GOOD PRACTICE RECOMMENDATION

Alcohol misuse: screening, diagnosis and treatment

According to the "Clinical practice recommendations" method

February 09, 2015
## Disclosure statement

<table>
<thead>
<tr>
<th>Interest</th>
<th>Name of organisation</th>
</tr>
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<tbody>
<tr>
<td>Grants/research support</td>
<td>Lundbeck, D&amp;A Pharma, Ethypharm, Pfizer</td>
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<tr>
<td>Honoraria/consultant</td>
<td>Lundbeck, D&amp;A Pharma, Ethypharm, Merck, Pfizer</td>
</tr>
<tr>
<td>Advisory board/speakers bureau</td>
<td>Lundbeck, D&amp;A Pharma, Pfizer</td>
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</tbody>
</table>

**Henri-Jean Aubin**  
Hôpital Paul Brousse  
INSERM 1178  
Université Paris-Sud 11  
FRANCE
French guidelines

1999 • Aims, indications, and management of detoxification in alcohol dependent patients

2001 • Management of alcohol dependent patients after detoxification


2002 • Alcohol drinking during pregnancy

2003 • Alcohol misuse without dependence. Hazardous and harmful drinking

2013 • Screening and management of psychoactive substances misuse in the workplace

2013 • Alcohol misuse in older people

2015 • Alcohol misuse: screening, diagnosis and treatment
### French guidelines

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French guidelines

- 1999: Detox and abstinence for all alcohol dependent patients
- 2001: Management of alcohol dependent patients after detoxification
- 2002: Alcohol drinking during pregnancy
- 2003: Alcohol misuse without dependence. Hazardous and harmful drinking
- 2013: Screening and management of psychoactive substances misuse in the workplace
- 2013: Alcohol misuse in older people
- 2015: Alcohol misuse: screening, diagnosis and treatment
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French guidelines

1999
- Detox and abstinence for all alcohol dependent patients
- Benzodiazepines whatever the withdrawal syndrome severity

2001
- Limited discussion on drinking goal. Abstinence should be recommended
- Acamprosate, naltrexone, disulfiram

2001
- Misuse: risky use, harmful use, dependence
- Moderate drinking: no more than 30 g/d (M) or 20 g/d

2002
- Alcohol drinking during pregnancy

2003
- Alcohol misuse without dependence. Hazardous and harmful drinking

2013
- Screening and management of psychoactive substances misuse in the workplace

2013
- Alcohol misuse in older people

2015
- Alcohol misuse: screening, diagnosis and treatment
Patient-centered approach

Baclofen story

Nalmefene development
## French guidelines

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Élaboration de recommandations de bonne pratique

Méthode
« Recommandations pour la pratique clinique »

Décembre 2010
La Haute autorité de Santé (HAS)

French National Authority for Health

Michel HUGUIER *, Claude ROSSIGNOL**

Résumé

La Haute autorité de Santé (HAS) a été créée en 2004. Le but de ce travail est d’analyser trois de ses principales missions : la certification des établissements de santé, la définition des affections de longue durée (ALD) et les recommandations de bonne pratique médicale. Elle ne concerne pas les autres missions, en particulier la Commission de transparence du médicament. La certification des établissements de santé a coûté au moins 22,4 millions d’euros en 2012. Elle mobilise 89 agents de la HAS (de la direction de l’amélioration de la qualité et de la sécurité des soins), et 681 experts visiteurs. Les éléments médicaux ne sont pris en compte que de façon très générale et théorique, ce qui a pu les faire qualifier par la Cour des comptes « d’angle mort ». S’adressant aux établissements dans leur ensemble, elle est amenée à se prononcer globalement sur des sites qui peuvent être de qualités très variées. Quant aux définitions des ALD, leur imprécision permet une certaine souplesse d’interprétation pour les médecins conseils des caisses. A contrario, elle entraîne, de considérables disparités des taux standardisés d’admission en ALD d’une région à l’autre. Enfin, les recommandations de bonne pratique devraient encore mieux reposer sur les résultats des études scientifiques les plus rigoureuses et dûment référencées. Elles mériteraient de donner lieu à des documents rédigés avec plus rigueur, de clarté et de concision. En conclusion, les résultats de trois des missions de la HAS que nous avons analysées sont peu convaincants. La certification des établissements pourrait être remplacée par des inspections inopinées de l’Inspection générale des affaires sociales ou du Service médical des caisses d’assurance maladie ou des Agences régionales de santé. La définition des ALD et les recommandations de bonne pratique médicale pourraient être assumées par les sociétés savantes ou les académies comme le prouve l’exemple de l’hypertension artérielle.
Private service provider

Acknowledged validity

Source for medical education

No conflict of interest

Experts welcomed

Negative experience with HAS

Speed
Private service provider

Acknowledged validity

Source for medical education

Experts welcomed

No conflict of interest

Negative experience with HAS

Speed
Guidelines’ financial disclosure

Public funding
- French Minister of Health

Industrial funding
- D&A Pharma
- Ethypharm
- Lundbeck
- Merck Serono
Individual disclosure

Pharma industry

Training

Financial interests in treatment providers
**German model**
- Large work group
- Nominal group process
- No industrial funding
- Strong internal validity
- Four years process

