

# Mindful Continuing Education

## Medication Treatment for Alcohol Use Disorder

### Introduction

1. A diagnosis of alcohol use disorder continues to carry significant social exclusion, which affects both the individual who receives the diagnosis and the health care professionals to whom that individual may turn for care, and according to the authors, in part, the social exclusion continues because:

- A. Alcohol misuse is considered a character flaw that can be controlled with willpower and effort
  - B. Of a lack of understanding of alcohol use disorder as a treatable medical disorder
  - C. Those who abuse alcohol are perceived as lacking moral integrity, which increases isolation and lack of help-seeking
  - D. Most doctors have not been trained to recognize the traits of substance abuse, so even if individuals seek treatment, their needs often continue to be unmet
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2. Each of the following is an accurate statement about the medications that have been shown to be effective in, and are approved by the Food and Drug Administration (FDA) for the management of alcohol dependence or the prevention of relapse to alcohol use EXCEPT:

- A. Acamprosate calcium is indicated for the maintenance of abstinence from alcohol in patients dependent on alcohol who are abstinent at treatment initiation
  - B. Disulfiram is an aid in the management of selected patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage
  - C. Oral buprenorphine is indicated for the treatment of alcohol dependence
  - D. Extended-release injectable naltrexone is indicated for the treatment of alcohol dependence in patients who have been able to abstain from alcohol in an outpatient setting
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### TABLE 1: Medications Approved for Use in the Treatment of Alcohol Use Disorder

3. With the use of disulfiram to treat alcohol use disorder, psychotic reactions have been noted, and these are likely attributable to:

- A. The unmasking of underlying psychoses in patients**
  - B. The toxic effects of alcohol, as opposed to being caused by brain structures that are organic or pre-existing**
  - C. Pathologic intoxication that occurs after one consumes a large amount of alcohol in one sitting**
  - D. Manifestations that present as a result of alcohol withdrawal**
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## **Screening and Assessing Patients**

**4. Screening for an alcohol use disorder can be conducted through use of a simple, validated self-report instrument such as the Alcohol Use Disorders Identification Test, or by asking the single interview question: “How many times in the past year have you had \_\_\_\_ or more drinks in a day?,” which would be:**

- A. Six drinks for men and five for women**
  - B. Five drinks for both men and women**
  - C. Five drinks for men and four for women**
  - D. Four drinks for both men and women**
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## **Assessing the Need for Medication-Assisted Treatment**

**5. When assessment results indicate that consideration of medication-assisted treatment for alcohol use disorder is warranted, attention should be given to the factors motivating a patient toward treatment, the potential for relapse, the severity of any concomitant medical and psychiatric problems, the patient’s ability to tolerate medications, whether the patient is pregnant, and:**

- A. The patient’s treatment history**
  - B. The strength of the patient’s support system**
  - C. The patient’s level of self-efficacy and trust in the process**
  - D. The patient’s stage of change level of self-efficacy and trust in the process**
- 

## **Physical Examination**

**6. Physical examination is particularly important for assessing the severity of alcohol use disorder, since most patients with the disorder exhibit specific abnormal findings during the physical examination.**

- A. True**
  - B. False**
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## **Developing a Treatment Plan and Selecting a Medication**

**7. According to the authors, when working with a patient who is unwilling to set a goal of complete abstinence, the clinician should support the patient in reducing his or her drinking as an interim goal unless the patient is pregnant, has a medical or psychiatric disorder that is associated with or exacerbated by alcohol use, or**

- A. Is taking a medication that may cause a harmful drug interaction**
  - B. Repeatedly engages in life-threatening behavior toward self or others when drinking**
  - C. Is participating in a court-ordered program that mandates abstinence**
  - D. Acknowledges an inability to use self-control or maintain accountability when drinking**
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## **Evaluating the Need for Medically Managed Detoxification**

