



Screening, Counseling, and Pharmacotherapy for Unhealthy Alcohol Use in Primary Care Settings

Daniel E. Jonas, MD, MPH

*Director, Division of General Internal Medicine
Professor, Department of Internal Medicine
Endowed Professor of Health Services Research
College of Medicine, The Ohio State University*

MedNet21
Center for Continuing Medical Education

 **THE OHIO STATE UNIVERSITY**
WEXNER MEDICAL CENTER

Objectives

1. Describe unhealthy alcohol use
 - Define alcohol use disorder (AUD)
2. Understand the burden of unhealthy alcohol use
3. Review an evidence-based, practical approach for
 - Screening for unhealthy alcohol use
 - Providing appropriate interventions, with focus on
 - Behavioral counseling for risky drinking in primary care
 - Medications for AUD in outpatient settings
4. Incorporate cases that cover common clinical scenarios

Unhealthy Alcohol Use

- Why this topic?
- Saw a great need
- Underutilized service
- Effective interventions
- Addressing a top cause of preventable morbidity and mortality
- Challenging, interesting topic
- Many research, QI, and teaching opportunities

Unhealthy Alcohol Use

Risky Drinking

- Consumption of alcohol above the recommended limits

Alcohol Use Disorder

- Difficulty controlling one's drinking
- Preoccupation with alcohol
- Continued use despite adverse consequences
- Drinking more to get the same effect
- Withdrawal upon cutting back or stopping alcohol use

Case #1

- 35-year-old male with a history of asthma coming in for annual preventive health visit
- Otherwise healthy
- No medications other than inhalers
- Reports drinking 2 bourbon drinks each night on Thursday, Friday, Saturday, and Sunday
- Is that too much?

How Much is “Too Much”?

Older US guidelines, recommended limits

Men < 65

≤4 drinks/day
and
≤14 drinks/week

All women; men 65+

≤3 drinks/day
and
≤7 drinks/week

How Much is “Too Much”?

- However, health risks increase at very low levels of consumption
- 2020-2025 Dietary Guidelines for Americans state that adults of legal drinking age can choose not to drink or to drink in moderation by limiting intake to
 - Men: 2 drinks or less in a day
 - Women: 1 drink or less in a day
 - Drinking less is better for health than drinking more

Low levels of consumption can be problematic



Certain health conditions



Certain medications



Pregnancy

What is a standard drink?



**Beer or
Wine Cooler**

**12 oz.
5%
alcohol**



**Malt Liquor
or Microbrews**

**8-9 oz.
7%
alcohol**



Table Wine

**5 oz.
12%
alcohol**



**80-Proof Spirits
(Hard Liquor)**

**1.5 oz.
40%
alcohol**

How many drinks is this Long Island Iced Tea?



Case #1, revisited

- 35-year-old man with a history of asthma coming in for annual preventive health visit
- Reports drinking 2 bourbon drinks each night on Thursday, Friday, Saturday, and Sunday
- Is that too much?
 - We need some more information about those drinks
 - If each is a standard drink (1.5 ounces of 80 proof liquor), then it's within the US dietary guidelines
 - We should have him complete a standardized screening questionnaire to better assess

Case #2

- 56-year-old with history of hypertension, heart failure, and DVT
- Medications: Lisinopril, metoprolol, furosemide, warfarin
- They don't currently drink any alcohol, but they heard that it might be good for their cardiovascular health and ask if they should start having a glass of wine each night with dinner
- What is your advice?

Who Should be Advised Not to Drink Any Alcohol?

- Pregnant or might be pregnant
- Taking medications that interact with alcohol
- Have certain medical conditions
- Under 21 (minimum legal drinking age in US)
- Recovering from AUD or unable to control the amount
- Planning to drive a vehicle or operate machinery
- People who don't currently drink any alcohol and are considering whether they should start

