**Alcohol Pathway**

**Screening – who to screen**

**AUDIT-C** – if time limited

Audit C NEGATIVE score=<4 indicates drinking at safe levels

Audit C POSITIVE score=>5 indicates hazardous or harmful drinking

Binge drinking is more than >8u ♂究竟>6u in one session

**Driving advice**

**Pregnancy and Alcohol**

**Referral to Crisis Team**

**Red Flags** – urgent referral to medical registrar RFH bleep 2527 or hepatology RFH bleep 2530/ UCLH duty gastro

- Acute alcohol withdrawal with or at high risk of alcohol withdrawal seizures or delirium tremens
- Jaundice, ascites, acute pancreatitis or GI bleeding
- Encephalopathy (confusion)

- Urgent referral to crisis team (020 3317 6333 for GPs)

- Suicidal intent or serious risk to others (+/- police referral)

- Severe psychotic sx

**Patient leaflets and useful links eg AA**

**Recovery in Camden Guide**

**Alcohol Use Disorders Identification Test** AUDIT

- Low risk 5-7

- Hazardous 8-15 i.e. drinking above safe levels with avoidance of alcohol related problems 23% adults

- Offer brief intervention (brief advice tool)

- Follow up – GP/practice nurse or alcohol worker

- If unsuccessful refer ICAS for Extended Brief intervention / Treatment Forward – FWD for < 25s

- Refer CMHAAT (Community Mental Health Advice and Assessment Team) if concerns regarding significant mental health problems are identified (lower level associated mental health issues can be assessed by Camden Alcohol Service)

- Assess /consider LFTs, FBC, prothrombin time, +/- hep screen, US scan liver/spleen and prescribing thiamine

- Family and affected others’ support Refer to ICAS

- Spectrum – additional day support for homeless

- SHP recovery and social inclusion service

**Alcohol Units**

**What are the recommended safer limits for drinking?**

Men

- 3 - 4 or less units daily
- 21 or less units weekly (proposed 14)

Women

- 2 or less units daily
- 14 or less units weekly

(No alcohol free days a week)

- (No drinks advised during pregnancy)

- Dependent drinkers/those with significant liver disease

- Abstinence - No drinks are safe

**Down Your Drink** – online patient tool

**Detox meds**

Formal withdrawal assessment tool CiWA-Ar

Chlordiazepoxide – except if severe liver disease/or >75yrs

 Lorazepam/Oxazepam then used in specialist setting

Carbamazepine (unlicensed) – useful in patients presenting already in state of withdrawal

**Relapse prevention and reduction of alcohol consumption meds**

Acamprosate

Naltrexone

Disulfiram and Nalmefene – initiated by specialist - can be prescribed in Primary care once stable.

Review regularly to ensure ongoing psychosocial support in place and ongoing benefit (Nalmefene should be stopped at 1 year)

**References:**

SIGN Management of Harmful drinking and alcohol dependence in Primary care

http://cks.nice.org.uk/alcohol-problem-drinking

NICE guideline CG115 – alcohol –use disorders :diagnosis, assessment and management of harmful drinking

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**Approved:**

Medicines Management - Sept 14 & Mar 16

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**Review due:** Jul 2019

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**For alcohol hepatology queries contact**

Professor Kevin Moore

Kevin.moore@ucl.ac.uk

Tel: 0207 794 0500 extn: 36167

**For community alcohol queries contact Dr Punukollu**

bhasker.punukollu@camd.nhs.uk

Tel: 0203 227 4950

**NHS**

**Routine referral**

- Evidence of cirrhosis/fibrosis on scan

- Persisting low platelets <130, prolonged prothrombin time, increased bilirubin (not Gilberts), persistently significantly elevated LFTs

- Splenomegaly

- Stigmata of chronic liver disease - spider naevi

- Suspected chronic pancreatitis

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Who to screen

Alcohol screening should be an integral part of professional practice to identify those with alcohol use problems

- New patient registration
- When screening for other problems – e.g. at health check
- When monitoring chronic disease
- Those with relevant physical/mental health complaints
- During medication reviews
- Patients who have been assaulted
- Those at risk of self-harm
- When promoting sexual health
- During antenatal appointments
- Presenting with minor injuries or history of accidents/minor trauma/falls
- Incidental findings which may be relevant e.g.
  - blood results – raised LFTs, MCV, low platelet count,
  - examination findings > 5 spider naevi, palmar erythema, hepatomegaly or splenomegaly
- Active request for help
Audit C
This is one unit of alcohol...

