

American Society for Nutrition

**Drink Equivalents and Counseling
Patients on Alcohol Consumption**

November 30, 2017

*Supported by an educational grant from:
The Beer Institute*



A Few Reminders

CPE Credit

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- To claim credit, please take the post webinar evaluation to be emailed after the webinar.

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Patient Education Handout

What do I need to know about alcohol?



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Excellence in Nutrition Research and Practice
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How much can I drink?

- Up to 1 drink a day for women
- Up to 2 drinks a day for men

How much is one drink?

A drink, or "drink equivalent" is:

- 12 ounces (oz) of beer (5% alcohol by volume, or ABV)
- 5 oz of wine (12% ABV)
- 1.5 oz of hard liquor (40% ABV)

DRINK EQUIVALENT

A drink contains .6 oz or 14 grams of alcohol. This is also called a *drink equivalent*. Drinks with a higher alcohol content may have more than one *drink equivalent* in a serving.

Not all drinks are the same. Drinks vary depending on the portion size and how much alcohol is in them. For example:

- 1 can of beer counts as about 1-2 drinks
- 1 glass of wine counts as about 1-2 drinks
- 1 cocktail counts as about 1-4 drinks

What is the alcohol content of beer?

Most beer ranges from 4.2% to 11% alcohol.

ALCOHOL BY VOLUME

The amount of alcohol in a drink is called *Alcohol by Volume (ABV)*. The more alcohol, the higher the ABV.

How many servings of alcohol are in a 12 oz can of beer?

It depends on how much alcohol is in the beer.

- If the beer is 5% ABV, then it is 1 drink equivalent
- If the beer is 9% ABV, then it's almost 2 drink equivalents
- If it is light beer with 4.2% ABV, then it is less than 1 drink equivalent



What is the alcohol content of wine?

Most wines range from 12% to 17% alcohol.

How many servings of alcohol are in 5 oz of wine?

- A 12% ABV wine is 1 drink equivalent
- A 17% ABV wine is 1.4 drink equivalents



What is the alcohol content of hard liquor?

Liquor (80 proof) is usually about 40% alcohol. If you drink it straight, 1.5 oz is 1 drink equivalent. One oz of 100 proof liquor (50% alcohol) is also 1 drink equivalent.



A mixed drink can be more than 1 drink equivalent.

- 6 oz of mojito counts as about 1.3 drink equivalents
- 6 oz of margarita counts as about 3.4 drink equivalents



continued on reverse

What do I need to know about alcohol?



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continued from reverse

How can I find out if my drink counts as more than one?

Alcohol often lists the ABV on the label. The higher the ABV, the more alcohol. You can compare labels to see which drinks have less alcohol. If you are at a bar or restaurant, ask your server.

- Half a pint of hard liquor is 4.5 servings



- A 40 ounce bottle of malt liquor is 4.7 servings



Portion Size

If you drink beer from a 12 oz can, then it's easy to know how much you get. But what about a glass or mug? You may be getting a lot more than you think.

- A 22 oz. souvenir cup equals almost 2 cans of beer



Calorie content

If you want to lose weight, try these tips:

- Cut how much alcohol you drink
- Drink from a smaller glass
- Drink light beer instead of regular
- Try dry wine instead of sweet
- When mixing cocktails, use sugar free mixers like diet soda or diet tonic



- A regular bottle of wine holds 5 servings

Tips to slow down:

- Don't drink on an empty stomach
- Sip slowly
- Space out your drinks. Have a sparkling water or diet soda between alcoholic drinks
- Know the common size of your favorite drinks

Who should avoid alcohol?

For many people, it's not safe to drink alcohol. You shouldn't drink if you:

- Are going to drive
- May be pregnant
- Are under 21
- Have a history of alcohol abuse
- Have certain medical conditions
- Take certain medicines
- Had a doctor tell you not to

If you have questions, ask your doctor if alcohol is safe for you.

If someone you know drinks too much, get help at 1-800-662-HELP.

References:
2015-2020 Dietary Guidelines for Americans
National Institute on Alcohol Abuse and Alcoholism

For more information on alcohol, go to www.RethinkingDrinking.niaaa.nih.gov

The *Dietary Guidelines for Americans* does not recommend that people who do not drink, start drinking.

Supported by an educational grant from: The Beer Institute

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Questions & Answers

- Please use the “questions” box on your “Go To Meetings” screen to submit questions to our presenters.
- Please submit your questions at any time during today’s webinar.