**8. Which of the following is NOT a correct statement about alcohol withdrawal and detoxification?**

- A. Alcohol withdrawal syndrome can be severe and potentially fatal, so it is particularly important to assess the need for medically managed withdrawal**
  - B. Withdrawal generally begins within 12 to 24 hours after the blood alcohol level drops and can persist for 3 to 5 days**
  - C. Symptoms include restlessness, irritability, anxiety, and agitation; anorexia, nausea, and vomiting; tremor; elevated heart rate; increased blood pressure; insomnia, intense dreaming, and nightmares; poor concentration and impaired memory and judgment; increased sensitivity to sound, light, and tactile sensations**
  - D. Patients may experience auditory, visual, or tactile hallucinations; delusions; grand mal seizures; hyperthermia; delirium with disorientation concerning time, place, person, and situation; and fluctuations in level of consciousness**
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## **Integrating Pharmacologic and Nonpharmacologic Therapies**

**9. Almost all studies of medications for the treatment of alcohol use disorder have included some type of counseling, which typically includes a focus on encouraging abstinence, adherence to the medication regimen, and:**

- A. Educational and vocational services**
  - B. Behavioral strategies and skill development**
  - C. Participation in mutual-help groups**
  - D. Family interventions and services**
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## Treating Older Adults

10. Alcohol and other substance use are significant problems among older adults, in whom alcohol use disorder is associated with many health and social problems, and when diagnosing this population, clinicians should be cognizant of the challenges faced by this population group, including shame, misdiagnosis, and:

- A. That the problem may be minimized by the family
  - B. Isolation from others
  - C. Multiple medications they take may mask symptoms of addiction
  - D. An unwillingness to participate in treatment even if a problem is acknowledged
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## Disulfiram

11. Disulfiram disrupts the metabolism of alcohol, resulting in an unpleasant reaction, which can be severe whenever an individual taking disulfiram consumes alcohol, and it is generally recommended for those who are motivated for treatment and want to achieve abstinence, who are medically appropriate, who understand the consequences of drinking alcohol while taking disulfiram, and who:

- A. Have been unsuccessful with other treatment methods
  - B. Are abstinent at the time treatment and seeking a long-term option
  - C. Have co-occurring substance use disorders
  - D. Can receive supervised dosing
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## Naltrexone

12. While the actual neurobiological mechanisms by which naltrexone induces the reduction in alcohol consumption observed in alcohol dependent patients is not entirely understood, preclinical data suggest the involvement of the endogenous opioid system.

- A. True
  - B. False
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13. Acamprosate is a delayed release synthetic compound that is indicated for maintaining abstinence in patients who are alcohol dependent and are abstinent at the time treatment is initiated, and its efficacy is primarily due to:

- A. Its ability to reduce relapse to heavy drinking
- B. Its ability to reduce the negative symptoms associated with the period immediately

following alcohol withdrawal

- C. Its ability to prevent and limit relapse to alcohol use for patients who haven't had success with other treatment methods
  - D. Its proven success with patient adherence
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## **Treating People with Co-Occurring Disorders**

14. Which of the following accurately describes the use of medication to treat alcohol use disorders in people with cooccurring psychiatric disorders?

- A. There are no known drug interactions between psychiatric medications and acamprosate and disulfiram
  - B. Naltrexone is contraindicated in the presence of psychosis because of the risk that it will exacerbate psychotic symptoms
  - C. If the patient exhibits symptoms of chronic depression or substance-induced depression that limits recovery potential, antidepressant therapy in the absence of contraindications should be considered
  - D. Acamprosate may increase blood levels of tricyclic antidepressants and long-acting hepatically metabolized benzodiazepines, thereby increasing the effects of those medications
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## **Monitoring**

15. Monitoring patient progress is an ongoing process, during which the patient is assessed on the three dimensions of adherence to the treatment plan, ability to maintain abstinence or reduced drinking, duration of periods of abstinence or reduced drinking, and levels of craving; and:

- A. Overall health status and social functioning
  - B. Improvement in personal and professional relationships
  - C. How their quality of life has changed
  - D. Degree to which coping and problem-solving skills have been enhanced
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## **Determining the Duration of Treatment**

16. Ideally, a decision to discontinue pharmacotherapy will be because the patient has maintained stable abstinence over a sustained period and reports substantially diminished craving for alcohol, the patient feels ready to discontinue the medication, and the patient is engaged in ongoing recovery activities.

- A. True

**B. False**

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