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Epidemiology of AUD and Patient Stratification

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

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Dr. Salsitz:

This is CME on ReachMD, and I'm Dr. Edwin Salsitz. Here with me today is Dr. Annie Levesque.

We're all aware that screening patients for alcohol use disorder is important and worthwhile. Dr. Levesque, can you tell us about the prevalence and comorbidities associated with alcohol use disorder, and provide an overview of the DSM-5 criteria for diagnosis?

Dr. Levesque:

Yes, of course. So in 2021, there were approximately 29.5 million people who had a diagnosis of alcohol use disorder in the United States. And even though this is a very high prevalence, clinicians still have a lot of work to do in order to increase screening and treatment. Because about 30% of people with alcohol use disorder end up being screened, and only 10% of people with alcohol use disorder receive treatment. And that low treatment rate leads to a lot of negative health consequences. About 85,000 deaths are attributable to alcohol every year, and that's due to things like alcohol liver disease, cardiovascular complications, trauma, things like car accidents when people drive while intoxicated and many other health consequences of heavy alcohol use.

And sadly, the COVID-19 pandemic made things even worse, and we saw an increase of 25% in the number of deaths attributable to alcohol use, since the start of the pandemic.

In terms of diagnosing alcohol use disorder, we rely on the DSM-5 criteria. So the DSM-5 describes alcohol use disorder as a problematic pattern of alcohol use, leading to clinically significant impairment or distress within a 12-month period. And then there is a list of 11 criteria that describe different consequences that alcohol can have on a person's life and or on their health. And the number of criteria that are met determines the level of severity of the disorder. So if someone meets 2 or 3 core - criteria, we talk about a mild alcohol use disorder. moderate would be 4 or 5 criteria, and then when someone meets 6 or more criteria, we talk about a Severe Disorder.

Dr. Salsitz:

Yeah. I do think that alcohol, over the last few years, has really been an underappreciated cause of great harm. The opioids have taken all the energy out of the room, and alcohol is not discussed as much as it should be. I agree with all the points you've made. The new, I think, slant on alcohol now is that alcohol is a carcinogen, particularly its metabolite, acid aldehyde. And that there are 6 or 7 cancers that are specifically related to alcohol. And very importantly, one is breast cancer in women, even in women who only have one drink a day. So we have to be more vigilant about alcohol use disorder. We have to screen everybody, make it a normal part of the initial evaluation so that people don't feel stigmatized that they're being picked out to do it. It should be done on everyone. And then if you find that there is an alcohol use disorder, there should be some follow-up to that event.

Dr. Levesque:

Yes, I completely agree with you.

Dr. Salsitz:

Well, this has been a great bite-sized discussion. Unfortunately, our time is up. Thanks for listening.

Announcer:

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