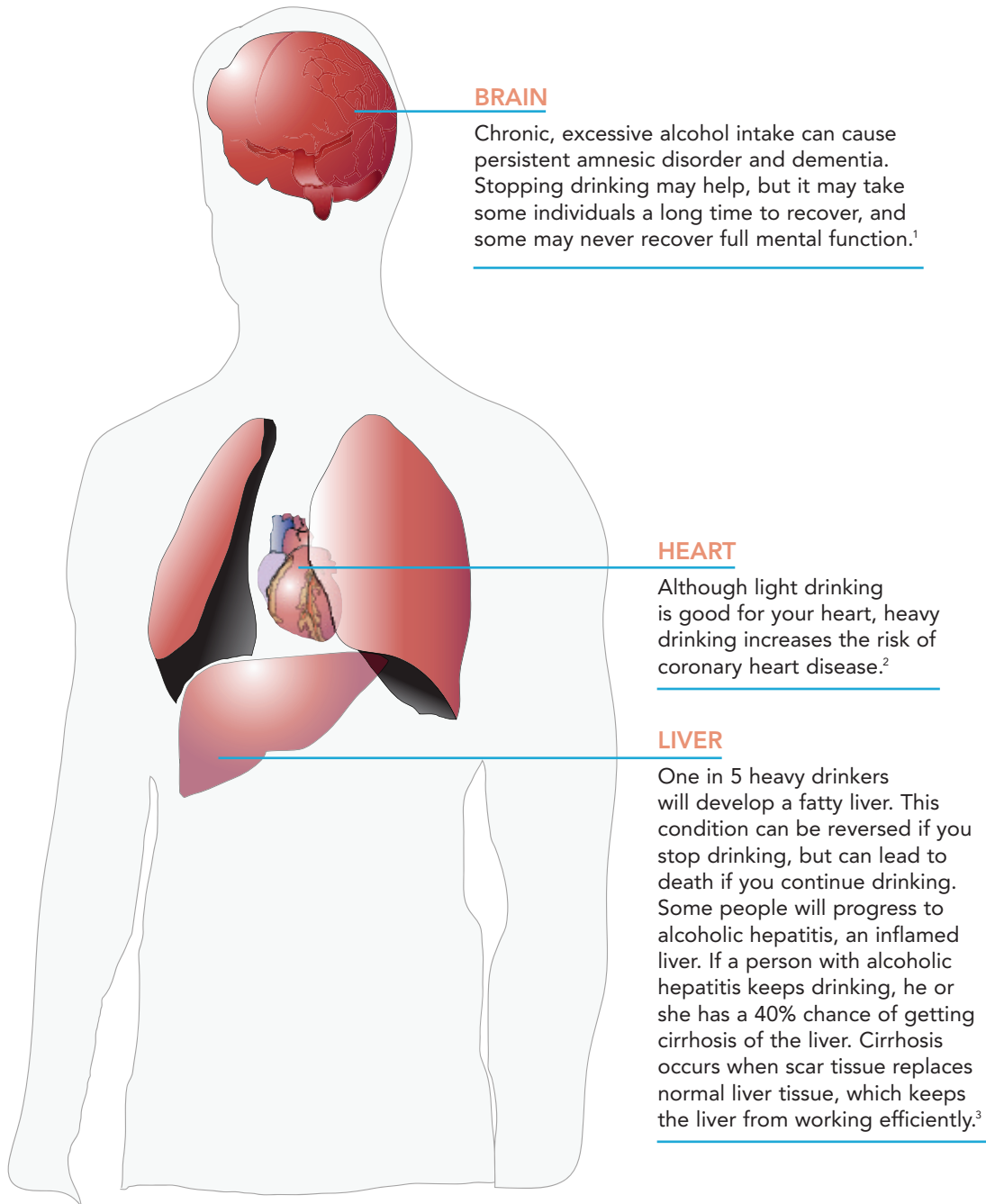


## PATIENT EDUCATION MATERIALS

# HOW DOES ALCOHOL AFFECT YOUR BODY?

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1. Oscar-Berman M, Marinkovic K. Alcoholism and the brain: an overview. *Alcohol Res Health*. 2003;27:125-133.

2. Rehm J, Room R, Graham K, Monteiro M, Gmel G, Sempos CT. The relationship of average volume of alcohol consumption and patterns of drinking to burden of disease: an overview. *Addiction*. 2003;98:1209-1228.

3. Mann RE, Smart RG, Govoni R. The epidemiology of alcohol liver disease. *Alcohol Res Health*. 2003;27:209-219.

## PATIENT EDUCATION MATERIALS

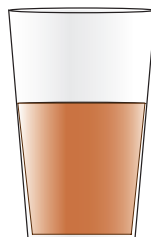
### STANDARD DRINK SIZES

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12 oz  
of beer  
or cooler



8-9 oz  
of malt  
liquor



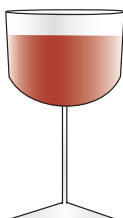
5 oz  
of table  
wine



3-4 oz  
of fortified  
wine (such  
as sherry  
or port)



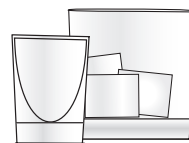
2-3 oz  
of cordial,  
liqueur, or  
aperitif



1.5 oz  
of brandy  
(a single  
jigger)



1.5 oz  
of spirits  
(a single  
jigger of  
80-proof  
gin, vodka,  
whiskey, etc.)