**French model**
- Limited work group
- Limited bibliographic review
- Industrial funding
- External validation – EUFAS
- 18 months process
French National Authority for Health
Steering committee
- Methodology
- Planning
- Sponsors – Partners
- Questions list
- Bibliography
- Review grid

Work group
- Guidelines writing
  - Version 1
  - Version 2 (French and English)
- Validation

Review group
- Review
- Comments
  - Step 1
    - French
  - Step 2
    - English (EUFAS)
Steering committee
F Paille (SFA) President
HJ Aubin (SFA)
C Gillet (SFA)
A Rigaud (ANPAA)

Work group
HJ Aubin (SFA) - K Mann (EUFAS) copresidents
• Addiction Psy (3)
• Addiction Med (7)
• Addiction Teen (1)
• GP (2)
• Midwife (1)
• Nurse (1)
• User (1)

Review group
Step 1
• SFA
• ANPAA
• GP
• HGE
Step 2
• Pr Colin DRUMMOND, UK
• Pr Conor FARREN, Ireland
• Pr Emanuele SCAFATO, Italy
• Pr Friedrich WURST, Austria
Steering committee

F Paille (SFA) President
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Task force

HJ Aubin (SFA) - K Mann (EUFAS) copresidents
- Addiction Psy (3)
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Step 1
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June 2013

Jan 2015
<table>
<thead>
<tr>
<th>Part 1: Identification and assessment</th>
<th>Definition of alcohol use disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Occupational categories that should identify alcohol use disorders</td>
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<tr>
<td></td>
<td>When should an alcohol use disorder should be screened for?</td>
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<tr>
<td>Identification of an alcohol use disorder.</td>
<td>Children and adolescents</td>
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<tr>
<td></td>
<td>Pregnant women</td>
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<td></td>
<td>Adults and elderly people</td>
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<tr>
<td>Assessment for addictive, somatic, psychiatric, and social disorders</td>
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<td>Part 2: Therapeutic interventions</td>
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<td>----------------------------------</td>
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<tr>
<td>Objectives for the therapeutic intervention</td>
<td></td>
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<tr>
<td>What therapeutic interventions can be offered?</td>
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<tr>
<td>Management of patients’ resistance</td>
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<tr>
<td>Intervention planning</td>
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<td>Alcohol reduction management</td>
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<td>Detoxification management</td>
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<td>Relapse prevention management</td>
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<tr>
<td>Indications for a referral to a specialist intervention</td>
<td></td>
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<tr>
<td>Indications for a residential treatment</td>
<td></td>
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<tr>
<td>What role for non pharmacological or psychotherapeutical interventions (socio-educational, occupational, psychomotricity, physical training...)</td>
<td></td>
</tr>
<tr>
<td>Management of special populations (pregnancy, adolescence, elderly people, somatic and psychiatric comorbidity, polydrug use, social deprivation, justice control...)</td>
<td></td>
</tr>
<tr>
<td>Crisis and emergency situations</td>
<td></td>
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<tr>
<td>Role of significant others</td>
<td></td>
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<tr>
<td>Role of self-help groups</td>
<td></td>
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</tbody>
</table>
Selected Bibliography

- Published guidelines
- Cochrane reviews
- Other meta-analysis
- Recent reviews
- Other

Total: 192 references
No thanks!
We are too busy
Shall we reinvenete the wheel?


Haber P, Australia, Guidelines for the treatment of alcohol problems. 2009

NICE. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, 2011
How is misuse defined?
DSM-ICD
Hierarchical diagnoses

- Dependence
- Harmful use
- Abuse
- Asymptomatic drinking
Severe
7-11 criteria

Moderate
4-6 criteria

Low
2-3 criteria
How is misuse defined?

Use, misuse, use-related problems: a continuum

- Dependence
- Harmful use
- At-risk use
- Simple use*
How is misuse defined?

**Risk levels of drinking according to the WHO**

According to the WHO, alcohol use may be categorised in different health risk levels.

**WHO criteria for risk of consumption on a single drinking day in relation to acute problems**

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Total use (g/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>Low risk</td>
<td>1 to 40</td>
</tr>
<tr>
<td>Medium risk</td>
<td>&gt;40 to 60</td>
</tr>
<tr>
<td>High risk</td>
<td>&gt;60 to 100</td>
</tr>
<tr>
<td>Very high risk</td>
<td>&gt;100</td>
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</table>

**WHO criteria for risk of usual consumption in relation to chronic problems**

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Total use (g/day)</th>
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<tbody>
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How is misuse defined?

**Definition of French risk limits**

The measuring unit for defining the French risk limits is a standard unit. A standard unit is defined as a 10-g quantity of pure alcohol, approximately equivalent to 10 cl of wine, 25 cl of 5% vol. beer, or 3 cl of 40% vol. alcohol.

The following limits were chosen:
- no more than 4 units on each occasion for occasional use
- not more than 21 units per week for regular use in males (3 units/day on average)
- not more than 14 units per week for regular use in females (2 units/day on average).
Assessment
Enquête 2015 SFA
Pratiques cliniques en Alcoologie
Confrontation des PEC validées et des PEC effectives
Conclusion

Pragmatic update

- Published guidelines and reviews
- Mixed funding
- Speed

EUFAS involvement

Focus on GPs practice

Challenges

- Diffusion
- Implementation
- Assessment