Faculty

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Learning Objective

At the end of this program, attendees will be able to:

1. Describe alcohol drink-equivalents and the impact on alcohol intake recommendations
2. Discuss common screening tools and communication techniques that decrease patient and health practitioner anxiety in discussing alcohol consumption

2015-2020 Dietary Guidelines for Americans: Guidance Related to Alcohol

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U.S. Department of Health and Human Services



- None

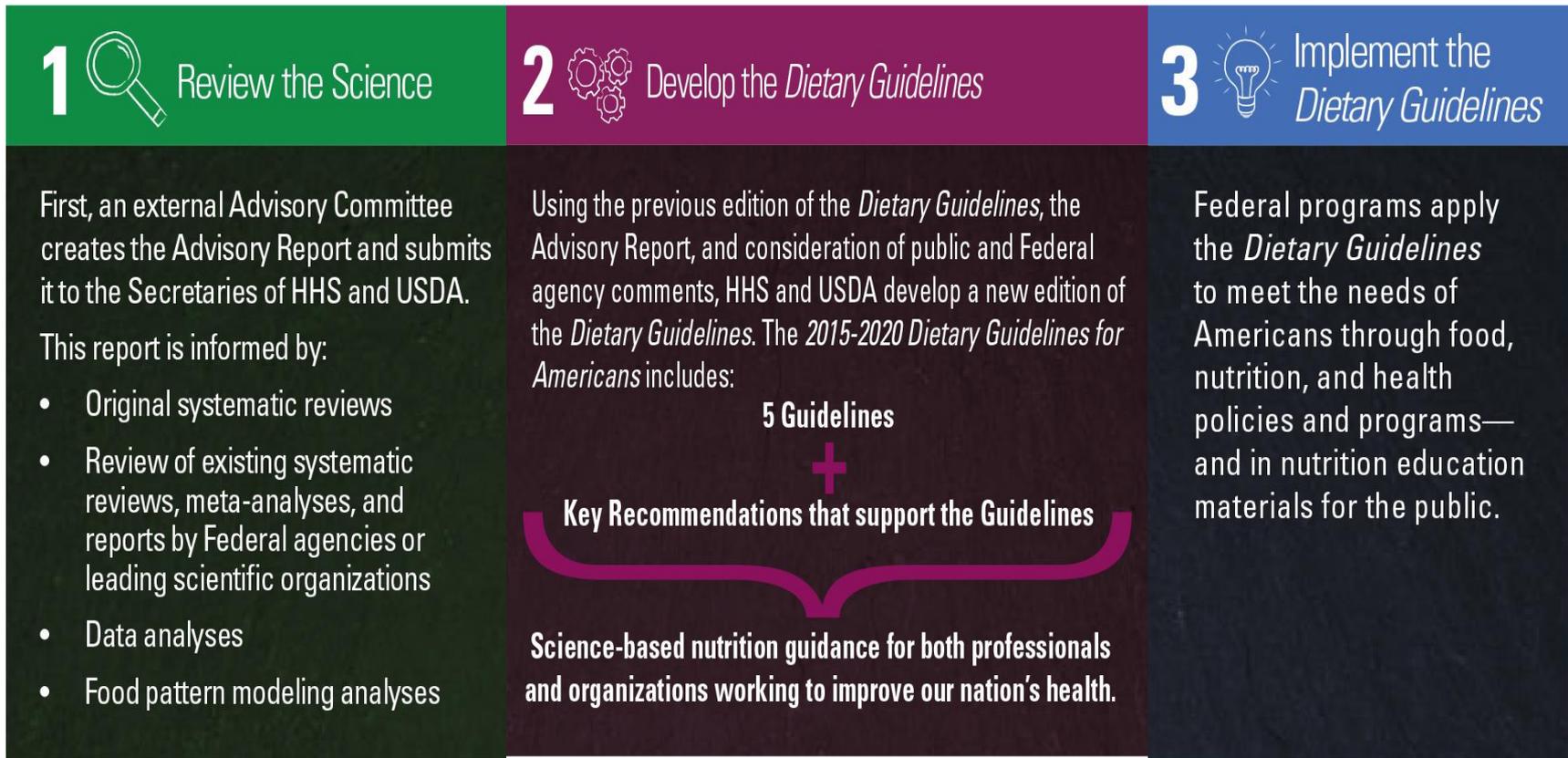
- Food-based recommendations
- Help promote health and prevent chronic disease (*not* treatment)
- For implementation through Federal nutrition and health programs
 - Does not dictate how recommendations are implemented through agency-level policies and programs
- For voluntary use by other health professionals and the community
 - To promote healthy food and physical activity choices *and settings*

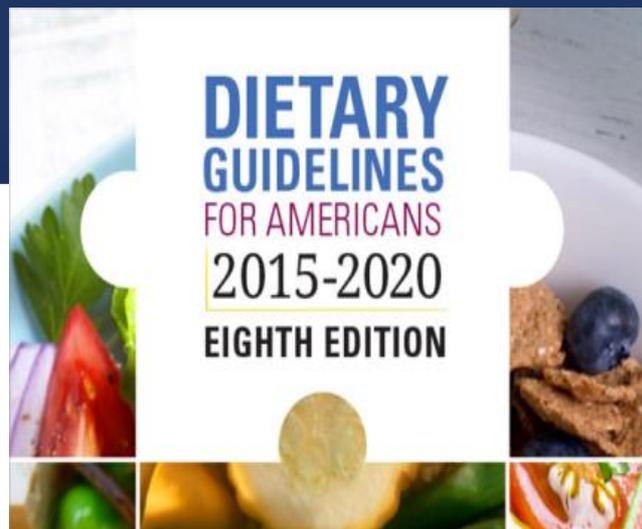


**Updated every 5 years by USDA and HHS
based on current scientific evidence on
nutrition and health**

DietaryGuidelines.gov

An overview, based on the 2015-2020 Dietary Guidelines process...





