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

A brief guide for HIV providers

Comments or questions?
Dr. E. Jennifer Edelman (ejennifer.edelman@yale.edu)
Dr. David Fiellin (david.fiellin@yale.edu)
Unhealthy alcohol use is common and adversely impacts each step of the HIV care continuum.

**Spectrum of Alcohol Use**

- **Unhealthy alcohol use**
- **At-Risk Use**
- **Lower-Risk or No 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\(^4\)

NOTES
REFERENCES


RESOURCES


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\(^5\)

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**Alcohol Pharmacotherapy**\(^6\)

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<th>Medication</th>
<th>Indication</th>
<th>Side Effects</th>
<th>Notes</th>
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<tr>
<td>Naltrexone (oral 50-100mg daily or injectable 380mg monthly)*</td>
<td>Decrease alcohol consumption</td>
<td>Nausea, indigestion, headache, fatigue. Depressive symptoms. Rarely medication-associated hepatitis. Potential for precipitated opioid withdrawal if opioids present.</td>
<td>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.</td>
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<tr>
<td>Acamprosate (666mg three times a day)</td>
<td>Relapse prevention</td>
<td>Diarrhea, nausea/vomiting, myalgias, rash, dizziness, palpitations. Rarely associated with renal impairment.</td>
<td>Reduced dosage with renal insufficiency. Medication adherence may be challenging.</td>
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<tr>
<td>Disulfiram (250-500 mg daily)</td>
<td>Abstinence and relapse prevention</td>
<td>Drowsiness, rash. Rarely medication-associated severe hepatotoxicity, optic neuritis, peripheral neuropathy.</td>
<td>Medication-medications 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.</td>
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*Number needed to treat (NNT) with naltrexone: 20 people to prevent return to any drinking and 12 to prevent return to heavy drinking.