Preventing Harms from Unhealthy Alcohol Use among People living with HIV:

A brief guide for HIV providers

Comments or questions?
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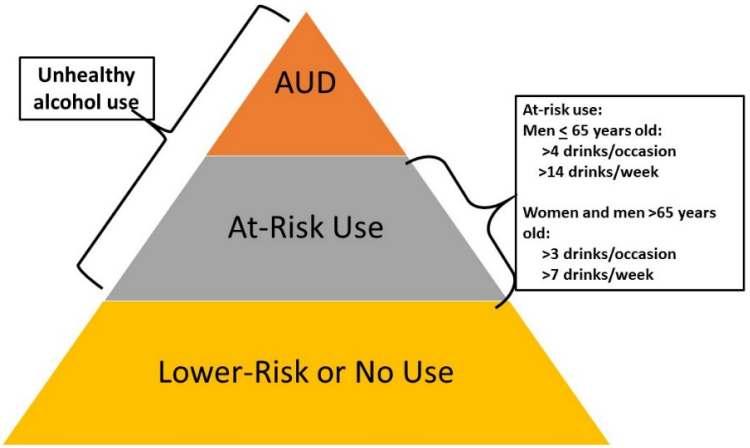
Unhealthy alcohol use is common and adversely impacts each step of the HIV care continuum

Spectrum of Alcohol Use



8 to 42% prevalence among PLWH

- 4.3% fewer indicated HIV care processes
  (e.g. opportunistic infection prophylaxis, antiretroviral therapy [ART] receipt, CD4 monitoring)[1]
- 22% lower retention in care[2]
- 53% less likely to be adherent to ART[3]
- Increased risk of morbidity and mortality[4]

WHAT IF?

NOTES

REFERENCES

1. Korthuis PT, Fiellin DA, McGinnis KA, et al. Unhealthy alcohol and illicit drug use are associated with decreased quality of HIV care. *J Acquir Immune Defic Syndr.* 2012;61(2):171-178.
2. Monroe AK, Lau B, Mugavero MJ, et al. Heavy Alcohol Use is Associated with Worse Retention in HIV Care. *J Acquir Immune Defic Syndr.* 2016.
3. Hendershot CS, Stoner SA, Pantalone DW, Simoni JM. Alcohol use and antiretroviral adherence: review and meta-analysis. *J Acquir Immune Defic Syndr.* 2009;52(2):180-202.
4. Justice AC, McGinnis KA, Tate JP, et al. Risk of mortality and physiologic injury evident with lower alcohol exposure among HIV infected compared with uninfected men. *Drug Alcohol Depend.* 2016;161:95-103.
5. Jonas DE, Garbutt JC, Amick HR, et al. Behavioral Counseling After Screening for Alcohol Misuse in Primary Care: A Systematic Review and Meta-analysis for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2012.
6. Edelman EJ, Fiellin DA. In the Clinic. Alcohol Use. *Ann Intern Med.* 2016;164(1):ITC1-16.

RESOURCES

National Institute on Alcohol Abuse and Alcoholism:
https://pubs.niaaa.nih.gov/publications/practitioner/cliniciansguide2005/clinicians_guide.htm

Screening for Unhealthy Alcohol Use: AUDIT-C

1. **How often do you have a drink containing alcohol?**
   a. Never
   b. Monthly or less
   c. 2-4 times a month
   d. 2-3 times a week
   e. 4 or more times as week

2. **How many standard drinks containing alcohol do you have on a typical day?**
   a. 1 or 2 b. 3 or 4 c. 5 or 6 d. 7 to 9 e. 10 or more

3. **How often do you have six or more drinks on one occasion?**
   a. Never b. Less than monthly c. Monthly d. Weekly e. Daily or almost daily

