

APA releases new practice guideline on treatment of alcohol use disorder

January 8 2018, by Glenn O'neal

Today, the American Psychiatric Association (APA) released a new practice guideline on the treatment of alcohol use disorder. This practice guideline provides evidence-based statements designed to increase knowledge of the disorder and ensure the appropriate use of medications. An executive summary of the guideline is published in the *American Journal of Psychiatry*, available online today. The full guideline, executive summary and related materials are available at psychiatry.org/psychiatrists/practice/clinical-practice-guidelines.

"This new guideline is an important step in bringing effective, evidence-based treatments for [alcohol use disorder](#) to many more people and in helping address the [public health](#) burden of [alcohol](#) use," said APA President Anita Everett, M.D.

The estimated lifetime prevalence rate for alcohol use disorder in the U.S. is 29 percent, and it places a significant strain on individuals, their families and on public health. Effective, evidence-based interventions are available, yet alcohol use disorder remains undertreated. Fewer than one in 10 individuals in the U.S. with a 12-month diagnosis of alcohol use disorder receive any [treatment](#).

The Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder focuses specifically on evidence-based pharmacological treatments for alcohol use disorder.

Guideline recommendations

- Naltrexone and acamprosate are recommended to treat patients with moderate to severe alcohol use disorder in specific circumstances (e.g., when nonpharmacological approaches have not produced an effect or when patients prefer to use one of these medications).
- Disulfiram produces physical reactions (e.g., flushing) if alcohol is taken within 12-24 hours of the medication use and is not generally used as a first-line treatment.
- Topiramate and gabapentin are also suggested as medications for patients with moderate to severe alcohol use disorder, but typically after trying naltrexone and acamprosate first.

The guideline also includes statements related to assessment and treatment planning. Evidence-based psychotherapeutic treatments for alcohol use disorder, including cognitive-behavioral therapy, 12-step facilitation, and motivational enhancement therapy, also play a major role in treatment. In addition, community-based peer support groups such as Alcoholics Anonymous (AA) and other programs are helpful for many patients. However, specific recommendations related to these treatments are outside the scope of this guideline.

The guideline was approved by the APA Board of Trustees in July 2017. It was developed using a systematic process that is intended to be consistent with the recommendations of the Institute of Medicine and the Council of Medical Specialty Societies and to meet requirements for inclusion in the National Guidelines Clearinghouse.

Provided by American Psychiatric Association

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