- 1. Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
- 2. Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.

- 3. Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
- 4. Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
- 5. Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.



Key Elements of Healthy Eating Patterns

Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.

A healthy eating pattern includes:

- A variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other
- Fruits, especially whole fruits
- Grains, at least half of which are whole grains
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
- Oils

A healthy eating pattern limits:

- Saturated fats and trans fats, added sugars, and sodium



Key Recommendations

- **Key Recommendations** that are quantitative are provided for several components of the diet that should be limited.

These components are of particular public health concern in the United States. The specified limits can help individuals achieve healthy eating patterns within calorie limits:

- Consume less than 10 percent of calories per day from added sugars
 - Consume less than 10 percent of calories per day from saturated fats
 - Consume less than 2,300 milligrams (mg) per day of sodium
 - If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men—and only by adults of legal drinking age
-
- Meet the Physical Activity Guidelines for Americans



Associated with the Key Recommendation...

- It is not recommended that individuals begin drinking or drink more for any reason.
- The amount of alcohol and calories in beverages varies and should be accounted for within the limits of healthy eating patterns.
- There are many circumstances in which individuals should not drink, such as during pregnancy.

Mixing alcohol and caffeine

- Not generally recognized as safe by the FDA
- People who mix alcohol and caffeine may drink more alcohol and become more intoxicated than they realize, increasing the risk of alcohol-related adverse events.
- Caffeine does not change blood alcohol content levels, and thus, does not reduce the risk of harms associated with drinking alcohol.

One alcoholic drink-equivalent is defined as containing
14 grams (0.6 fl oz) of pure alcohol.

Reference beverages that are one alcoholic drink-equivalent:

- 12 fluid ounces of regular beer at 5% alcohol
- 5 fluid ounces of wine at 12% alcohol
- 1.5 fluid ounces of 80 proof distilled spirits at 40% alcohol

“Drink-equivalents in the Dietary Guidelines are not intended to serve as a standard drink definition for regulatory purposes.”

Table A9-1.
Alcoholic Drink-Equivalents^[a] of Select Beverages

Drink Description	Drink-Equivalents ^[a]
Beer, Beer Coolers, & Malt Beverages	
12 fl oz at 4.2% Alcohol ^[b]	0.8
12 fl oz at 5% Alcohol (Reference Beverage)	1
16 fl oz at 5% Alcohol	1.3
12 fl oz at 7% Alcohol	1.4
12 fl oz at 9% Alcohol	1.8
Wine	
5 fl oz at 12% Alcohol (Reference Beverage)	1
9 fl oz at 12% Alcohol	1.8
5 fl oz at 15% Alcohol	1.3
5 fl oz at 17% Alcohol	1.4
Distilled Spirits	
1.5 fl oz 80 Proof Distilled Spirits (40% Alcohol) (Reference Beverage)	1
Mixed Drink With More Than 1.5 fl oz 80 Proof Distilled Spirits (40% Alcohol)	>1 ^d

Consider variability in alcohol content and portion size

To calculate drink-equivalents...

- Multiply the volume in ounces by the alcohol content in percent and divide by 0.6 ounces of alcohol per drink-equivalent

Example: 16 fl oz beer at 5% alcohol

$$(16 \text{ fl oz})(0.05)/0.6 \text{ fl oz} = 1.3 \text{ drink-equivalents}$$

- Contributions from calories from alcoholic beverages should be within the various limits of healthy eating patterns
 - Alcohol (~7 cal/g)
 - Added sugars (~4 cal/g)
 - Solid fats (~9 cal/g)
- One drink-equivalent
 - 14 g pure alcohol
 - 98 calories
 - Total calories dependent on
 - Alcohol amount/percentage
 - Other ingredients
 - Portion size

Beverage	Total calories
7 oz rum & cola	155 cal
12 oz beer (5% alc)	150 cal
5 oz wine (12% alc)	120 cal

All have 98 calories from alcohol, but different total calories

Dietary Patterns & Limits on Calories for Other Uses

- Patterns designed to meet food group and nutrient recommendations while staying within calorie needs
- Based on foods in nutrient-dense forms
- Alcohol is not a component of any of the eating patterns suggested in the DGA
- Remaining calories can be used to
 - Eat foods that are not in nutrient-dense forms
 - Eat more than the recommended amount of nutrient-dense foods
 - Consume alcohol within limits

Healthy U.S.-Style Eating Pattern at the 2,000-Calorie Level, With Daily or Weekly Amounts From Food Groups, Subgroups, & Components