Common medications that can interact with alcohol

Indication	Examples	Possible reactions with alcohol
Allergies	Antihistamines (e.g., Diphenhydramine, Loratadine)	Drowsiness, dizziness, increased risk for overdose
Anxiety	Benzodiazepines (e.g., Lorazepam)	Drowsiness, dizziness, increased risk for overdose; slowed or difficulty breathing; impaired motor control
Arthritis	NSAIDs (e.g., Naproxen) and COX-2 inhibitors (Celecoxib)	Ulcers, stomach bleeding, liver damage
Blot clots	Warfarin	Occasional drinking: internal bleeding. Heavier drinking: bleeding or opposite effect (blood clots, strokes, heart attacks)
Depression	Antidepressants (e.g., Citalopram, Amitriptyline, Fluoxetine)	Drowsiness, dizziness, increased risk for overdose; increased feelings of depression or hopelessness

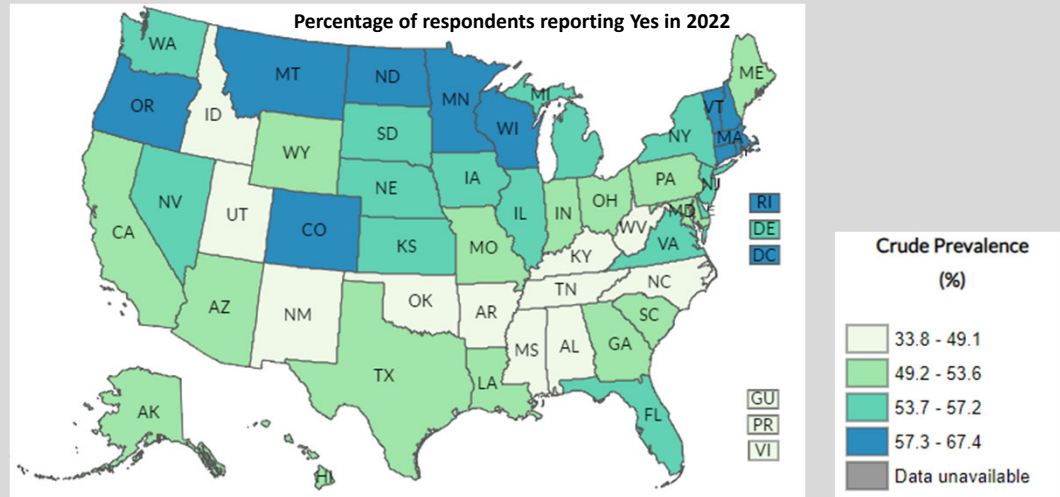
Common medications that can interact with alcohol

Indication	Examples	Possible reactions with alcohol
GERD, Heartburn, indigestion	H2 blockers (e.g., cimetidine)	Rapid heartbeat, increased alcohol effect
High blood pressure	ACE inhibitors (e.g., Lisinopril, Quinapril)	Drowsiness, fainting, dizziness; arrhythmia
High cholesterol	Statins (e.g., Atorvastatin)	Liver damage
Infection	Metronidazole	Rapid heartbeat, sudden changes in blood pressure; stomach pain or upset; vomiting, headache
Pain, fever, inflammation	NSAIDS (e.g., ibuprofen), Acetaminophen	Stomach upset, bleeding and ulcers; liver damage
Sleep problems / Insomnia	Zolpidem, Eszopicline	Drowsiness, sleepiness, dizziness, increased risk for overdose; slowed or difficulty breathing; impaired motor control

Prevalence of Unhealthy Alcohol Use

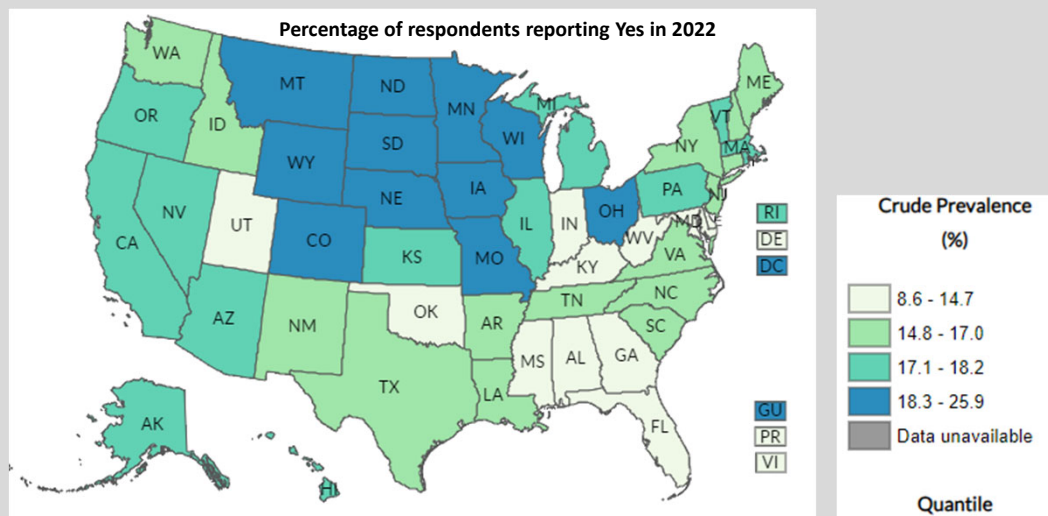
- 20-30% of US adult population
- Most of those do not have AUD

