

Canadian Guideline for Management of Alcohol Use Disorder

Category: Invited Presentation

Abstract Body

Despite the high prevalence of high-risk drinking, alcohol use disorder (AUD), and alcohol-related harms in Canada, these conditions frequently go unrecognized and untreated in the health care system. The absence of an evidence-based guideline for management of high-risk drinking and AUD has resulted in a lack of access to evidence-based care.

To address this gap, the Canadian Initiative in Substance Misuse, a national research network funded by Health Canada through the Canadian Institutes of Health Research, convened a national committee of experts to review the research evidence and reach consensus on recommendations for identification, intervention, management, and ongoing care of youth and adults with high-risk drinking and AUD. Specific considerations and strategies are also described for older adults, pregnant individuals, and Indigenous populations. The guideline describes overarching principles of care for working with patients and families affected by alcohol use, including the importance of: recognizing the social determinants of health; trauma and violence-informed practice, and Indigenous cultural safety and humility.

This guideline emphasizes the importance of performing routine screening for alcohol use and reviews several validated screening tools that are easy to implement in primary care. Patients who screen positive for high-risk drinking should undergo a diagnostic interview for AUD using DSM-5 criteria. For withdrawal management, the guideline provides a decision support tool using the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) to assess the risk of severe withdrawal and determine the appropriate setting (e.g., inpatient or outpatient) and pharmacotherapy strategies. Patients who are diagnosed with AUD should be offered a full range of evidence-based psychosocial and pharmacological treatment interventions. The guideline recommends naltrexone or acamprostate as first-line medications for moderate to severe AUD and referrals to psychosocial treatment interventions (e.g., cognitive behavioural therapy). This guideline also seeks to address the common concern of polypharmacy among this population and recommends against the routine use of medications that can potentially worsen AUD outcomes, including certain antidepressants, dopamine antagonists, and long-term

benzodiazepines. Treatment and support should be individually tailored and based on AUD severity, patient preferences and needs, and comorbidities.

Key Words

- Alcohol
- Assessment/screening
- Pharmacologic Interventions
- Primary Care
- Psychological Interventions
- Withdrawal Management

Learning Objective # 1

Review strategies for alcohol use screening and diagnosis in adults and youth who are drinking at high-risk levels.

Learning Objective # 2

Understand the full continuum of evidence-based care, including pharmacotherapies to support withdrawal management; pharmacotherapy and psychosocial treatment options for relapse prevention and ongoing AUD care; and potentially harmful pharmacotherapies that are not recommended.

Reference # 1

Roerecke M, Gual A, Rehm J. Reduction of alcohol consumption and subsequent mortality in alcohol use disorders: systematic review and meta-analyses. *The Journal of clinical psychiatry*. Dec 2013;74(12):e1181-9. doi:10.4088/JCP.13r08379

Reference # 2

Jonas DE, Amick HR, Feltner C, et al. Pharmacotherapy for adults with alcohol use disorders in outpatient settings: A systematic review and meta-analysis. *JAMA*. 2014;311(18):1889-1900. doi:10.1001/jama.2014.3628

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