

Practising Well Community of Practice May 26, 2021: Caring for people with alcohol use disorder

Panelists: Dr. Bjug Borgundvaag, Dr. Adam Newman and Dr. Natasha St-Onge
Co-hosts: Dr. Javed Alloo, Dr. Melissa Holowaty and Dr. Peter Selby

Curated answers from CoP guests, panelists, Practising Well Community of Practice planning team and the Ministry of Transportation to in-session questions posed by participants.

- **Because of the pandemic, it is difficult to schedule a yearly physical to ask about alcohol use. How do you find the time to ask about alcohol use, and how do you ask about alcohol use when the appointment is about an unrelated issue?**

This is a real challenge. Try to bring up preventative care (smoking, alcohol, etc.) review at least once per year. Issues such as recent MVC, wanting time off work, chronic pain, social or legal concerns, rashes, BP, arrhythmias, sleep concerns (insomnia, worsening sleep apnea), etc. can sometimes open the door to asking about alcohol use disorder (AUD).

[Ontario Health's AUD quality standard's](#) screening statement suggests explaining to patients that all people are screened, and building a relationship of trust with the patient.

- **Any tips for helping people who feel their drinking is working for them to recognize the risks?**

Try asking your patients if they can cut down on drinking and gauge their response. If they say that may be difficult, you may want to dig deeper.

Here are some resources to help:

- [Low Risk Drinking Guidelines](#)
- Self-screening tools:
 - [Check Your Drinking](#)
 - [Evidence Exchange Network for Mental Health and Addictions](#)
 - [Thinking about Drinking \(CAMH\)](#)
- **Are there resources for patients who seek a harm reduction approach to their alcohol use disorder?**

[Alcoholics Anonymous](#), [Women for Sobriety](#), [LifeRing](#) and [Smart Recovery](#) don't require abstinence to attend. The medication with the most evidence behind it to assist in reduced heavy drinking days is naltrexone and it does not require abstinence.

- **What are anti-craving therapies that can be considered in primary care?**

Check out the College of Family Physicians of Canada's useful information on [practical approaches to substance use disorders](#) and more detailed information from [META:PHI](#).

From [Ontario Health's AUD quality standard](#):

- Naltrexone—Can be used to reduce alcohol consumption and can be taken while the person is still consuming alcohol; may reduce alcohol cravings
 - Acamprosate—Can be used to achieve abstinence from alcohol and can be taken while the person is still consuming alcohol
 - Topiramate—Can be used to reduce alcohol cravings. There are additional side effects to this medication that should be considered based on the person's goals of treatment.
 - Gabapentin—An option only if other medications are contraindicated or ineffective, because gabapentin carries concerns with sedation and misuse; this medication should be used with caution—some patients may misuse it and should be monitored for substance use
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- **Is there a good resource or online course for anti-craving, prescribing or outpatient detox, following CIWA guidelines?**
 - META:PHI [eLearning modules](#) for family physicians
 - META:PHI – [Office Management of Alcohol Withdrawal](#)
 - [Managed Alcohol Program](#) from CAMH education for family physicians (there is a cost for this program)

At what level of Transaminases should Naltrexone not be prescribed?

3x the upper limit of normal. No hyperbilirubinemia.

However, in certain occasions and with consultation via eConsult or with hepatology, it can be used when enzyme levels are higher.

- **Where can I refer/have the patient self refer in Toronto to assess their alcohol dependence and get management?**
 - [RAAM clinics](#) – a map of the rapid access addiction medicine (RAAM) clinics where patients can get help for a substance use disorder without an appointment or formal enrolment.
 - [A directory of programs](#) and resources to support the treatment and management of substance use by region, hosted by the Centre for Effective Practice
 - [ConnexOntario](#) is a great resource for all Ontarians.
 - [Access CAMH](#) – centralized information, intake and scheduling for most CAMH services – 416-535-8501x2

- **How do you manage the denial that is so prevalent in patients with alcohol use disorder?**

The prevalence of denial (with AUD) is the same as other chronic diseases such as hypertension and diabetes. Consider starting by asking them how they make sense of their drinking, what it's doing for them and how it may be affecting them and others. With permission, share your concerns and then ask them for their reflections. Offer support and be available for ongoing conversation when the patient would like to reengage on the topic.

- **Please advise about reporting to the Ministry of Transportation (MTO). Is it enough if someone says they never drink and drive, or does a certain amount of drinking require reporting?**

Look to the definition on the form as guidance. “This patient has or appears to have a diagnosis of an uncontrolled substance use disorder, excluding caffeine and nicotine, and is non-complaint with treatment recommendations”. If they fit that category a report might be necessary. Try not to relate it to the criminal offense of impaired driving. Focus on the diagnosis. Not all drivers with substance disorder drink and drive and, vice versa, not all impaired drivers necessarily suffer from substance disorder. While drinking and driving can be red flag of a substance issue, a medical diagnosis is needed.

- **How can we address alcohol use with our patients without ruining an established relationship?**

Regarding the doctor/patient relationship, try telling the patient that there is a legal obligation on the part of the healthcare practitioner to report to the MTO any medical conditions (not just substance issues but psychiatric, cognitive etc.), and explain to the patient that licensing decisions are made by the MTO. Let your patient know that, as their healthcare provider, you would be happy to assist them if the MTO requires more information.

- **Can you remove a report if patient gets better?**

If a driver has been reported, it's likely the MTO will request more information. If the patient is/has improved, this is the opportunity to update the Ministry so they can re-review the file.