Food Group*	Amount ⁽¹⁾ in the 2,000-Calorie-Level Pattern
Vegetables	2½ c-eq/day
Dark Green	1½ c-eq/wk
Red & Orange	5½ c-eq/wk
Legumes (Beans & Peas)	1½ c-eq/wk
Starchy	5 c-eq/wk
Other	4 c-eq/wk
Fruits	2 c-eq/day
Grains	6 oz-eq/day
Whole Grains	≥ 3 oz-eq/day
Refined Grains	≤ 3 oz-eq/day
Dairy	3 c-eq/day
Protein Foods	5½ oz-eq/day
Seafood	8 oz-eq/wk
Meats, Poultry, Eggs	26 oz-eq/wk
Nuts, Seeds, Soy Products	5 oz-eq/wk
Oils	27 g/day
Limit on Calories for Other Uses (% of Calories)⁽²⁾	270 kcal/day (14%)



2015-2020 Dietary Guidelines for Americans: Guidance Related to Alcohol

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National Institute
on Alcohol Abuse
and Alcoholism

Alcohol – The Importance of Consumer Education

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Disclosures

AFFILIATION/FINANCIAL INTERESTS (prior 12 months)	CORPORATE ORGANIZATION
Grants/Research Support:	
Scientific Advisory Board/Consultant:	
Speakers Bureau:	
Stock Shareholder:	
Other	

Alcohol and health – A delicate balance

- Moderate consumption is generally safe and in some cases *might* convey some health benefits

“Over the last 2 decades, observational evidence largely supports an association between light to moderate alcohol consumption (up to 1 drink per day in women and up to 2 drinks per day in men) and a lower risk of cardiovascular disease (CVD), largely driven by a reduction in coronary heart disease.” (Matsumoto et al., 2014; PMID: 24667667)

- However, even at moderate levels, alcohol could be detrimental to health

Meta-analyses suggest for every 10 grams of alcohol consumed per day (slightly less than 1 drink) there is a small (7%) increase in risk of breast cancer and colorectal cancer

Risk is 50% higher for breast cancer at 3 drinks per day and colorectal cancer at 3.5 drinks per day

Risk of an Alcohol Use Disorder

Low-risk and moderate drinking guidelines for women and men

NIAAA defines “low risk” drinking with regard to developing alcohol use disorder (AUD) as having up to 7 drinks per week with no more than 3 on any one day for women, or having up to 14 drinks per week with no more than 4 on any one day for men. Only 2 out of 100 people who drink within these guidelines develop AUD. “At risk” or “heavy” drinking is defined as crossing those low risk thresholds.

US Dietary Guidelines define “moderate” drinking as up to 1 drink per day for women and up to 2 drinks per day for men.

Drinking beyond low risk or moderate guidelines increases the of likelihood of harm from injuries and disease. And any drinking while pregnant or taking medications that interact with alcohol should be avoided.

- Given evidence that drinking beyond moderate/low risk levels increases risk of harm it is important to educate consumers about appropriate serving sizes and drinking patterns
- Research suggests consumers generally not aware of definitions of standard servings and tend to pour larger than standard drinks
- Could pose health risks if consumers overpour due to lack of knowledge of appropriate serving sizes

Possible solutions?

Food and beverage labels

– Serving size required

New FDA food labeling requirements include the following:¹

Grape juice labels must contain:*

- Ingredients statement in descending order of predominance by weight
- Identity or the name of the food
- Net quantity of contents in weight, measure, or numeric count
- Name and address of the manufacturer, packer, or distributor; and
- Declaration of major allergens
- **Nutrition Facts Panel** listing nutrients and vitamins including saturated fat, trans fat, cholesterol, dietary fiber, sugars, added sugars, Vitamin D, potassium, calcium, and iron, **per serving and percent of Daily Values**

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

* Not an exhaustive list; ¹New [labelling requirements](#) announced May, 2016

Alcohol labelling

– Serving size not required¹

Most* alcoholic beverages regulated by the Alcohol and Tobacco Tax and Trade Bureau (TTB) not the Food and Drug Administration (FDA)

Wine labels must contain:

- Location and the country of the producer or bottler
- Name and address of importer (if there is one)
- Alcohol percentage by volume
- Sulfites warning
- The net content of the bottle
- The name of grape or class of wine (chardonnay, pinot noir, cabernet, etc.)
- **Government warning**

No serving size information required¹

But, TTB has approved a label that specifically references the US Dietary Guidelines, which defines a drink as being 0.6 fluid ounces of alcohol.



¹ Manufacturers can now choose to list it. More informative labels should be appearing on many beverage containers in the coming years; *FDA regulates wines < 7% ABV and beers not made from both malted barley and hops.