...and each of these is more than one unit

AUDIT – C

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 - 2</td>
<td>3 - 4</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
</tbody>
</table>

**Scoring:**
A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4898

Back to Pathway
# AUDIT

<table>
<thead>
<tr>
<th>How often do you have a drink containing alcohol?</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before you had been drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
</tr>
</tbody>
</table>

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

---

[Back to Pathway](#)
SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ-C)

NAME __________________________ AGE ________ No. ________

DATE: __________________________

Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month ______ Year ______

Please answer all the following questions about your drinking by circling your most appropriate response.

During that period of heavy drinking

1. The day after drinking alcohol, I woke up feeling sweaty.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

2. The day after drinking alcohol, my hands shook first thing in the morning.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

3. The day after drinking alcohol, my whole body shook violently first thing in the morning if I didn't have a drink.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

4. The day after drinking alcohol, I woke up absolutely drenched in sweat.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

5. The day after drinking alcohol, I dread waking up in the morning.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

6. The day after drinking alcohol, I was frightened of meeting people first thing in the morning.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

7. The day after drinking alcohol, I felt at the edge of despair when I awoke.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

8. The day after drinking alcohol, I felt very frightened when I awoke.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

9. The day after drinking alcohol, I liked to have an alcoholic drink in the morning.
   - ALMOST NEVER
   - SOMETIMES
   - OFTEN
   - NEARLY ALWAYS

10. The day after drinking alcohol, I always gulped my first few alcoholic drinks down as quickly as possible.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

11. The day after drinking alcohol, I drank more alcohol to get rid of the shakes.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

12. The day after drinking alcohol, I had a very strong craving for a drink when I awoke.
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

13. I drank more than a quarter of a bottle of spirits in a day (OR 1 bottle of wine OR 8 units of beers).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

14. I drank more than half a bottle of spirits per day (OR 1.5 bottles of wine OR 15 units of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

15. I drank more than one bottle of spirits per day (OR 3 bottles of wine OR 30 units of beer).
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

16. I drank more than two bottles of spirits per day (OR 6 bottles of wine OR 60 units of beer)
    - ALMOST NEVER
    - SOMETIMES
    - OFTEN
    - NEARLY ALWAYS

Imagine the following situation:

1. You have been completely off drink for a few weeks
2. You then drink very heavily for two days

How would you feel the morning after these two days of drinking?

17. I would start to sweat.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

18. My hands would shake.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

19. My body would shake.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

20. I would be craving for a drink.
    - NOT AT ALL
    - SLIGHTLY
    - MODERATELY
    - QUITE A LOT

SCORE ________ CHECKED BY: __________________________
ALCOHOL DETOX PRESCRIBED: YES/NO

NOTES ON THE USE OF THE SADD

The Severity of Alcohol Dependence Questionnaire was developed by the Addiction Research Unit at the Maudsley Hospital. It is a measure of the severity of dependence. The AUDIT questionnaire, by contrast, is used to assess whether or not there is a problem with dependence.

The SADQ questions cover the following aspects of dependency syndrome:
  • physical withdrawal symptoms
  • affective withdrawal symptoms
  • relief drinking
  • frequency of alcohol consumption
  • speed of onset of withdrawal symptoms

Scoring Answers are rated on a four-point scale:
  Almost never - 0, Sometimes -1, Often -2, Nearly always - 3

A score of 31 or higher indicates "severe alcohol dependence".
A score of 16 -30 indicates "moderate dependence".
A score of below 16 usually indicates only a mild physical dependency.
A chloridiazepoxide detoxification regime is usually indicated for someone who scores 16 or over.

It is essential to take account of the amount of alcohol that the patient reports drinking prior to admission as well as the result of the SADQ.

There is no correlation between the SADQ and such parameters as the MCV or GGT.
Brief Intervention

Evidence – 12% pts decrease their alcohol consumption following a brief intervention
– this increases to almost 20% if repeated 6/12 later

The characteristics of Brief Advice are:
• Opportunistic – delivered in empathetic and non judgemental way
• Based on advice covering potential harm and the benefits of reducing/stopping, barriers to change
• Practical suggestions on how to reduce alcohol consumption including community support networks AA, smart recovery
• Leads to a set of goals
• With or without formal follow up
• Up to 10 minutes in duration
• With self-help materials ?? drink-less pack How much is too much pack

This type of Brief Advice is most effective for those drinking at hazardous levels ie 8-15 on AUDIT.
Brief Advice is not designed to treat those with alcohol dependence, which generally requires greater expertise and more intensive clinical management