Adults who have had at least one drink of alcohol within the past 30 days



Data Source: CDC, Behavioral Risk Factor Surveillance System (BRFSS)
<https://www.cdc.gov/brfss/brfssprevalence/index.html>

Binge drinkers (males having 5 or more drinks on one occasion, females having 4 or more drinks on one occasion)



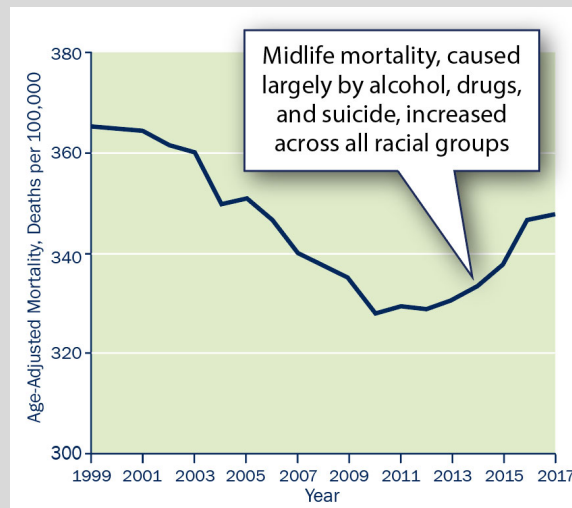
Data Source: CDC, Behavioral Risk Factor Surveillance System (BRFSS)
<https://www.cdc.gov/brfss/brfssprevalence/index.html>

Third leading cause of preventable deaths

- Around 100,000 deaths per year in the US
 - About 10,000 of those attributable to drunk driving
- 3rd for a relatively long time (after tobacco smoking and obesity)

Major contributor to the recent decline in U.S. life expectancy

Age-adjusted all-cause mortality rates, US Adults aged 25-64 years



Health Problems Associated with High Average Alcohol Consumption and Heavy Per-occasion Use

- Cancers (oral cavity, esophagus, larynx, colon, rectum, liver, and breast)
- Gastrointestinal problems, e.g., liver cirrhosis, pancreatitis, gastritis, ulcers
- Cardiovascular problems, e.g., heart disease, hypertension, cardiomyopathy, stroke
- Mental health problems: e.g., depression, suicide, anxiety, cognitive impairment
- Preterm birth complications, fetal alcohol syndrome
- Injuries and violence
- Mortality

Case #2, revisited

- 56-year-old with hx hypertension, heart failure, and DVT
- Medications: Lisinopril, metoprolol, furosemide, warfarin
- What is your advice?
 - Do not start drinking alcohol
 - There are some significant potential harmful interactions between alcohol and the medications they're taking
 - The best scientific evidence indicates that there are no cardiovascular health benefits
 - In fact, the risk for health problems increases at low levels of consumption

Screening for Unhealthy Alcohol Use in Primary Care Settings

USPSTF Recommendation for Adults

Population	Recommendation	Grade (What's This?)
Adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	B

Annals of Internal Medicine | REVIEW

Behavioral Counseling After Screening for Alcohol Misuse in Primary Care: A Systematic Review and Meta-analysis for the U.S. Preventive Services Task Force

Daniel E. Jonas, MD, MPH; James C. Garbutt, MD; Halle R. Amick, MSPH; Janice M. Brown, PhD; Kimberly A. Brownley, PhD; Carol L. Council, MSPH; Anthony J. Viera, MD, MPH; Tania M. Wilkins, MS; Cody J. Schwartz, MPH; Emily M. Richmond, MPH; John Yeatts, MPH; Tammeka Swinson Evans, MOP; Sally D. Wood, BA; and Russell P. Harris, MD, MPH

