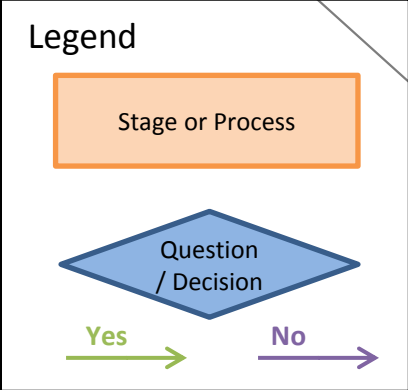
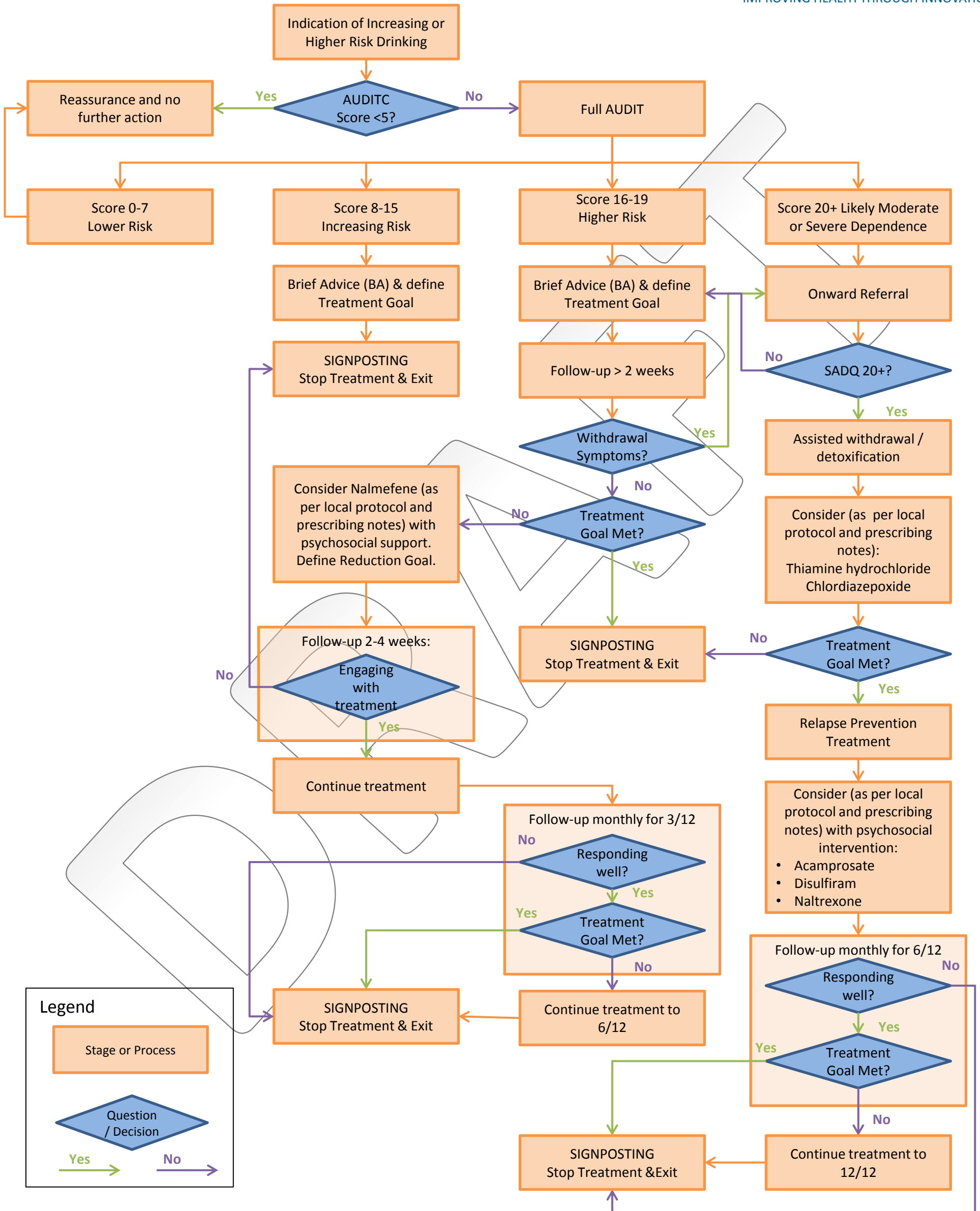


# Role for Pharmacotherapy in the Treatment Pathway for Increasing and Higher Risk Drinkers



## Definitions

- AUDIT C questions and scores  
<http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4898>
- Full AUDIT questions and scores  
<http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4896>
- SADQ questions and scores  
<http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=4615>
- Brief Advice (BA) – FRAMES  
[http://www.alcohollearningcentre.org.uk/alcoholLearning/learning/IBA/Module4\\_v2/D/ALC\\_Session/300/tab\\_909.html](http://www.alcohollearningcentre.org.uk/alcoholLearning/learning/IBA/Module4_v2/D/ALC_Session/300/tab_909.html)
- Psychosocial Support  
Advice regarding medication compliance and definition of alcohol reduction goal which can be delivered in any care setting
- Psychosocial Intervention  
Extended brief interventions or high intensity interventions depending on service specification and patient choice

## Roles

### Prescriber Role

- Provide support to the patient in terms of initial and repeat prescribing. Evaluate the need for continued pharmacotherapy on a regular (e.g. monthly) basis
- Advise the patient that they may experience some side effects – headache, insomnia, nausea and dizziness are most frequent – usually in the first day or two of treatment but these are mostly mild to moderate in intensity and usually of short duration
- Provide ongoing psychosocial support – this does not have to be intense but what you would normally do in terms of adherence to any therapy and also to encourage reduced drinking behaviour (e.g. similar approach to that used in primary care for mental health brief advice)?
- Monitor alcohol consumption in terms of units consumed - the patient should have agreed a reduced consumption goal after 2 or 3 months of treatment – and for you to track progress towards their objectives

## Signposting

- This includes
  - Sign-posting to online resources ( e.g Soberistas, drink coach, change for life; include all websites)
  - Local support groups and well being centres ( use of map of medicine)
  - Onward referral where appropriate (e.g. substance misuse services, mental health services etc.)?

## Prescribing Notes

- Nalmefene  
<https://www.nice.org.uk/guidance/ta325>
- Thiamine hydrochloride  
[http://www.porthosp.nhs.uk/Downloads/Publications/Portsmouth and South East Hampshire Formulary August 2014.pdf](http://www.porthosp.nhs.uk/Downloads/Publications/Portsmouth%20and%20South%20East%20Hampshire%20Formulary%20August%202014.pdf)
- Chlordiazepoxide  
<http://www.nice.org.uk/guidance/cg115/resources/cg115-alcohol-dependence-and-harmful-alcohol-use-sample-chlordiazepoxide-dosing-regimens-for-use-in-managing-alcohol-withdrawal2>
- Acamprosate  
<http://www.southernhealth.nhs.uk/EasysiteWeb/getresource.axd?AssetID=40532&type=full&servicetype=Attachment>
- Disulfiram  
<http://www.nice.org.uk/guidance/cg115/chapter/guidance>
- Naltrexone  
[http://www.westhampshireccg.nhs.uk/documents/doc\\_view/302-naltrexone-for-maintaining-alcohol-abstinence-shared-care-guideline-august-2013](http://www.westhampshireccg.nhs.uk/documents/doc_view/302-naltrexone-for-maintaining-alcohol-abstinence-shared-care-guideline-august-2013)