Brief intervention has been defined as having six essential elements summarised by the acronym FRAMES (Miller and Sanchez, 1993).
• Feedback: provide feedback on the patient's risk for alcohol problems
• Responsibility: highlight that the individual is responsible for change
• Advice: advise reduction or give explicit direction to change
• Menu: provide a variety of options for change
• Empathy: emphasise a warm, reflective and understanding approach
• Self-efficacy: encourage optimism about changing behaviour

Motivational interventions – key elements
• Help people to recognise problems or potential problems related to their drinking
• Help to resolve ambivalence and encourage positive change and belief in the ability to change
• Being persuasive and supportive rather than argumentative and confrontational

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**Extended brief intervention** is conducted by trained professionals

For those who
- have not responded to brief interventions with hazardous drinking
- are harmful drinkers
- are suspected of being moderately dependant on alcohol but refuse referral for assisted withdrawal
- would benefit for other reasons such as they wish for further input

EBI takes the form of motivation interview or motivational enhancement therapy and lasts 20-30mins. It helps individuals to address their alcohol use and to reduce the amount they drink to low risk levels or to abstinence. Up to 4 sessions are given and patients should be followed up by the alcohol worker or their GP. If ineffective referral to a specialist alcohol treatment service should be considered.

[Back to Pathway]
Patient leaflets
Alcohol – recommended safe limits
http://www.patient.co.uk/health/Recommended-Safe-Limits-of-Alcohol.htm
Alcohol and sensible drinking
http://www.patient.co.uk/health/Alcohol-and-Sensible-Drinking.htm
Alcohol and problem drinking
http://www.patient.co.uk/health/Alcoholism-and-Problem-Drinking.htm
Alcohol and liver disease
http://www.patient.co.uk/health/alcohol-and-liver-disease
Alcohol detoxification
http://www.patient.co.uk/health/Alcohol-and-Sensible-Drinking.htm

Useful links
Alcohol anonymous – 0845 769 7555  www.alcohol-anonymous.co.uk
Al-anon – support for families/friends of alcoholics 24hr – 0141 339 8884
National Association for Children of Alcoholics - provides information, advice and support for these vulnerable children and people concerned for their welfare. NACOA 0800358 3456
www.nacoa.org.uk
Down your drink – online programme to reducing drinking
www.downyourdrink.org.uk
Drinkline – National drink helpline 0300 123 110

Back to Pathway
Pregnancy and alcohol

It is safer not to drink at all during pregnancy.

Refer patient to the Camden Alcohol Service if they are pregnant and drinking >2 units a day.

Risk to fetus:

- Fetal growth and development problems
- Increased risk of miscarriage
- Increased risk of structural malformation
- Fetal alcohol syndrome/fetal alcohol syndrome disorder

Patient resources

Patient Information regarding alcohol and pregnancy

http://www.patient.co.uk/health/fetal-alcohol-syndrome
Thiamine

Deficiency is common in alcohol drinkers due to poor diet, poor absorption secondary to gastritis and high demand for the vitamin as it is a coenzyme in alcohol metabolism. Thiamine deficiency can cause Wernicke’s encephalopathy (reversible with thiamine supplements), which if not treated can result in Korsokoff’s syndrome and irreversible brain damage.

Prescribe to harmful or dependent drinkers:

- 50mg daily if they are malnourished / have a poor diet, have decompensated liver disease or following detox. Oral thiamine should be continued indefinitely in patients with chronic alcohol dependence
- 200-300mg daily (in divided doses) during assisted withdrawal or if drinking very excessively
- IM/IV pabrinex is used in hospital for those with poor health and severe malnutrition undergoing detox
- Vitamin B compound strong and other vitamin supplements are not recommended unless otherwise clinically indicated
Suitability for Community detox <75yrs

Effective and safe treatment for patient with mild to moderate withdrawal symptoms

Consider in those drinking 15-30 units /day and /or scoring<30 SADQ (Primary Care – consider in those with SADQ <16 unless able to see daily)

Patient should have family, carer, friend support – who can also oversee administering medication

There should be no history of epilepsy, seizures or delirium tremens or other significant comorbidities.