Score 0 to 12: a=0 points; b=1 point; c=2 points; d=3 points; e=3 points

In **men**: Score of **4** or more is considered positive

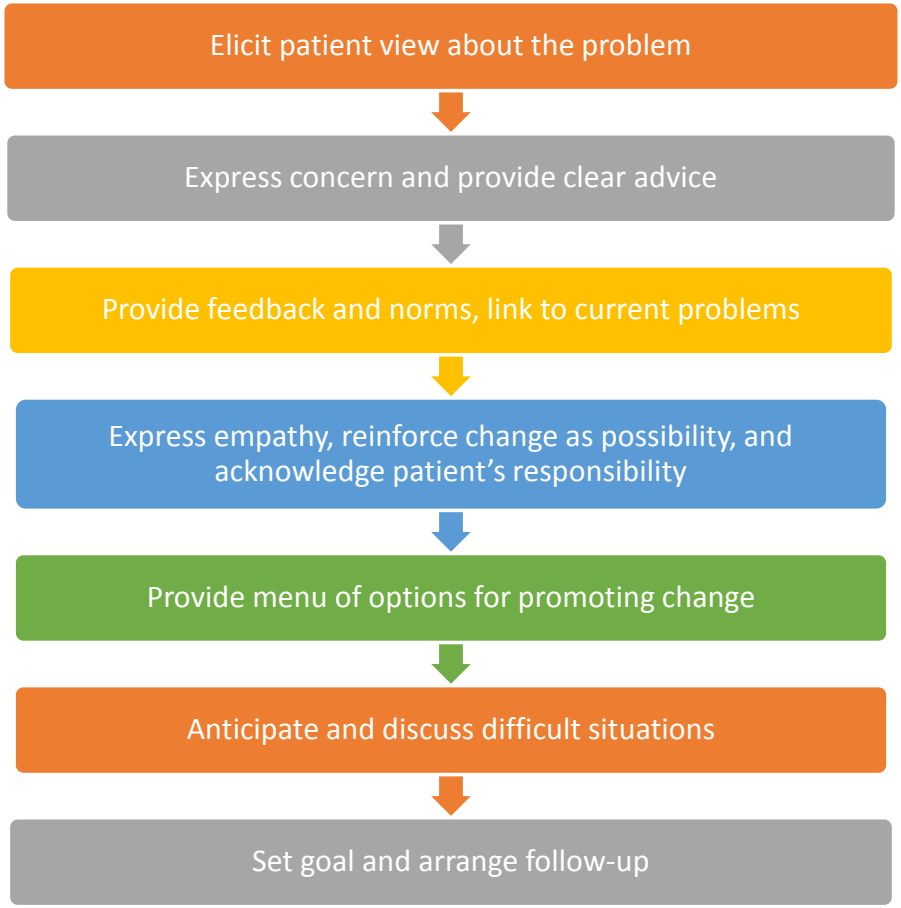
In **women**: Score of **3** or more is considered positive

DSM-5 Criteria for Alcohol Use Disorder

1. Alcohol taken in larger amounts or for longer than intended	7. Important activities given up or reduced because of alcohol use
2. Persistent desire or unsuccessful efforts to cut down or control alcohol use	8. Recurrent alcohol use in physically hazardous situations
3. Great deal of time spent obtaining, using, or recovering from alcohol use	9. Continued use despite knowledge of physical or psychological problems that are caused or exacerbated by alcohol
4. Craving or strong desire to use alcohol	10. Tolerance
5. Failure to fulfill major obligations due to alcohol use	11. Withdrawal
6. Continued use despite problems caused or exacerbated by alcohol use	**Mild**- 2 to 3 symptoms **Moderate**- 4 to 5 symptoms **Severe**- 6+ symptoms

Brief Intervention

Associated with a decrease of 3.6 drinks per week at 12-months[5]



Alcohol Pharmacotherapy[6]

Medication	Indication	Side Effects	Notes
Naltrexone (oral 50-100mg daily or injectable 380mg monthly)*	Decrease alcohol consumption	Nausea, indigestion, headache, fatigue. Depressive symptoms. Rarely medication-associated hepatitis. Potential for precipitated opioid withdrawal if opioids present.	Contraindicated in the presence of prescription opioid use or opioid agonist treatment for opioid use disorder. Avoid if decompensated cirrhosis; use with caution with hepatitis, compensated cirrhosis.
Acamprosate (666mg three times a day)	Relapse prevention	Diarrhea, nausea/vomiting, myalgias, rash, dizziness, palpitations. Rarely associated with renal impairment.	Reduced dosage with renal insufficiency. Medication adherence may be challenging.
Disulfiram (250-500 mg daily)	Abstinence and relapse prevention	Drowsiness, rash. Rarely medication-associated severe hepatotoxicity, optic neuritis, peripheral neuropathy.	Medication-medication interactions. Patient must be abstinent at least 12 hours prior to medication administration. Avoid in patients with hepatic impairment or cardiovascular disease. Most appropriate for patients with strong motivation to be abstinent and with support to promote medication adherence.

Number needed to treat (NNT) with naltrexone: **20 people to prevent return to any drinking and **12** to prevent return to heavy drinking.*