Clinical Review & Education

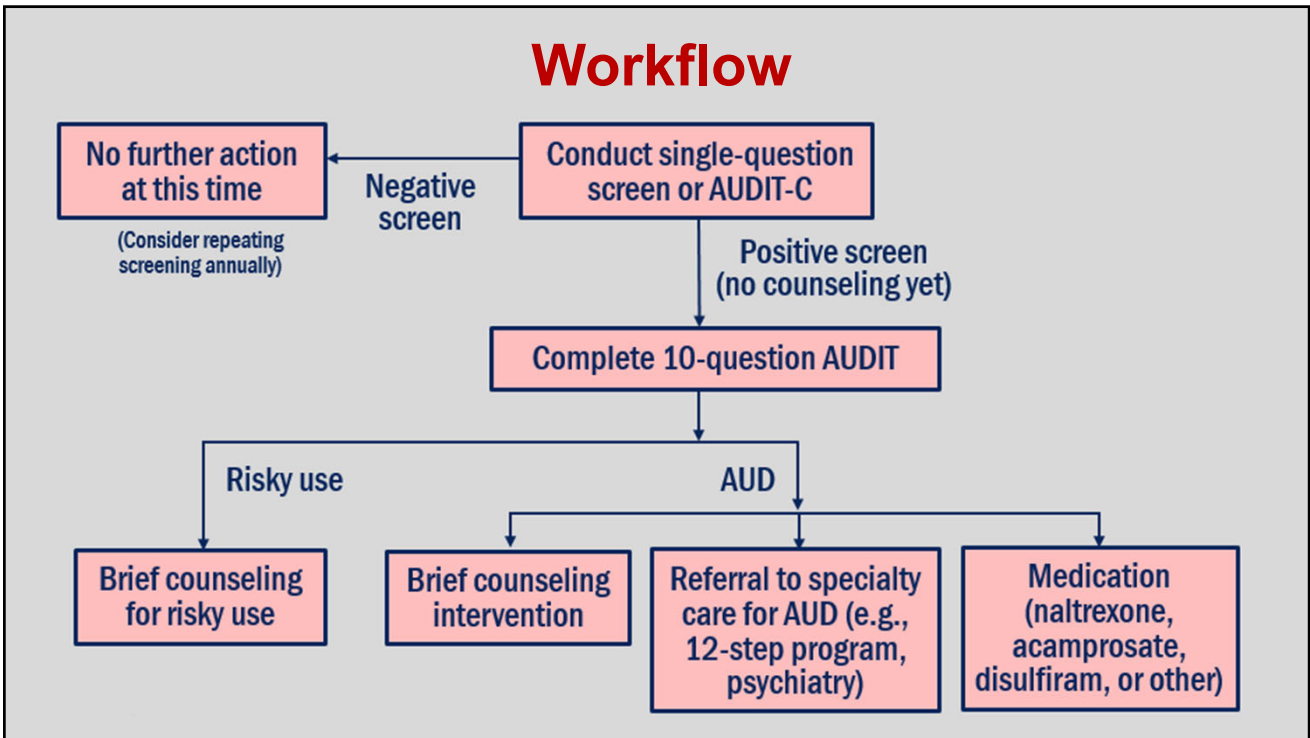
JAMA | US Preventive Services Task Force | EVIDENCE REPORT

Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults
 Updated Evidence Report and Systematic Review for the US Preventive Services Task Force

Elizabeth A. O'Connor, PhD; Leslie A. Perdue, MPH; Caitlyn A. Senger, MPH; Megan Rushkin, MPH; Carrie D. Patnode, PhD, MPH; Sarah I. Bean, MPH; Daniel E. Jonas, MD, MPH

Jonas, Garbutt, Amick, et al. Ann Intern Med. 2012 Nov 6;157(9):645-54.
 O'Connor, Perdue, Senger, Rushkin, Patnode, Bean, Jonas JAMA. 2018;320(18):1910-1928.