When determining if you or someone you know is a heavy drinker, keep in mind that these are standard drink sizes. Each of these drinks contains the same amount of alcohol, even though the size of the beverages varies.

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National Institute on Alcohol Abuse and Alcoholism. *Helping Patients Who Drink Too Much. A Clinician's Guide. 2005 Edition.* Washington, DC: National Institutes of Health, US Department of Health and Human Services; 2005.

## PATIENT EDUCATION MATERIALS

# ARE YOU ALCOHOL DEPENDENT?

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**Alcohol dependence** is the most severe alcohol use disorder. People who meet three or more of the following criteria within 1 year are diagnosed with alcohol dependence:

- Evidence of tolerance
  - Needing to drink more to get intoxicated
  - The effects of alcohol intoxication are reduced with continued use of the same amount of alcohol
- Symptoms of withdrawal
  - Examples of symptoms include sweating, nausea, vomiting, and anxiety
  - The symptoms must not be due to another medical condition and must cause problems at work or in your personal life
- Repeatedly drinking more than intended
- Repeatedly unable to cut down or stop drinking, or a constant desire to do so
- Spending a lot of time drinking alcohol, recovering from the effects of alcohol, or obtaining alcohol
- Giving up other important activities for alcohol-related activities
- Drinking alcohol despite persistent or repeated physical or psychological problems

**Alcohol abuse** is a less serious, but still significant, alcohol use disorder. Alcohol abuse is diagnosed if there is a maladaptive pattern of use leading to one or more of the following problems within 1 year:

- Failure to fulfill role obligations due to repeated use of alcohol
  - Examples include absences at work or school, neglect of responsibilities
- Recurring use of alcohol in hazardous situations
  - Examples include driving under the influence or operating a machine while intoxicated
- Recurring alcohol-related legal problems
  - Examples include alcohol-related arrests, alcohol-related disorderly conduct
- Continued alcohol use despite persistent or repeated interpersonal problems
  - Examples include arguments about drinking behavior or physical fights

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American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*. Arlington, VA: American Psychiatric Association; 2000.

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Even if your drinking does not meet the criteria for alcohol dependence or abuse, it may still put you at risk for health problems. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines at-risk drinking as:

- Men
  - More than 4 drinks/day or more than 14 drinks/week
- Women
  - More than 3 drinks/day or more than 7 drinks/week

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National Institute on Alcohol Abuse and Alcoholism. *Helping Patients Who Drink Too Much: A Clinician's Guide*. 2005 Edition. Washington, DC: National Institutes of Health, US Department of Health and Human Services; 2005.



# PATIENT EDUCATION MATERIALS

## TREATMENTS FOR ALCOHOL DEPENDENCE

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### Treatments for alcohol dependence

#### I. Psychosocial interventions

- Examples of common psychosocial interventions for the treatment of alcohol dependence include:
  - Cognitive-behavioral therapy (CBT)<sup>1</sup>
    - Focuses on managing thoughts about alcohol, cravings for alcohol, refusing drinks, and avoiding situations that might lead to relapse
  - Motivational enhancement therapy (MET)<sup>1</sup>
    - Attempts to motivate people to commit to changing their behavior. Emphasizes increased personal responsibility and enlisting personal resources
  - Twelve-step facilitation (TSF)<sup>1</sup>
    - Introduces people to the first three steps of the Alcoholics Anonymous (AA) program and encourages participation in AA
  - Combined behavioral intervention (CBI)<sup>2</sup>
    - Integrates aspects of CBT, MET, and TSF

#### II. Medication (combined with psychosocial support)

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1. Project MATCH Research Group. Project MATCH: rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcohol Clin Exp Res*. 1993;17:1130-1145.
2. Anton RF, O'Malley SS, Ciraulo DA, et al. Combined pharmacotherapies and behavioral interventions for alcohol dependence. The COMBINE Study: a randomized controlled trial. *JAMA*. 2006;295:2003-2017.



## PATIENT EDUCATION MATERIALS

# MEDICATIONS FOR ALCOHOL DEPENDENCE

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The 4 medications listed below have been approved by the US Food and Drug Administration for the treatment of alcohol dependence. These medications work in different ways to help you stop drinking. Ask your doctor if one of these medications might help you.

Medication	Route of Administration	Frequency
Disulfiram (Antabuse®)	Oral	One tablet, once a day*
Naltrexone (Depade®, ReVia®)	Oral	One tablet, once a day
Acamprosate (Campral®)	Oral	Two tablets, three times a day
Naltrexone for extended-release injectable suspension (Vivitrol®)	Injection	Once a month

\*Should not be given until patient has abstained from drinking alcohol for at least 12 hours.

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Antabuse [package insert]. East Hanover, NJ: Odyssey Pharmaceuticals, Inc.; 2002. Depade [package insert]. St. Louis, MO: Mallinckrodt, Inc; 2001. ReVia [package insert]. Pomona, NY: Duramed Pharmaceuticals, Inc.; 2005. Campral [package insert]. St. Louis, MO: Forest Laboratories; 2005. Vivitrol [package insert]. Cambridge, MA: Alkermes, Inc. and Frazer, PA: Cephalon, Inc.; 2006.



### ARE YOU READY TO CHANGE?

People change their behavior when they

- Become interested in or concerned about the need for change
- Are convinced that change is in their best interest or will benefit them more than cost them
- Make a plan of action for change
- Take action to change and sustain change