

Answers to Questions on Alcohol Use

See Table 1 for definitions:

1. C
2. B
3. D
4. A

B. The CAGE questionnaire is a 4-item screening test (see Box) that is best used to identify alcohol dependence rather than lower levels of problem drinking or binge drinking. This test performs poorly in the elderly. If less than 5 minutes of time is available during the clinic session for alcohol screening, the NIAAA recommends the use of the AUDIT-C (see Box) or physician questioning about heavy drinking days during the past year (if no time for administration of formal screening tool).

A. Percentage of carbohydrate deficient transferrin is the only FDA-approved laboratory marker to detect chronic heavy drinking and has a high specificity (in the absence of liver disease) but a sensitivity of only about 60%.

C. There is little empirical data to guide treatment decisions as an inpatient or outpatient but in general, the following groups should be admitted for alcohol detoxification: pregnancy, history of seizures, severe withdrawal or delirium, inability to follow-up daily, lack of reliable contact person and acute/chronic medical or psychiatric illness requiring hospitalization or that would be exacerbated/complicated by a hyperautonomic state. In patients with a history of seizure (as in the case presented), a long-acting benzodiazepine such as chlordiazepoxide or diazepam should be administered on a fixed schedule.

B. This patient's drinking pattern places her in the "at risk drinking" category. Brief interventions (see Box) are effective for patients with at risk drinking. For patients with alcohol abuse or dependence, psychosocial counseling strategies (such as 12-step facilitation) and drug agents are more effective when compared to brief interventions.