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AUDIT-C

Alcohol Use Disorders Identification Test-Concise

How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

How often do you have five or more drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

AUDIT-C

AUDIT-C	
How often do you have a drink containing alcohol?	4
How many standard drinks containing alcohol do you have on a typical day?	1
How often do you have 5 or more drinks on one occasion?	2
AUDIT-C Score	

- Scores of ≥ 4 (men) or ≥ 3 (women) are considered positive

AUDIT

Alcohol Use Disorders Identification Test

Alcohol Use Disorders Identification Test	
How often do you have a drink containing alcohol?	4
How many standard drinks containing alcohol do you have on a typical day?	1
How often do you have 5 or more drinks on one occasion?	2
How often during the last year have you found that you were not able to stop drinking once you had started?	
How often during the last year have you failed to do what was normally expected from you because of drinking?	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	
How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of drinking?	
How often during the last year have you had a feeling of guilt or remorse after drinking?	
Have you or someone else been injured as a result of your drinking?	
Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?	
Audit Total Score	

Brief Counseling in Primary Care

Case #3

- 48-year-old seeing you for annual preventive health visit
- Completed the AUDIT-C and their score was 7
- What should happen next?

Please circle your answer for each question: Points per response

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
PATIENTS STOP HERE					
STAFF add subtotal for each column. Subtotals:		2	2	4	8
STAFF add subtotals and enter TOTAL SCORE:					

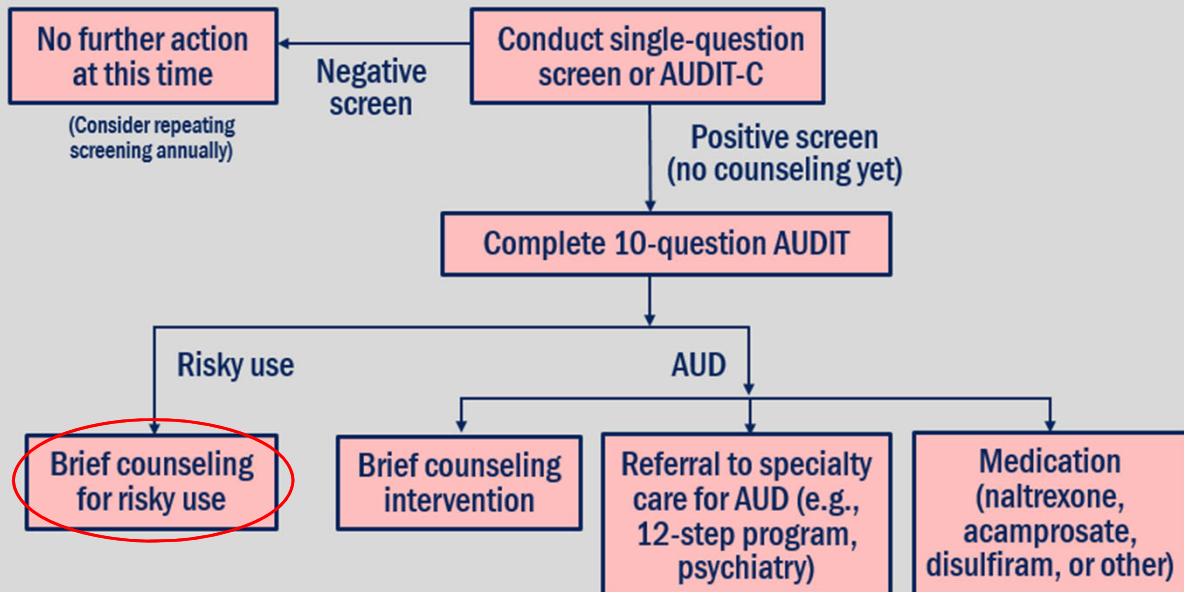
AUDIT Scoring and Screening-Related Assessment

Men	Women	Review the score from the AUDIT. Use the scale below to help determine disorder vs. risky behavior
<6	<4	Alcohol use disorder unlikely. Proceed with counseling for risky drinking.
6-14	4-12	Review questions 4-6: If score <2, proceed with counseling for risky drinking. If score ≥2, alcohol use disorder likely. Consider referral.
≥15	≥13	Alcohol use disorder likely. Consider referral.

