

**Alcohol Use  
MedPlex Clinic Discussion  
October 2009**

**Match the following clinical scenarios with the appropriate definition:**

1. 40 yo male who drinks a 12-pack of beer every Friday night with his friends. He has been charged twice in the past year for driving under the influence.
  2. 70 yo female who drinks 2-3 glasses of wine per night.
  3. 30 yo female who drinks nightly to "get a buzz" with increased alcohol use over the past couple of years to achieve the same effect; she acknowledges that her drinking is a problem but has not changed her behavior over time.
  4. 20 yo male college student who drinks 12 drinks per week but never more than 4 drinks per occasion.
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- A. Mild to moderate alcohol consumption
  - B. At-risk drinking
  - C. Alcohol abuse
  - D. Alcohol dependence

**Identify the incorrect statement regarding screening for alcohol use:**

- a. Annual screening for alcohol use is recommended by the NIAAA (National Institute on Alcohol Abuse and Alcoholism).
- b. The CAGE questionnaire is effective in identifying binge drinkers and has been shown to perform well in screening the elderly population.
- c. The NIAAA recommends the AUDIT questionnaire for screening if at least 5 minutes are available to address alcohol use at the clinic visit.
- d. Evidence supports the use of self-report for accurate assessments of drinking status.

**Which of the following is the only laboratory marker approved by the FDA to detect chronic heavy drinking:**

- a. Carbohydrate deficient transferrin
- b. Gamma glutamyl transferase
- c. Aspartate and alanine aminotransferases
- d. Mean corpuscular volume

**A 40 yo male with a long history of heavy alcohol use and a history of seizure in the past presents within 24 hours of his last drink. He denies any other drug use but states that he "needs help". On examination, his pulse rate is 120/min and BP is 172/96 mm Hg. He is moderately tremulous and is having visual hallucinations. What is the most appropriate management?**

- a. Admit the patient and give clonidine.
- b. Admit the patient and give lorazepam.
- c. Admit the patient and give chlorthalidone.
- d. Prescribe outpatient chlorthalidone.
- e. Prescribe outpatient atenolol.

**A 34-year-old woman presents for routine care. On questioning, she reports drinking 1-2 alcoholic beverages each evening. On weekends, she may drink 4-5 drinks each evening. She describes a consistent pattern of use for several years and denies social or legal problems related to alcohol use. She denies morning alcohol use, denies interest in cutting back and denies feeling guilty about her alcohol use. She reports that her husband intermittently encourages her to decrease her alcohol use. What is the most appropriate intervention at this point?**

- a. Reassure the patient that there is no evidence of alcohol abuse or dependence.
- b. Intervene briefly to identify drinking patterns and to set common goals on future use.
- c. Begin inpatient detoxification.
- d. Prescribe benzodiazepines for supporting cessation.
- e. Prescribe disulfiram.