### Medication Management Support for Alcohol Dependence

This template outlines the first in a series of appointments designed to support patients diagnosed with alcohol dependence who are starting a course of medication to help them maintain abstinence.

**Date:** __________________ **Time spent:** __________________

**Patient name:** ____________________________________________

**Pertinent history:** _______________________________________________________________________________________________________

**Observations:** __________________________________________________________________________________________________________

#### Before counseling:

**Record from the patient's chart:**

- Alcohol-dependence medication prescribed:
  - [ ] naltrexone PO
  - [ ] XR-naltrexone injectable
  - [ ] acamprosate
  - [ ] disulfiram
  - [ ] other: _________________
  - [ ] dose and schedule: ____________________________________________
- [ ] Lab results and other patient information (fill in the left column of the chart below, to the degree possible)

#### Gather:

- [ ] Patient information on the medication (available, for example, from www.medlineplus.gov)
- [ ] Wallet emergency card for naltrexone or disulfiram (see www.niaaa.nih.gov/guide)
- [ ] Listing of local mutual help groups. For AA, see www.aa.org; for other groups, see the National Clearinghouse for Alcohol and Drug Information Web site at www.ncadi.samhsa.gov under “Resources.”

#### Patient information—

*from the chart or patient report, this forms the basis for counseling*

#### Counseling—

*delivered in a nonjudgmental way, this enhances patient motivation and provides the rationale for medication*

<table>
<thead>
<tr>
<th>Tie results and symptoms to heavy alcohol use:</th>
<th>Describe normal liver function and adverse effects of heavy drinking, then discuss results of liver function tests:</th>
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</thead>
<tbody>
<tr>
<td><strong>Describe normal liver function and adverse effects of heavy drinking, then discuss results of liver function tests:</strong></td>
<td>If normal range: “This is a positive sign that your liver has avoided harm so far, and that now you have the opportunity to keep it that way by changing your drinking habits. Having a healthy liver will also help you make a quicker, more complete recovery.” If abnormal: “The test results are most likely a sign of unhealthy changes in your liver from heavy alcohol use. The longer you continue to drink, the harder it is to reverse the damage. But if you stop drinking, you may be able to get your liver function back to normal.”</td>
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1. **Review lab results and medical adverse consequences of heavy drinking:**

   **Liver function test results:**

   - AST (SGOT): _________________
   - ALT (SGPT): _________________
   - GGT (GGTP): _________________
   - Total Bilirubin: _________________
   - Albumin: _________________

   **Blood pressure:** ________/_______  **Pulse:** ________

   **Other medical conditions affected by drinking and relevant lab results:**

   - [ ] diabetes
   - [ ] heart disease
   - [ ] GI: _________________
   - [ ] insomnia
   - [ ] depression
   - [ ] anxiety
   - [ ] pain
   - [ ] other: _________________
   - [ ] other relevant lab results (e.g., MCV): _________________
2 Review amount of drinking and nonmedical adverse consequences of heavy drinking:

**Amount of drinking:** When was last drink? ____________

In the past 30 days,
— how many drinking days (any alcohol): ______ days
— how many heavy drinking days (5+ drinks/day for men, 4+ drinks/day for women): ______ days

**Nonmedical adverse consequences:**
☐ interpersonal  ☐ employment/school  ☐ legal
specify: ______________________________________

Focus more on the consequences of drinking than on the quantity:

“I see that when you drink, you drink heavily, and that you've reported some problems related to that, such as (x). We see these as (additional) signs that drinking is harmful for you.”

3 Confirm diagnosis of alcohol dependence.

**Recommend abstinence and provide rationale for medications:**

“You have a diagnosis of alcohol dependence.” (Provide patient materials if available.) “We strongly recommend that you stop drinking altogether. For someone with alcohol dependence, this is the safest choice. It’s also best for your health. Quitting is hard, which is why a medication has been prescribed that may help you abstain.”

4 Review the patient’s decision on abstinence:

**If the patient is unwilling or unable to commit to abstinence, offer a trial period:**

“If you’re thinking that lifelong abstinence is too difficult a goal to commit to right now, you could try a brief period of, say, a month to find out what it’s like to live without alcohol. Would you be willing to try this out?”

If a trial of abstinence isn’t accepted, reconsider whether medication is still appropriate with a modified goal.

5 Provide medication counseling, focusing on

☐ Mechanism of action and time course of effects. Describe how the medication works and how long it may take to be effective.

☐ Potential side effects. Discuss the likelihood of side effects (see the package insert) and ways to cope with adverse events such as nausea or diarrhea. Advise the patient to contact you if concerned about side effects.

☐ Dosing and adherence. Review the dosing regimen, remind the patient to take the medication consistently for effectiveness, and explain what to do if a dose is skipped.

