

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

- AUDIT questionnaire. Unhealthy use is ≥ 3 for women and ≥ 4 for men. Scores consistent with alcohol dependence are ≥ 13 for women and ≥ 15 for men. Found at: http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf
- 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 disulfiram), 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

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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

DISULFRAM

- System: Dopamine, inhibiting acetaldehyde dehydrogenase
- Dosage: 250mg up to 500mg tid
- 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: Paresthesia, 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.
- Online guidance for Clinicians: NIAAA Clinician's Guide at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm
- Online Guidance for Patients: Rethinking Drinking page at <http://rethinkingdrinking.niaaa.nih.gov>