How often during the last year have you:

- 4. — found that you were not able to stop drinking once you had started?
- 5. — failed to do what was normally expected from you because of drinking?
- 6. — needed a first drink in the morning to get yourself going after a heavy drinking session?

Workflow



Interventions for Unhealthy Alcohol Use

Risky Drinking

- Counseling in primary care

Alcohol Use Disorder

- Some common treatments
 - Cognitive behavioral therapy
 - Motivational enhancement therapy
 - 12-step programs (e.g., Alcoholics Anonymous)
 - Pharmacotherapy

How Effective Is Counseling?

Summary of Meta-analysis Results, Primary Drinking Outcomes for Key Question 4a

Outcome (Effect Measure)	No. of Studies (No. of Effects Analyzed)	No. Participants Analyzed	Pooled Effect (95% CI)	<i>P</i> , %
Drinks/wk, Between-Group Difference in Change From Baseline (Weighted Mean Difference)				
Adults	15 (18)	7662	-2.51 (-3.81 to -1.21)	70
NNT 7.2 (95% CI, 6.2-11.5) to get 1 adult under recommended limits				
% Exceeding Recommended Drinking Limits (OR)				
Adults	10 (11)	4964	0.56 (0.49 to 0.65)	14
% With Heavy Use episodes (OR)				
Adults	6 (7)	3683	0.65 (0.53 to 0.81)	44

Table adapted from following source: O'Connor, Perdue, Senger, Rushkin, Patnode, Bean, Jonas. JAMA. 2018;320(18):1910-1928.

The 5 A's

Counseling in Primary Care

1. **Assess** current drinking behaviors
2. **Advise** on alcohol use
3. **Assist** in exploring reasons for change
4. **Agree** on options for risk reduction
5. **Arrange** follow up







Motivational Interviewing Techniques

- Ask permission
- Ask open-ended questions
- Make affirmations
- Use reflections
- Use summarizing
- Show respect for the patient's autonomy before starting a conversation or sharing information
- If the patient does most of the talking, the clinician learns more about what matters to the patient
- Statements of appreciation or understanding build rapport and support the patient in change
- Rephrasing statements encourages personal exploration & fuller understanding of motivations
- Enhances mutual understanding of the conversation; spotlights gaps between current situation & future goals






The 5 A's

1. **Assess**
current drinking behaviors
2. **Advise**
on alcohol use

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or WINE COOLER	
12 oz.  5% alcohol	<ul style="list-style-type: none"> • 12 oz. = 1 • 16 oz. = 1.3 • 22 oz. = 2 • 40 oz. = 3.3
MALT LIQUOR / MICROBREWS	
8-9 oz.  7% alcohol	<ul style="list-style-type: none"> • 12 oz. = 1.5 • 16 oz. = 2 • 22 oz. = 2.5 • 40 oz. = 4.5
TABLE WINE	
5 oz.  12% alcohol	<ul style="list-style-type: none"> • a 750-ml (25-oz.) bottle = 5
80-PROOF SPIRITS (hard liquor)	
1.5 oz.  40% alcohol	<ul style="list-style-type: none"> • a mixed drink = 1 or more* • a pint (16 oz.) = 11 • a fifth (25 oz.) = 17 • 1.75 L (59 oz.) = 39

*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three standard drinks.

WHAT'S YOUR DRINKING PATTERN?	HOW COMMON IS THIS PATTERN?	HOW COMMON ARE ALCOHOL USE DISORDERS IN DRINKERS WITH THIS PATTERN?
DAILY LIMITS Men – 4 drinks Women – 3 drinks WEEKLY LIMITS Men – 14 drinks Woman – 7 drinks	Percentage of adults	Number with alcohol use disorders
Never exceed the daily or weekly limits	 72%	Less than 1 in 100
Exceed only the daily limit	 16%	1 in 5
Exceed both daily and weekly limits	 10%	Almost 1 in 2



The 5 A's

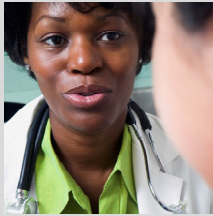
5. Arrange follow up

At follow-up, if the patient met their goals

- reinforce and support changes
- encourage the patient to return if unable to maintain the agreed-upon changes
- make a note to revisit the topic annually

The 5 A's

5. Arrange follow up



Be ready to

If the patient has not met their goals

- acknowledge that change is difficult
- support positive change and address barriers
- review goals, plans, and strategies, and renegotiate new goals
- assess for other health conditions

Medications for Alcohol Use Disorder in Primary Care Settings

Case #4

- 40-year-old with history of peptic ulcer disease
- Completed the AUDIT-C and score was 9, full AUDIT score was 23
- You diagnose AUD; patient is not surprised
- They reveal that they started seeing a counselor 4 months ago for CBT for “drinking and relationship problems”; minimal to no change in alcohol use so far
- Should you consider starting pharmacotherapy?