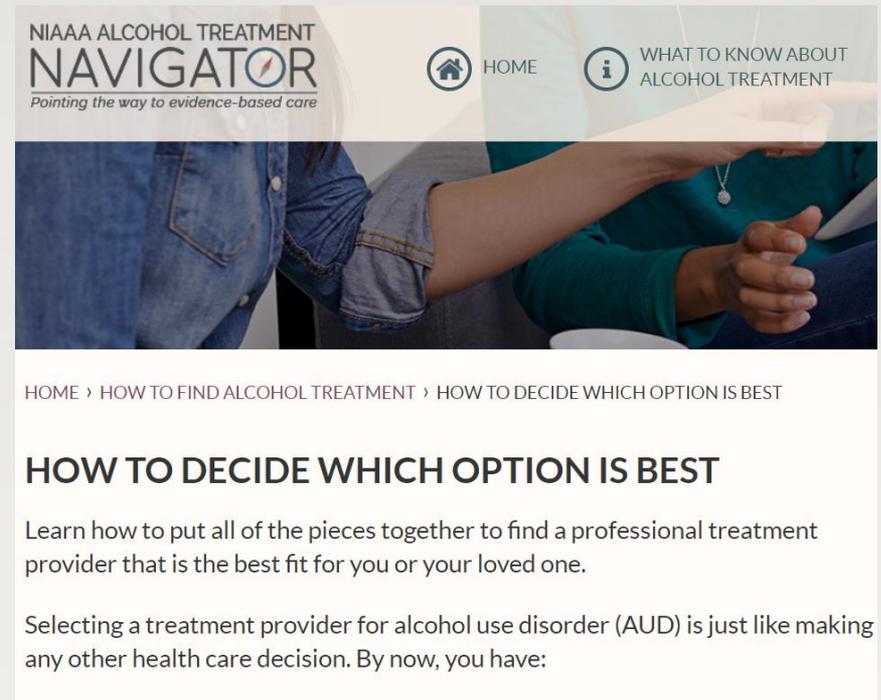
NIAAA – Rethinking Drinking and Treatment Navigator



- **Rethinking Drinking** explains standard serving and low-risk drinking and allows users to explore their own relationship with alcohol



- **Treatment Navigator** helps users concerned about their drinking determine what care to pursue and how to find it

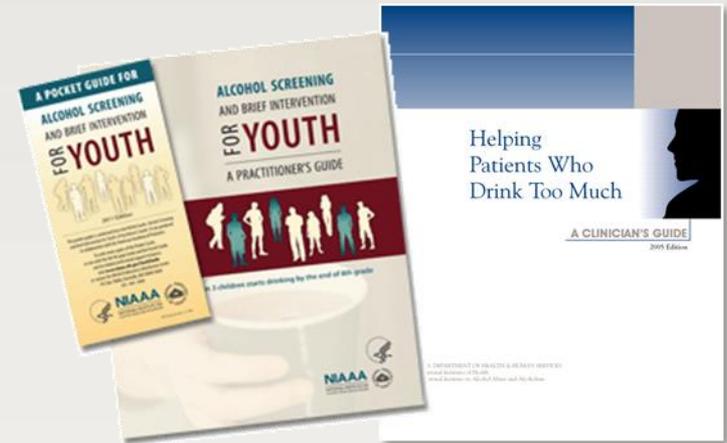


<https://www.rethinkingdrinking.niaaa.nih.gov/>

<https://alcoholtreatment.niaaa.nih.gov/>

Patient education in healthcare settings

- **4 out of 5 adults visits a healthcare provider each year at an average of 3 visits per person**
- Many health providers do not discuss alcohol with patients or perform screening or referrals for those who drink too much
- Study of 54 primary care clinics found 88% had no policies or requirements to ask patients about alcohol use, and no consistent evidence-based methods for screening or referral (Mertens et al., 2015)
- 4 out of 5 people 65+ who drink takes a medication that could interact with alcohol
- NIAAA is committed to increasing communication between healthcare providers and patients about alcohol

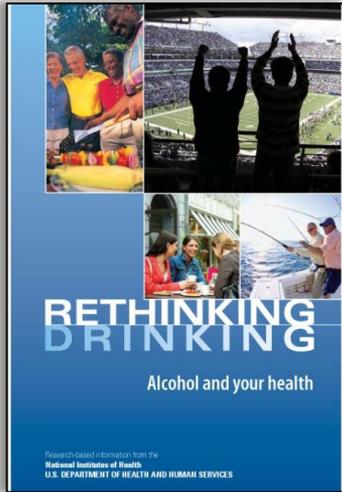


“Those Who Should Not Consume Alcohol

Many individuals should not consume alcohol, including individuals who are **taking certain over-the-counter or prescription medications** or who **have certain medical conditions**, those who are **recovering from alcoholism** or are **unable to control the amount they drink**, and **anyone younger than age 21 years**. Individuals should not drink if they are **driving, planning to drive, or are participating in other activities requiring skill, coordination, and alertness**.

Women who are or who may be pregnant should not drink. Drinking during pregnancy, especially in the first few months of pregnancy, may result in negative behavioral or neurological consequences in the offspring. **No safe level of alcohol consumption during pregnancy has been established.** Women who are breastfeeding should consult with their health care provider regarding alcohol consumption.”

