UNHEALTHY ALCOHOL USE IN PEOPLE WITH HIV INFECTION: THE ROLE OF PHARMACOTHERAPY

A STANDARD DRINK
- A standard drink contains 12-14g of alcohol:
  - 12 fl oz of regular beer (about 5% alcohol)
  - 8-9 fl oz of malt liquor (about 7% alcohol)
  - 5 fl oz of table wine (about 12% alcohol)
  - 1.5 fl oz shot of 80-proof spirits (about 40% alcohol)

ALCOHOL SCREENING
- How many times in the past year have you had X or more drinks in a day? Where X is 5 for men and 4 for women. ≥1 is a positive test.
- AUDIT-C (Alcohol Use Disorders Identification Test-Consumption) is 3 questions from the AUDIT questionnaire.
  - How often do you have a drink containing alcohol?
  - How many drinks do you have on a typical day when you are drinking?
  - How often do you have 4 or more (women) 5 or more (men) drinks on one occasion?

DETERMINE SEVERITY
- MINI Diagnostic Interview diagnoses abuse/dependence. Can be found at: https://medical-outcomes.com/

MEDICAL MANAGEMENT
- A 10-15 minute collaborative dialogue about alcohol use, and medication that may help the patient cut down or quit.
- Ask permission to and offer feedback. “Is it okay if I give you some information about your drinking?” Ask: “What do you think about this information?” “May I give you advice about your drinking?”
- Provide clear advice. “In my best medical judgment, I think you ought to cut down on your drinking.” Be specific on health risks for this particular patient.
- Provide information about the medication, potential side effects, and differences from other alcohol medications (eg disulfuram), and tips for taking medicine as prescribed.
- Set a Goal: Work with the patient to define a realistic and achievable goal to reduce the frequency or quantity of alcohol use.
- Support: Identify resources and individuals who will support efforts to change such as: attending AA, or talking to a clergy/religious advisor, partner, or sober friend.
- Follow up: Let the patient know that together you will reassess their alcohol use, medication adherence, and progress towards goals, and that you will make recommendations to follow until next visit.

PHARMACOTHERAPY
- Goal of abstinence is desirable, but decreases in heavy drinking are beneficial.
- With the exception of disulfiram, people do not have to stop drinking before they initiate alcohol pharmacotherapy.
- Alcohol pharmacotherapy is safe to administer with ART
# Unhealthy Alcohol Use in People with HIV Infection: The Role of Pharmacotherapy

## Naltrexone
- **System:** Opioid receptor antagonist
- **Dosage:**
  - Oral: 12.5mg/d → 25mg/d → 50mg/d (100mg)
  - Injectable: 380 mg IM per month
- **Main Contraindication:** Opiates
- **Main Side Effects:** Nausea, dizziness
- **Monitor LFTs post medication initiation**

## Acamprosate
- **System:** Glutamate
- **Dosage:** 666 mg tid
- **Main Contraindication:** Renal Insufficiency
- **Main Side Effect:** Diarrhea, decreases and then subsides

## Disulfiram
- **System:** Dopamine, inhibiting acetaldehyde dehydrogenase
- **Dosage:** 250mg up to 500mg td
- **Main Contraindications:** Recent alcohol use, cognitive impairment, ethanol reaction, drug interactions, rubber, nickel, or cobalt allergies
- **Main Side Effects:** Hepatitis, neuropathy
- **Less prescribed in primary care settings by a generalist because it really only works when carefully monitored.**

## Not FDA Approved

### Ondansetron
- **System:** Serotonin 5-HT3 antagonist
- **Dosage:** 4µg/kg twice daily, liquid
- **Main Contraindications:** QT prolongation
- **Main Side Effects:** Constipation, headaches, sedation
- **May be more effective in those with early onset dependence (under 25yo)**

### Topiramate
- **System:** Glutamate
- **Dosage:** 75-300mg qd
- **Main Contraindications:** None
- **Main Side Effects:** Parethesia, psychomotor slowing, nausea, dizziness, somnolence. May result in problems with tolerability. Side effects decreased with lower dosages yet remain effective.

## Important Guidelines
- **Follow up:** Check liver enzymes for naltrexone or disulfiram in 2-4 weeks. Use local clinic resources to call patients to discuss medication adherence and side effects.
- **Duration of Treatment:** Depends on response. After a year or so, usually people feel like they can stop the medication if they’ve been doing well and have sufficient support to not go back to drinking.