DSM-5: Alcohol Use Disorder

1. Alcohol is often taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control alcohol use
3. Great deal of time spent in activities necessary to obtain, use, or recover from its effects
4. Craving, or a strong desire or urge to use alcohol
5. Recurrent use resulting in failure to fulfill major role obligations at work, school, or home
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
7. Important social, occupational, or recreational activities are given up or reduced because of use
8. Recurrent alcohol use in situations in which it is physically hazardous
9. Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
10. Tolerance, as defined by either of the following:
 - a. Need for markedly increased amounts of alcohol to achieve intoxication or desired effect
 - b. Markedly diminished effect with continued use of the same amount of alcohol
11. Withdrawal, as manifested by characteristic withdrawal syndrome, which can be relieved or avoided with alcohol (or a closely related substance, such as a benzodiazepine)

What's newer?

- Craving
- Removed criteria related to legal issues
- Severity categories

Must have ≥ 2 criteria for AUD; Severity: 2-3 mild, 4-5 moderate, ≥ 6 severe

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Interventions for Unhealthy Alcohol Use

Risky Drinking

- Counseling in primary care

Alcohol Use Disorder

- Some common treatments
 - Cognitive behavioral therapy
 - Motivational enhancement therapy
 - 12-step programs (e.g., Alcoholics Anonymous)
 - Pharmacotherapy

Original Investigation

Pharmacotherapy for Adults With Alcohol Use Disorders in Outpatient Settings A Systematic Review and Meta-analysis

Daniel E. Jonas, MD, MPH; Halle R. Amick, MSPH; Cynthia Feltner, MD, MPH; Georgiy Bobashev, PhD; Kathleen Thomas, PhD; Mimi M. Kim, PhD; Ellen Shanahan, MA; C. Elizabeth Gass, MPH; Cassandra J. Rowe, BA; James C. Garbutt, MD

2014 meta-analysis
Acamprosate k=27 RCTs,
N=7,519 participants
Naltrexone k=53 RCTs,
N=9,140 participants

JAMA | Original Investigation

Pharmacotherapy for Alcohol Use Disorder A Systematic Review and Meta-Analysis

Melissa McPheeters, PhD, MPH; Elizabeth A. O'Connor, PhD; Sean Riley, MSc, MA; Sara M. Christiane Voisin, MSLS; Kaitlin Kuznacic, PharmD; Cory P. Coffey, PharmD; Mark D. Edlund, MD, MPH; Georgiy Bobashev, PhD; Daniel E. Jonas, MD, MPH

2023 update
118 clinical trials
N=20,976 participants

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.

Jonas DE, Amick HR, Feltner C, et al. Pharmacotherapy for Adults with Alcohol-Use Disorders in Outpatient Settings. Comparative Effectiveness Review No. 134. AHRQ publication 14-EHC029-EF. Agency for Healthcare Research and Quality; May 2014.

McPheeters, O'Connor, Riley, et al. Pharmacotherapy for alcohol use disorder: a systematic review and meta-analysis. JAMA. 2023;330(17):1653-1665.