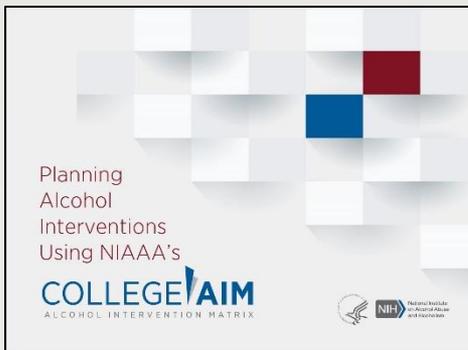
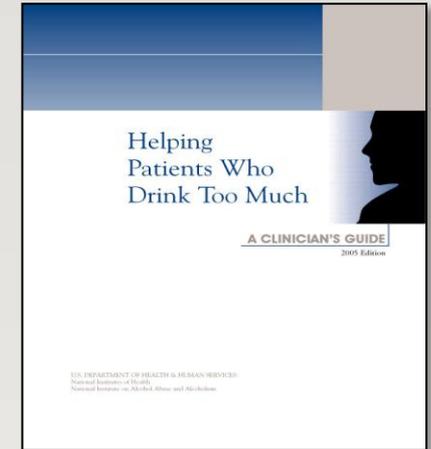
Thank You!



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Talking with Patients About Alcohol and Drugs

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Disclosures

AFFILIATION/FINANCIAL INTERESTS (prior 12 months)	CORPORATE ORGANIZATION
Grants/Research Support:	
Scientific Advisory Board/Consultant/Board of Directors:	
Speakers Bureau:	Alkermes, Inc.
Stock Shareholder:	
Employee:	
Other	

Substance Use Disorders: Prevalence

20.2 million Americans age 12 and older suffer with an alcohol, drug or combined disorder (8.4% of the population compared to 9.4% with **diabetes**)

(2014 National Survey on Drug Use and Health and American Diabetes Association, 2015)

Definition of Addiction: American Society of Addiction Medicine, 2011

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Provider Challenges in Screening for AOD use

- Provider anxiety and confidence
 - Knowledge gap
 - Own experiences, values and habits can create bias
 - Knowing approach can influence the patient
- Become self-aware which topics are difficult
 - Practice discussing these issues with others
- Educate yourself
 - Familiarize yourself with the science of addiction and recovery and treatment best practices
 - Become familiar with community resources

Anticipate Patient Discomfort

- May be defensive and protective
- Embarrassment
- Fear of being judged
- Cultural or religious norms
- Stigma
- Confidentiality
- Not following previous recommendations