Inpatient /residential detox is advised if the patient

- Drinks over 30 units a day
- Has a SADQ score >30
- Is confused or has hallucination
- Has a hx of previous complicated withdrawal eg Delirium Tremens/seizures, uncontrollable withdrawal symptoms
- Had epilepsy or hx of fits
- Is vulnerable – homeless, elderly, learning disability or cognitive impairment, undernourished
- Has severe vomiting or diarrhoea
- Is at risk of suicide
- Has a previously failed community withdrawal
- Has significant physical or psychiatric co-morbidity
- Has multiple substance misuse
- Has a home environment unsupportive of abstinence

Back to Pathway
Daily Alcohol Consumption

15 - 25 units
30 - 40 units
50 - 60 units

Severity of dependence
Mild/Moderate: SADQ Score <30
Severe: SADQ Score 30-40
Very Severe: SADQ score 40-60

Day 1
15mg qds
25mg qds
30mg qds
40mg qds
50mg qds

Day 2
10mg qds
20mg qds
25mg qds
35mg qds
45mg qds

Day 3
10mg tds
15mg qds
20mg qds
30mg qds
40mg qds

Day 4
5mg tds
10mg qds
15mg qds
25mg qds
35mg qds

Day 5
5mg bd
10mg tds
10mg qds
20mg qds
30mg qds

Day 6
5mg nocte
5mg tds
10mg tds
15mg qds
25mg qds

Day 7
5mg bd
5mg tds
10mg qds
20mg qds

Day 8
5mg nocte
5mg bd
10mg tds
15mg qds

Day 9
5mg nocte
5mg tds
10mgqds

Day 10
5mg bd
10mg tds

Day 11
5mg nocte
5mg tds

Day 12
5mg bd

Day 13
5mg nocte

Detox – confirm abstinence checking for alcohol on breath or by using a breathalyser
Monitor patient every 1-2 days (BP, pulse, respiratory rate, breath alcohol concentration (BAC), physical and mental state) and prescribe no more than 2 days supply at a time


Adjust dose if severe withdrawal symptoms or over sedation

Chlordiazepoxide – (do not use if severe liver disease or >75yrs) dispense every 1-2 days. In Primary care a tapered fixed dose regimen is used with regular monitoring every 1-2 days. Reducing to zero over 7-10 days. Other settings where a higher degree of supervision is available may use symptom triggered therapy where a person is monitored and medication given when cross a threshold for severity according to an assessment scale.

Chlordiazepoxide reducing dose regimes based on SADQ scores on day 1

<table>
<thead>
<tr>
<th>Daily Alcohol Consumption</th>
<th>15-25 units</th>
<th>30-40 units</th>
<th>50-60 units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of dependence</td>
<td>Mild/Moderate: SADQ Score &lt;30</td>
<td>Severe: SADQ Score 30-40</td>
<td>Very Severe: SADQ score 40-60</td>
</tr>
<tr>
<td>Day 1</td>
<td>15mg qds</td>
<td>25mg qds</td>
<td>30mg qds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40mg qds</td>
<td>50mg qds</td>
</tr>
<tr>
<td>Day 2</td>
<td>10mg qds</td>
<td>20mg qds</td>
<td>25mg qds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35mg qds</td>
<td>45mg qds</td>
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<tr>
<td>Day 3</td>
<td>10mg tds</td>
<td>15mg qds</td>
<td>20mg qds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30mg qds</td>
<td>40mg qds</td>
</tr>
<tr>
<td>Day 4</td>
<td>5mg tds</td>
<td>10mg qds</td>
<td>15mg qds</td>
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<td></td>
<td></td>
<td>25mg qds</td>
<td>35mg qds</td>
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<tr>
<td>Day 5</td>
<td>5mg bd</td>
<td>10mg tds</td>
<td>10mg qds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20mg qds</td>
<td>30mg qds</td>
</tr>
<tr>
<td>Day 6</td>
<td>5mg nocte</td>
<td>5mg tds</td>
<td>10mg tds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15mg qds</td>
<td>25mg qds</td>
</tr>
<tr>
<td>Day 7</td>
<td>5mg bd</td>
<td>5mg tds</td>
<td>10mg qds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20mg qds</td>
<td></td>
</tr>
<tr>
<td>Day 8</td>
<td>5mg nocte</td>
<td>5mg bd</td>
<td>10mg tds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15mg qds</td>
<td></td>
</tr>
<tr>
<td>Day 9</td>
<td>5mg nocte</td>
<td>5mg tds</td>
<td>10mg qds</td>
</tr>
<tr>
<td>Day 10</td>
<td></td>
<td></td>
<td>5mg bd</td>
</tr>
<tr>
<td>Day 11</td>
<td></td>
<td></td>
<td>5mg tds</td>
</tr>
<tr>
<td>Day 12</td>
<td></td>
<td></td>
<td>5mg bd</td>
</tr>
<tr>
<td>Day 13</td>
<td></td>
<td></td>
<td>5mg nocte</td>
</tr>
</tbody>
</table>

Oxazepam/lorazepam – are not metabolised by liver so preferable in those with severe liver disease – specialist services only.

