

Changing treatment practices for alcohol use disorder could save lives

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Treatment practices in Canada and abroad need to change in order to help more people with alcohol use disorder, according to a CAMH-led article just published in *The Lancet*.

More than 1 million Canadians have alcohol use disorders in any given year, but the vast majority never receives professional help. Despite interventions for alcohol use disorders being effective and—if performed according to current guidelines—cost-saving, they are rare in Canada and elsewhere in the world.

According to senior author Dr. Jürgen Rehm, Senior Scientist at Institute for Mental Health and Policy Research at the Centre for Addiction and Mental Health (CAMH), improved and routine screening should start in [primary care](#) and should be followed by accessible specialized care when required.

"Clinical interventions for alcohol use disorders need to start at the primary care level, if average consumption exceeds more than two drinks a day," said Dr. Rehm, "General practitioners should regularly be asking their patients about alcohol intake, and initiate interventions if required."

Stigma is one of the main reasons for a lack of intervention in primary care. While stigmatization of other mental disorders—for instance for [major depression](#)—has markedly improved over the last decades, no such improvement has been seen for alcohol use disorders. Stigma may lead patients to conceal their heavy alcohol consumption, and [general practitioners](#) may fail to ask them about it.

If a disorder is detected, safe and effective medications are available for use in primary health care. Co-author Markus Heilig, an international expert on the pharmacology of addictive disorders and director of the Center for Social and Affective Neuroscience at Linköping University, Sweden, adds: "Approved medications for alcohol use disorders are no less effective than other widely used [medical treatments](#). They are also safe, well tolerated. And they are cheap. Yet they are only prescribed to a small minority of patients. This needs to change."

Two additional best practices can help ensure that specialized treatment is effective, according to the authors: wait lists for specialist treatment should be minimal and primary care providers should be involved in the patient's after care.

Provided by Centre for Addiction and Mental Health

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