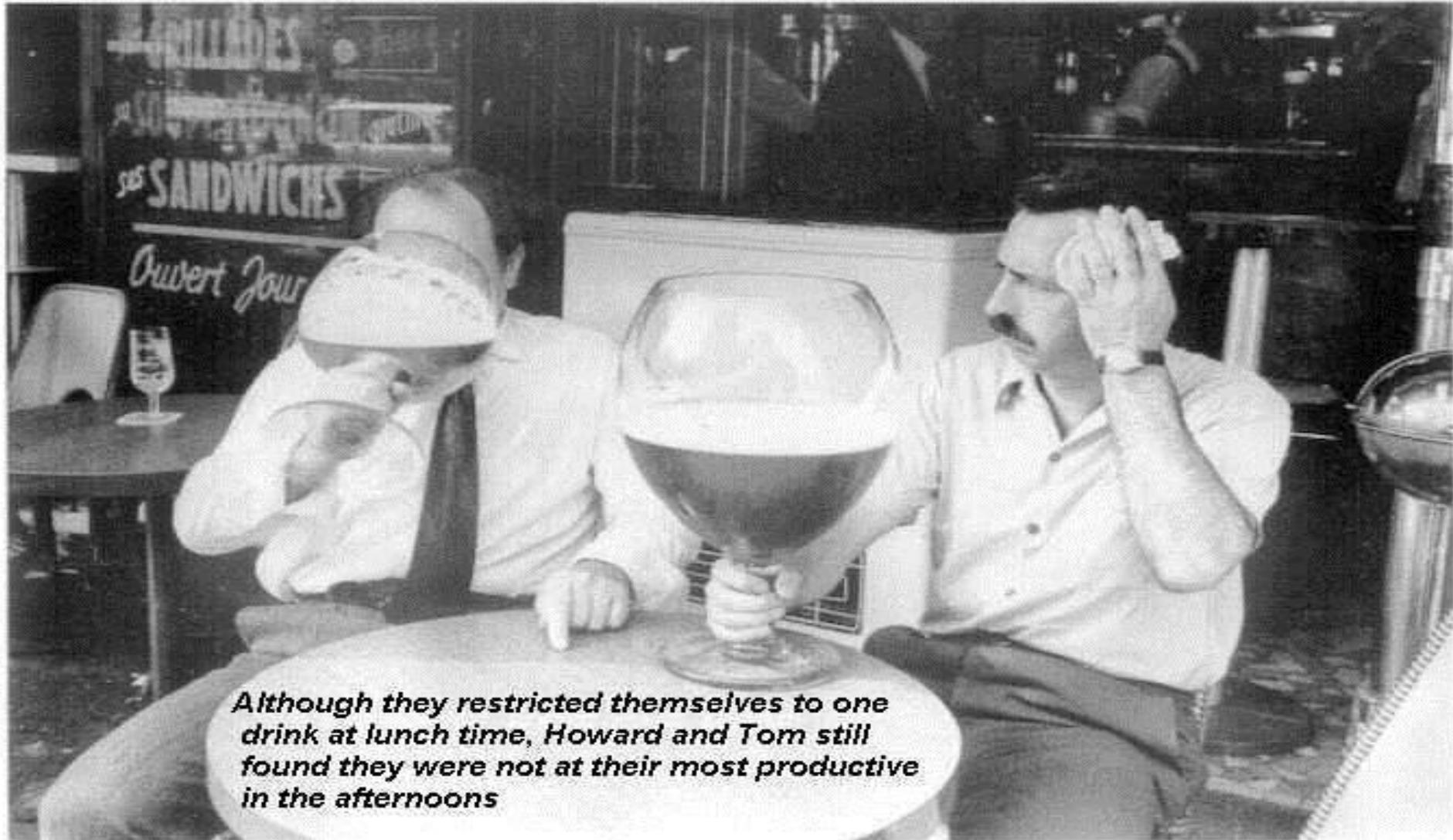
Set the Stage for Discussion

- **Normalize and avoid judgment – “we discuss behaviors that may affect your health with all our patients”**
- **Acknowledge your role as an “honest broker” regarding both benefits and risks of drinking**
 - **Light to moderate use may lower all cause and CVD mortality**
 - **Heavy or binge drinking may increase risk of all-cause and cancer-specific mortality**
 - **Alcoholism as a disease**
 - **Potential interaction with medications**
 - **Effect on disease management (e.g. diabetes, uncontrolled hypertension)**

Introduce The Screener

- Ask permission to administer while explaining the purpose of the screener –
 - “this is to assist us in supporting you to make an informed decision about your use of alcohol”
- Even if they don’t drink at all ask if they ever have and ask screening questions based on past use
- Before asking screening questions ask patient’s reason for using alcohol/drugs for (e.g. relax, cope, socialize?)
- Expect underreporting and be prepared to ask for concrete details (e.g. what, how much, how often and when) particularly when patient provides answers such as “some,” “sometimes,” “every now and then,” “on weekends,” and “I typically just drink 2 beers”

Tip of the Day: If you have patients who insist their doctors recommend they have at least 1 drink per day.....you may not want to rule out an alcohol use issue



Screening Instruments

- AUDIT
- CAGE
- MAST or SMAST
- DAST
- CRAFFT (for adolescents)
- POSIT (for adolescents)



Annual Screen: Alcohol

Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

- Single question recommended by NIAAA
- Sensitivity 82% and specificity 79% for risky drinking (Smith et al, 2009)

Annual Screen: Drugs

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>

- Single question recommended by NIAAA.
- Sensitivity 93% and specificity 94% for self reported drug use (Smith et al, 2010)

Screening Instrument - CAGE

- Have you ever felt you should **cut down** on your drinking?
- Have people **annoyed** you by criticizing your drinking?
- Have you ever felt bad or **guilty** about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**eye opener**)

A total score of 2 or greater is considered clinical significant

DAST-10

The Drug Abuse Screen Test (DAST-10) was designed in 1982 to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research.

In the past 12 months...

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you unable to stop abusing drugs when you want to?
4. Have you ever had blackouts or flashbacks as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?

Scoring: Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point. Score:

DSM-V Criteria

- Alcohol is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- Craving, or a strong desire or urge to use alcohol.
- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Recurrent alcohol use in situations in which it is physically hazardous.
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
- Tolerance, as defined by either of the following: a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect b) A markedly diminished effect with continued use of the same amount of alcohol.
- Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for alcohol b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

DSM-V Criteria

- The presence of at least 2 of these symptoms indicates an **Alcohol Use Disorder (AUD)**
- The severity of the AUD is defined as
 - **Mild:** The presence of 2 to 3 symptoms
 - **Moderate:** The presence of 4 to 5 symptoms
 - **Severe:** The presence of 6 or more symptoms

Evidence Based Models for Discussing Alcohol and Drug Use with Patients

- SBIRT
- Motivational Interviewing
- FRAMES

What is SBIRT?

