

Alcohol Addiction – Key Notes

Type of users	96% have tried alcohol 90% drink regularly 65% drink socially 25% drink excessively and problematically 7.4% have the alcohol dependence syndrome  Men drink more than women (women will have a higher plasma concentration for the same dose of alcohol)  In the general population, people drink less as they get older
Forms of the drug	Ethanol in a variety of alcoholic beverages (beer, wine, cider, spirits etc)  Can be mixed with a variety of other foodstuffs to make cocktails, alcoholic coffee drinks, alcoholic chocolates
Street Names	Booze
Purity	Ethanol content of different alcoholic beverages varies
Cutting agents	None
Legal status	Legal
Modes of taking	Orally
Patterns of use	<ul style="list-style-type: none"><li>• Occasional</li><li>• On special occasions (Xmas, weddings, other celebrations, funerals)</li><li>• Regular routine (e.g. weekly)</li><li>• Daily</li><li>• Binge Drinking</li><li>• Excessive Drinking</li><li>• Dependent Drinking</li></ul>

## Effects of the drug

Acute – wanted

Improved mood  
Relaxation  
Pleasure

Acute – unwanted

Disinhibited behaviour,  
arguments, fights, injuries  
and damage to property,  
accidents, hangover  
nerve palsy, death from  
inhaled vomit or from  
alcohol poisoning

Chronic – wanted

Group membership  
Sense of identity  
Lifestyle

Chronic – unwanted

A large number of physical,  
psychological and social  
problems from prolonged  
excessive drinking (see  
table)

## Clinical presentations

Occasional use  
Intoxication (F10.0)  
Harmful use (F10.1)  
Dependent use (F10.2)

## Modes of presentation

Presentation at A&E department / general hospital  
Presentation to family doctor

- Consultation about alcohol use
- Diagnosis of another medical condition associated with heavy drinking
- Concern expressed by another family member or friend

Referral by employer or from occupational health service  
Referral from Court following an alcohol related conviction

## Assessment

## Clinical diagnosis

- History

Longitudinal history of use and cross-sectional history

- typical drinking day
- history of use over last week

Evidence of dependence phenomena

- Feeling of compulsion to drink
- Salience of drink-seeking behaviour
- Narrowing of the drinking repertoire
- Increased tolerance to alcohol
- Withdrawal symptoms
- Relief drinking
- Reinstatement after abstinence

Use of other drugs should only include tobacco

- Examination
  - Physical examination of cardiorespiratory, abdominal, musculoskeletal and nervous systems
  - Mental state examination
- Rating scales
  - CAGE, AUDIT, SADQ
- Investigations
  - Breathalyzer
  - Blood tests for full blood count, ESR/CRP, renal, hepatic, pancreatic and thyroid function
  - Carbohydrate-deficient transferrin
  - Informant history from relative
  - Previous case notes from own service

#### Complications from alcohol use

- Physical
  - History of alcohol-related illnesses and hospital admissions and relevant abnormalities on physical examination
- Psychological
  - History of alcohol-related psychological illnesses, associated depressive illness or suicidal behaviour
- Social
  - debt, finances, benefits, housing, occupation

#### Motivational state

- motivated to continue using, ambivalent, motivated to cease use

#### Treatment options

##### Self-help

- Alcoholics Anonymous
- Alcohol Concern

##### Controlled drinking (only if established that no evidence of dependence)

##### Detoxification

- inpatient, residential, community, home

##### Post-detoxification pharmacotherapy

- Disulfiram
- Acamprosate
- Naltrexone (not licensed in UK)
- Topiramate (not licensed in UK)

##### Relapse prevention therapy

Day programme  
 Residential rehabilitation  
 Outpatient treatment – 1:1 support, group therapy  
 Family support / family therapy

Assistance with process of finding accommodation  
 Assistance with addressing financial problems  
 Assistance with further education  
 Assistance with occupation / employment

<b>Physical</b>	<b>Psychological</b>	<b>Social</b>
Oesophageal problems Oesophageal varices Oesophageal carcinoma	Pathological drunkenness	Unemployment
Stomach problems Stomach inflammation Stomach ulcer	Withdrawal problems Alcohol withdrawal syndrome Delirium tremens	Family problems Divorce Family tensions
Liver problems Fatty liver Hepatitis Cirrhosis Liver cancer	Depression Suicidal behaviour	Road traffic accidents Crime Violent behaviour
Pancreatitis Diabetes mellitus Vitamin deficiencies	Alcoholic hallucinosis Pathological jealousy	Homelessness
Nerve problems Head injury Epilepsy Muscle weakness	Memory problems Blackouts Dementia Wernicke's encephalopathy Korsikoff's syndrome	
Heart problems Weak heart muscle High blood pressure	Sexual problems Impotence	

Table: Some Complications of Excessive Alcohol Use