Tweet

- Naltrexone and acamprosate are effective for preventing lapse (return to drinking) and for reducing consumption for people with alcohol use disorders

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FDA-approved medications

Medication	Mechanism	Dosing
Acamprosate	Thought to modulate hyperactive glutamatergic NMDA receptors	666 mg 3 times per day
Disulfiram	Inhibits ALDH2, causing accumulation of acetaldehyde during alcohol consumption, which produces a variety of adverse effects such as nausea, dizziness, flushing, and changes in heart rate and blood pressure	250 to 500 mg per day
Naltrexone	Opioid antagonist; competitively binds to opioid receptors and blocks the effects of endogenous opioids such as β -endorphin	Oral: 50 to 100 mg per day IM injection: 380 mg per month

Applicability

- Most trials enrolled patients after detoxification or required a period of sobriety (at least 3 days)
- Participants with alcohol dependence (DSM-IV)
 - Raises questions about whether we should consider the meds for mild AUD
- Studies typically included psychosocial co-interventions
 - Effect sizes reflect the added benefits of medications beyond those of psychosocial interventions and placebo

Evidence from placebo-controlled trials

Medication	Outcome	# studies	Total N	Effect size (95% CI)	NNT (95% CI)
Acamprosate	Return to any drinking	20	6380	RR, 0.88 (0.83, 0.93)	11 (1, 32)
	Return to heavy drinking	7	2496	RR, 0.99 (0.94, 1.05)	NA
	% drinking days	14	4916	WMD, -8.3 (-12.2, -4.4)	NA
	% heavy drinking days	2	123	WMD, -3.4 (-6.4, 5.9)	NA
Naltrexone, 50mg/d, oral	Return to any drinking	16	2347	RR, 0.93 (0.87, 0.99)	18 (4, 32)
	Return to heavy drinking	23	3170	RR, 0.81 (0.72, 0.90)	11 (5, 41)
	% drinking days	15	1992	WMD, -5.1 (-7.2, -3.0)	NA
	% heavy drinking days	7	624	WMD, -4.3 (-7.6, -0.9)	NA

McPheeters, O'Connor, Riley, et al. Pharmacotherapy for alcohol use disorder: a systematic review and meta-analysis. JAMA. 2023;330(17):1653-1665.

Contraindications

- Naltrexone
 - Acute hepatitis or liver failure (precautions for other hepatic disease)
 - Currently using opioids or with anticipated need for opioids
- Acamprosate
 - Severe renal impairment (requires dose adjustments for moderate renal impairment)

Common Adverse Effects

- Naltrexone
 - Dizziness
 - Nausea
 - Vomiting
- Acamprosate
 - Diarrhea

Selecting a Medication

- Head-to-head trials have not consistently established superiority of acamprosate or naltrexone
- Reasons to favor oral naltrexone, unless there is a contraindication
 - Administration frequency
 - Oral naltrexone is once daily
 - Acamprosate is typically two 333mg tablets 3x daily (6 pills/day)
 - Cost (although both relatively low cost, available generic)

Off-label

- Topiramate
 - % Drinking days: WMD, -7.2% (-14.3% to -0.1%), 8 trials, N=1080
 - % Heavy drinking days: WMD, -6.2% (-10.9% to -1.4%), 9 trials, N=1210
 - Drinks per drinking day: WMD, -2.0 (-3.1 to -1.0), 7 trials, N=922

Key Points

- Unhealthy alcohol use is very common and is a leading cause of preventable deaths
- Screening typically best done with brief initial screen (e.g., AUDIT-C) followed by the AUDIT (10 questions) for those with a positive screen
- Brief motivational interviewing can help patients reduce drinking and their risk of health problems from alcohol
- Naltrexone and acamprosate are effective for preventing a return to drinking and for reducing consumption for people with AUD

References

1. McPheeters M, O'Connor EA, Riley S, Kennedy SM, Voisin C, Kuznacik K, Coffey CP, Edlund MD, Bobashev G, **Jonas DE**. Pharmacotherapy for Alcohol Use Disorder: A Systematic Review and Meta-Analysis. JAMA. November 2023. JAMA. 2023;330(17):1653-1665.
2. **Jonas DE**, Barclay C, Grammer D, Weathington C, Birken SA, DeWalt DA, Shoenbill KA, Boynton MH, Mackey M, Riley S, Cykert S. The STUN (STop UNhealthy) Alcohol Use Now trial: study protocol for an adaptive randomized trial on dissemination and implementation of screening and management of unhealthy alcohol use in primary care. *Trials*. 2021 Nov 16; 22(1): 810.
3. Barclay C, Viswanathan M, Ratner S, Tompkins J, **Jonas DE**. Implementing evidence-based screening and counseling for unhealthy alcohol use with Epic-based electronic health record tools. *Jt Comm J Qual Patient Saf*. 2019 Aug;45(8):566-574.
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