Module 3: Diagnosing and treating alcohol dependence

There is a spectrum of severity for alcohol dependence. It is not solely defined by the quantity of alcohol consumed or physical symptoms such as tolerance and withdrawal.¹

Amongst the patients that you see every day there are likely to be some hidden alcohol dependent patients – most likely mild-moderately dependent drinkers. Many of these patients can be identified and treated in both primary and secondary care. Not all patients will require referral to specialist or secondary services.²

**When to consider alcohol dependence**
The following patients require further diagnostic evaluation for possible alcohol dependence.³
- Patients who fail to respond to brief advice or an extended intervention
- Patients who score 20 and above on full AUDIT

**Diagnosing dependence using ICD-10**
The WHO International Classification of Diseases defines a diagnosis of alcohol dependence as: when any three of the following criteria have been present simultaneously during the past year.¹

<table>
<thead>
<tr>
<th>Cognitive/Behavioural</th>
<th>Consequences</th>
<th>Physiological</th>
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<tbody>
<tr>
<td>1. A strong desire or compulsion to take alcohol</td>
<td>3. Neglect of alternative interests due to alcohol use</td>
<td>5. Tolerance</td>
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**Severity of dependence**
NICE classifies alcohol dependence into three broad categories⁴:
- mild dependence
- moderate dependence
- severe dependence

**More than 80%** of those in the UK with alcohol dependence are thought to be *mildly dependent*.⁵

**SADQ**
To understand more about a patient’s severity of dependence on alcohol, it may be useful to use the Severity of Alcohol Dependence Questionnaire, which NICE recommends.⁴

The SADQ includes questions relating to the physical and psychological withdrawal symptoms, relief drinking and frequency of alcohol consumption which may be associated with alcohol dependence.

**SADQ scores**
15 or less: Mild dependence. In the majority of cases, these patients do not usually require assisted alcohol withdrawal and can therefore be managed in primary care.
16 to 30: Moderate dependence. These patients may need to be referred to specialist or secondary services for assisted alcohol withdrawal.

31 or more: Severe alcohol dependence. These patients should be urgently referred to specialist services.

Clinicians should use their clinical judgement to adjust the threshold for certain patients, such as women, older people and those with liver disease.

**Treatment goals**

NICE discusses two treatment goals; abstinence or reduction of consumption to lower risk levels also known as moderate drinking.

**Abstinence** is recommended for most people who have moderate to severe alcohol dependence and significant co-morbidities.

**Reduced drinking** may be appropriate for patients with mild alcohol dependence and no significant co-morbidities.

**Treating mildly dependent patients in Primary Care**

Patients who have mild alcohol dependence, without significant co-morbid conditions, and who don’t require a medically assisted withdrawal, do not usually need to be referred to specialist services. They can be effectively managed in primary care.

*Setting appropriate treatment goals is key to the successful management of alcohol dependence.*

Patients are more likely to remain engaged in treatment when they are given more than one treatment option as well as a degree of responsibility and control over treatment decisions.

Many patients do not enter treatment for alcohol dependence, because they are not ready to stop drinking alcohol altogether.

Supporting alcohol dependent patients is much like the management of other chronic conditions in primary care, for example overseeing smoking cessation and supporting other long-term conditions such as diabetes or obesity.

**Psychosocial support** is the backbone of an effective management strategy for alcohol dependence in primary care; using motivational interviewing techniques, applying the FRAMES principles (discussed in Module 2) and collaborating with your patient to achieve mutually agreed goals.

NB: The RCGP have accredited video modules 1 to 3 as an educational resource.