

Initial Session Template

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
<p>1 Review lab results and medical adverse consequences of heavy drinking:</p> <p>Liver function test results: </p> <p>AST (SGOT): _____</p> <p>ALT (SGPT): _____</p> <p>GGT (GGTP): _____</p> <p>Total Bilirubin: _____</p> <p>Albumin: _____</p> <p>Blood pressure: _____ / _____ Pulse: _____ </p> <p>Other medical conditions affected by drinking and relevant lab results: </p> <p><input type="checkbox"/> diabetes <input type="checkbox"/> heart disease <input type="checkbox"/> GI: _____</p> <p><input type="checkbox"/> insomnia <input type="checkbox"/> depression <input type="checkbox"/> anxiety <input type="checkbox"/> pain</p> <p><input type="checkbox"/> other: _____</p> <p><input type="checkbox"/> other relevant lab results (e.g., MCV): _____</p>	<p>Tie results and symptoms to heavy alcohol use:</p> <p>Describe normal liver function and adverse effects of heavy drinking, then discuss results of liver function tests:</p> <p><i>If normal range:</i> "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."</p> <p><i>If abnormal:</i> "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."</p> <p>If blood pressure is elevated, describe relationship between high blood pressure and heavy drinking.</p> <p>Describe relationship between condition(s) and heavy drinking, including relevant lab results.</p>

2 Review amount of drinking and nonmedical adverse consequences of heavy drinking: → **Focus more on the consequences of drinking than on the quantity:**

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: _____

“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:**

Is the patient willing to abstain? yes no

Comment: _____

“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?”
- If the patient has attended a meeting before and wasn’t comfortable: “Not all groups are alike. It’s likely that you’ll need to try several before finding one that feels right.”
- If the patient is concerned about members disapproving of his or her medication: “The medication is a tool you’ll use in an effort not to drink. It has been shown to help others stop drinking. Also, it’s not addicting. And the official policy of AA supports people taking nonaddicting medicines prescribed by a doctor.”

7 Wrap up:

Summarize the diagnosis and recommendation for abstinence Ask about remaining questions or concerns Other followup: _____

Summarize dosage regimen Schedule the next visit _____

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: _____

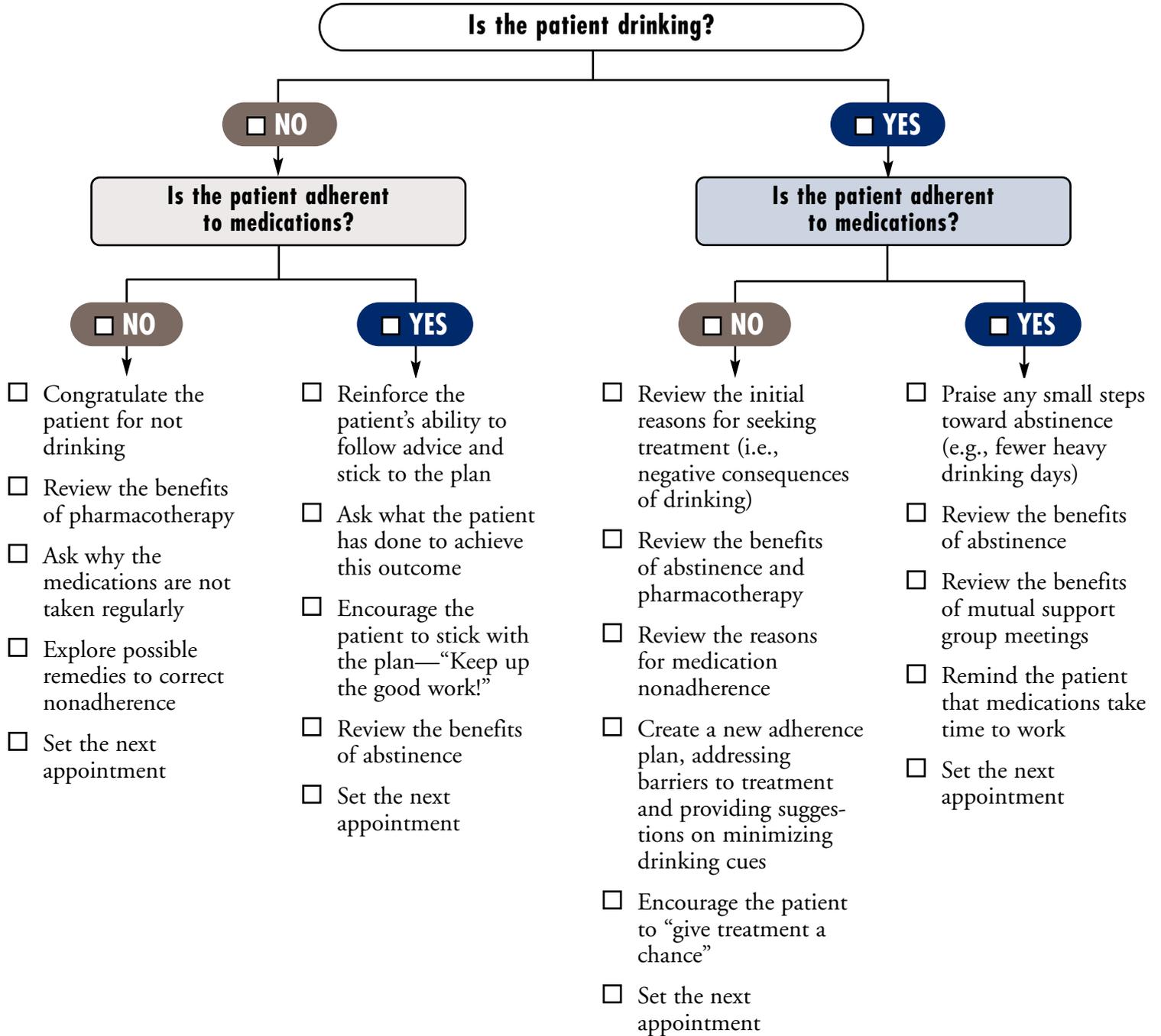
Other treatment received

Since your last visit, have you:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Started any new medications? (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Attended mutual support groups? If yes, how often? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Received alcohol or addiction counseling? (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Received other counseling? (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Entered a treatment program? |
| | | <input type="checkbox"/> residential <input type="checkbox"/> intensive outpatient <input type="checkbox"/> other (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Been hospitalized for alcohol or drug use? (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Been treated for withdrawal (shakes)? (specify) _____ |

Counseling provided (check the dialogue used)



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: _____