

Recommendations for alcohol abuse

Recommendation 1: Screening by questionnaire delivered by general practitioners and other primary health care professionals is a cost-effective assessment of the pattern of alcohol use.

Recommendation 2: AUDIT is recommended as a screening tool to assess the pattern of alcohol use in primary health care, in the general population (I).

Recommendation 3: Screening tool AUDIT should be used in patients with mental disorders and other chronic conditions to assess the pattern of alcohol use (V).

Recommendation 4: Training of general practitioners and other primary health care professionals how and when to use AUDIT as a screening tool should be implemented to all levels of education (III-3).

Recommendation 5: Brief interventions in primary health care by general practitioners and primary health care professionals are recommended to people with hazardous or harmful drinking (II).

Recommendation 6: Specialist detoxification programs recommended to alcohol dependent people (II).

Recommendation 7: The primary health care professionals should support, advice family members to advocate the alcohol users in order to use proper non-pharmacological therapeutic approaches (e.g. brief interventions, motivational interviews, cognitive behavioural therapy) (II).

Recommendation 8: Benzodiazepines and cloromethiazole could be used, under special conditions, in primary health care to manage withdrawal symptoms in alcohol detoxification (I), but for a maximum period of about seven days (II).

Recommendation 9: Treatment with high-dose thiamine should be used by all patients with Wernicke encephalopathy, under special conditions (II).

Recommendation 10: Under special conditions, the use of acamprosate is recommended, prescribed and well supervised by general practitioners with cost/effective criteria, in newly detoxified dependent patients (II).

Recommendation 11: Patients with alcohol related problem should first treated for the alcohol problem and at the same time PHC practitioners should assess comorbid anxiety or depression

Recommendation 12: Treatment of anxiety and/or depression should be given after withdrawal syndrome (V).

Recommendation 13: If depressive symptoms (DSM-IV criteria) persist for more than two weeks following treatment for alcohol dependence, psychological treatment along with relapse prevention treatment should be given (II).

Recommendation 14: Patients with psychotic disorder and alcohol dependence should be encouraged to address the alcohol use and may benefit from motivational, cognitive behavioural, family and non-confrontational approaches (III-3).

Recommendation 15: Training on brief interventions alcohol misusers for general practitioners, practice nurses and health visitors to alcohol users in the identification of and delivery of a brief intervention should be implemented (IV).

Recommendation 16: If the score in AUDIT test is over/above 15, referral to specialist services should be considered (II).

Recommendation 17: Access to specialist services in order to prevent relapse, should be facilitated in alcohol-dependent patients (IV).

Recommendation 18: Primary health care professionals should keep in contact over the long term with patients previously treated by specialist services for alcohol dependence (II).

Screening for assessment of the pattern of alcohol use in PHC