Carbamazepine (unlicensed)
100-200mg bd for 7 days

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## Relapse prevention and reduction of alcohol consumption

**Acamprosate** – anticonvulsant drug – start ASAP post detox. 666mg tds (bd if <60kg) for 6-12 months. If benefitting, stop if drinking persists 4-6 weeks after starting. Contraindicated if pregnant, breastfeeding, severe renal insufficiency (creatinine >120 micromol/l), severe liver impairment.

**Side effects** – uncommon and dose related – diarrhoea, nausea, vomiting, itching and rash. No known interaction with alcohol.

**Naltrexone** – anticonvulsant and relapse prevention drug -start after detox 25mg daily increasing to maintenance 50mg daily for 6-12 months if benefitting, stop if drinking persists 4-6 weeks after starting. Initiated by specialist but can be continued in Primary Care. Contraindicated if dependant on opioids. Be aware of patient on opioid based analgesics (consider OTC opioids also)

**Side effects** – GI side effects – see BNF for others.

**Disulfiram** – (specialist initiated LFTs and U+E’s should be done before starting). Provokes unpleasant (and potentially severe) reaction if alcohol consumed concomitantly. Start >24 hours after last alcoholic drink. Dose 200mg daily. Higher doses (up to 500mg daily) used if patient continues drinking without adverse effect on 200mg. Rare complication of hepatotoxicity stop and seek medical advice if unwell. Interacts with alcohol including in food, perfume, and aerosol sprays and can cause flushing, nausea, palpitations, arrhythmias, hypotension and collapse.

**Nalmefene** – used to reduce drinking in patients who are alcohol dependent who:
- are still drinking >7.5 units per day (men) and >5 units a day (women) 2 weeks after initial assessment
- don’t have physical withdrawal symptoms
- don’t need to stop drinking immediately or stop drinking completely

Contraindicated in severe renal or severe hepatic impairment, recent history of acute alcohol withdrawal syndrome, recent opioid use or addiction or opioid withdrawal.

Should be specialist initiated. Prescribing can transfer to primary care once patient stable, if prescriber has appropriate expertise to monitor and review patient. Should be combined with psychosocial intervention/support. Dose 18mg once daily. Taken PRN once stable and benefit established. Review monthly for ongoing benefit. Max treatment 1 year.

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Alcohol Units

UK definition One alcohol unit = drink containing 10ml (8g) ethanol

Units = vol alcohol in litres x alcohol percentage

E.g. 500ml i.e. 0.5L beer x 5% abv (alcohol by volume) = 2.5 units

This is one unit of alcohol...

...and each of these is more than one unit

Alcohol units calculator

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**Assessment for those scoring 16 or more on AUDIT**

All assessments should include risk assessment to self and others

- Alcohol use including consumption and patterns of drinking (collateral hx from family member/carer if possible), dependence using SAD-Q and alcohol related problems
- Other drug misuse including OTC preparations
- Physical health problems
- Psychological and social problems
- Cognitive function e.g. MMSE
- Readiness and belief in ability to change

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Driving Advice

It is the driver’s responsibility to contact the DVLA if they are persistently misusing alcohol or dependent and it against the law not to do so. This will result in revocation of their licence.

At follow up check if the patient has informed the DVLA explaining that you will have to inform the DVLA if they refuse to in order to protect them and others at risk from this behaviour.


Consider contacting your medical defence union for advice.
**Forward – (FWD)** - drug and alcohol service for young people under 18 yrs. in Camden can self-refer or have professional referral. Offers 1:1 structured support and group work.

T- 0207 974 4701  F – 0207 974 3184

Children, Schools and Families, Vadnie Bish House, London NW5 2DR

Family alcohol service - NSPCC
0207 428 1500
Alexandra Ciardi House, 7-8 Greenland Place, London NW1 0AP
Support for those affected by a family member’s or partner’s problematic drinking
**Spectrum** – specialist day service for homeless

0207 267 4937

6-9 Greenland Street, London NW1 0ND

Motivational support and access to treatment for homeless patients
SHP recovery and social inclusion service
T0207 520 8682  F 0207 837 7498
245 Gray’s Inn Road, London WC1X 8OY
Mon to Fri 9am-5pm
Gp referral or self referral
- Relapse prevention
- Education, training, employment support
- Group work
- Benefits advice
- Peer led activities

Provides education and training programmes and access to employment schemes for those who have misused drugs and or alcohol and other vulnerable groups.

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