (lower degree than expected, children with low qualifications)

How to do it

- Empathic style
- Avoid judgmental attitudes
- Stick to facts. Do not discuss why.
- Don't ask just about alcohol. Tobacco, BZD and illicit drugs are also relevant.

Summary

- Abuse and dependence have been combined into a single disorder
- AUD have a hybrid dimensional-taxonic distribution
- Drinking patterns must be assessed carefully. SDUs are a useful tool.
- Assessment should be conducted in an empathic style and from a bio-psycho-social perspective

Thanks / Gràcies

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