☐ Adherence strategies. Discuss the patient’s history of pill-taking practices, then strategies to promote adherence, such as taking pills at the same time each day, using weekly pill containers, and enlisting others’ support.

☐ Emergency cards. For naltrexone, educate the patient about potential complications with opioid use and analgesics. For disulfiram, educate the patient about the alcohol-disulfiram reaction and avoiding alcohol in food and medicines. Give the patient wallet emergency cards: (initials and date)

6 Encourage participation in a mutual support group:

☐ Provide list of local options and describe the benefits of attendance. Note that attending AA or another mutual support group is a way to acquire a network of friends who have found ways to live without alcohol. Tell the patient that medication is time limited and that the importance of mutual support groups increases when medications are stopped.

☐ Address barriers to attendance:
  • If the patient is reluctant to attend: “Would you be willing to try just one meeting before our next session?”

7 Wrap up:

☐ Summarize the diagnosis and recommendation for abstinence

☐ Summarize dosage regimen

☐ Ask about remaining questions or concerns

☐ Schedule the next visit

☐ Other followup: ____________

8 Next appointment date: ____________________________
Followup Session Template

Medication Management Support for Alcohol Dependence

Date: _____________  Time spent: ________________________

Patient name: ____________________________________________

Vital signs (if taken):  BP: _____/_____  P: _______  Weight: _______

Laboratory data (if available):  GGT: ______  AST: ______  ALT: _________  Other: ________________

General progress and patient concerns since the last visit: ____________________________________________

Observations of patient cognition: __________________________ Mood: ___________________________

Physical signs: _______________________________ Other: _______________________________

Drinking status

• How long since the last drink? _____ days/weeks/months

• In the past 30 days (or since the last visit if less than 30 days):
  — how many drinking days (any alcohol): _____ days in the past _____ days
  — how many heavy drinking days (5+ drinks/day for men, 4+ drinks/day for women):
    _____ days in the past _____ days

• Other: ___________________________________________________________

Alcohol pharmacotherapy

• Medications prescribed:  □ none  □ naltrexone PO  □ XR-naltrexone injectable  □ acamprosate
  □ disulfiram  □ other: ______________________________________________

• In the past 30 days (or since the last visit if less than 30 days), how many days has the patient taken
  medication? _____ days in the past _____ days

• Side effects:  □ none  □ nausea  □ vomiting  □ diarrhea  □ headache  □ injection site reaction
  □ other: ___________________________________________________________

• Patient’s perception of the medication’s effectiveness:  □ helpful  □ not helpful  □ not sure
  □ specify: _________________________________________________________

Other treatment received

Since your last visit, have you:

Yes  No

□  □  Started any new medications?  (specify) ________________________________________________

□  □  Attended mutual support groups?  If yes, how often? ________________________________

□  □  Received alcohol or addiction counseling?  (specify) ________________________________

□  □  Received other counseling?  (specify) ________________________________________________

□  □  Entered a treatment program?
  □ residential  □ intensive outpatient  □ other (specify) ________________________________

□  □  Been hospitalized for alcohol or drug use?  (specify) ________________________________

□  □  Been treated for withdrawal (shakes)?  (specify) __________________________________________
**Counseling provided** (check the dialogue used)

- **Is the patient drinking?**
  - **NO**
    - Is the patient adherent to medications?
      - **NO**
        - Congratulate the patient for not drinking
        - Review the benefits of pharmacotherapy
        - Ask why the medications are not taken regularly
        - Explore possible remedies to correct nonadherence
        - Set the next appointment
      - **YES**
        - Reinforce the patient's ability to follow advice and stick to the plan
        - Ask what the patient has done to achieve this outcome
        - Encourage the patient to stick with the plan—"Keep up the good work!"
        - Review the benefits of abstinence
        - Set the next appointment
    - **YES**
      - Review the initial reasons for seeking treatment (i.e., negative consequences of drinking)
      - Review the benefits of abstinence and pharmacotherapy
      - Review the reasons for medication nonadherence
      - Create a new adherence plan, addressing barriers to treatment and providing suggestions on minimizing drinking cues
      - Encourage the patient to "give treatment a chance"
      - Set the next appointment

- **YES**
  - Is the patient adherent to medications?
    - **NO**
      - Praise any small steps toward abstinence (e.g., fewer heavy drinking days)
      - Review the benefits of abstinence
      - Review the benefits of mutual support group meetings
      - Remind the patient that medications take time to work
      - Set the next appointment
    - **YES**

**Other recommendations (e.g., side effects management, new adherence plan):** ________________________________

**Followup:**
- Continue the current treatment plan
- Change the treatment plan as follows: ________________________________
- (for nurses): Refer to physician for medical evaluation

**Next appointment date:** ________________________________