- An evidence based and integrative approach for early intervention to reduce risk and prevent further consequences associated with substance abuse
- Increase patient awareness and enhance motivation
- Brief and effective
- Educational and non-confrontational
- Can be delivered in different settings by multiple disciplines
- Recognized as a best practice by the WHO

SBIRT Components

- Screening
 - Assessment through conversation plus evidence based tool (e.g. AUDIT, CAGE, DAST)
 - Collateral information
- Brief intervention - low to moderate risk patients
 - Provide feedback and offer 1-2 sessions for at risk patients
 - Provide information, offer advice and develop plan
- Brief treatment - moderate to high risk patients
 - 2-6 goal oriented sessions
 - Medication assisted support if indicated
- Referral to specialized treatment as indicated

What is Motivational Interviewing?

“Motivational interviewing is a person-centered, goal-oriented method of communication for eliciting and strengthening intrinsic motivation for positive change.”

Miller & Rollnick, 2009

Original Basic Concepts

- Ambivalence about change is normal
- Stages of change: meet people where they are
- A helper who uses a directive style and argues for change evokes the person to argue *against* change
- Using a curious and guiding style will more likely elicit the person's own reasons and ideas about change

(Miller, 1983)

Motivational Interviewing

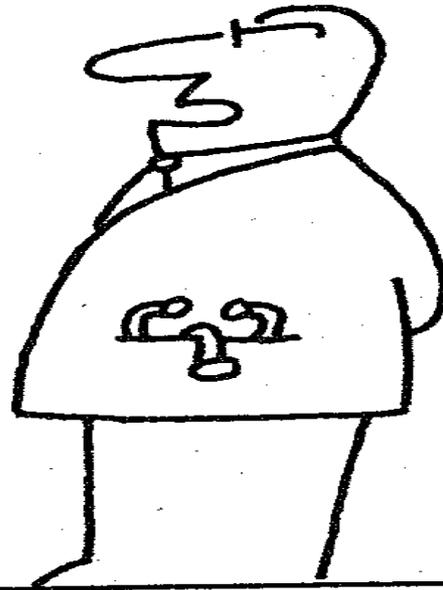
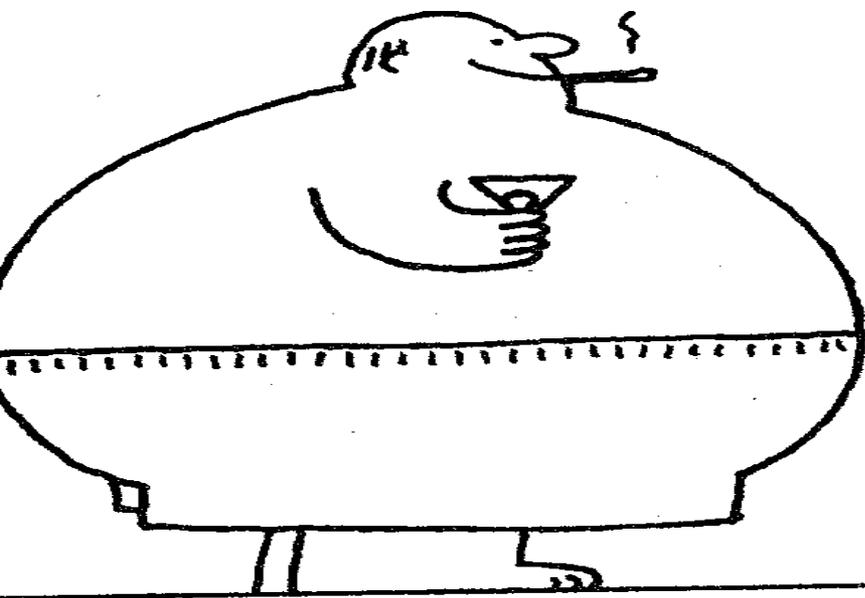
“Motivational Interviewing is about arranging conversations so that people talk themselves into change, based on their own values and interests.”

Miller & Rollnick, 2013

Why Does MI Work?

“People are usually better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others.”

- Blaise Pascal



C. Savetti

"All these years, and you haven't listened to a damn thing I've said, have you?"

Scaling to Assess and Enhance Motivation

Importance/Confidence/Readiness ruler

On a scale of 1–10...

- *How important is it for you to change your drinking/use?*
- *How confident are you that you can change your drinking/use?*
- *How ready are you to change your drinking/use?*



For each ask...

- *Why didn't you give it a lower number?*
- *Would you like it to be higher?*
- *If so, what would it take to raise that number?*

Brief Intervention Technique: FRAMES

- Feedback of patient risk follows assessment
- Responsibility for change placed on patient
- Advice (with permission) is offered with concern though without judgment
- Menu of choices and resources provided
- Empathy is expressed to show understanding
- Self efficacy is supported by recognizing strengths and optimism

Miller, WR and Sanchez, V.C., in Howard E. Issues in Alcohol Use and Misuse in Young Adults, Notre Dame, IN, Notre Dame Press, 1993.

Provide Feedback

- Provide information about zone of misuse
- Explore connection with health and express concern
- Educate about NIAAA guidelines for low risk drinking
- Elicit patient reaction to feedback

Provide Feedback in Context of Drinking Patterns in US

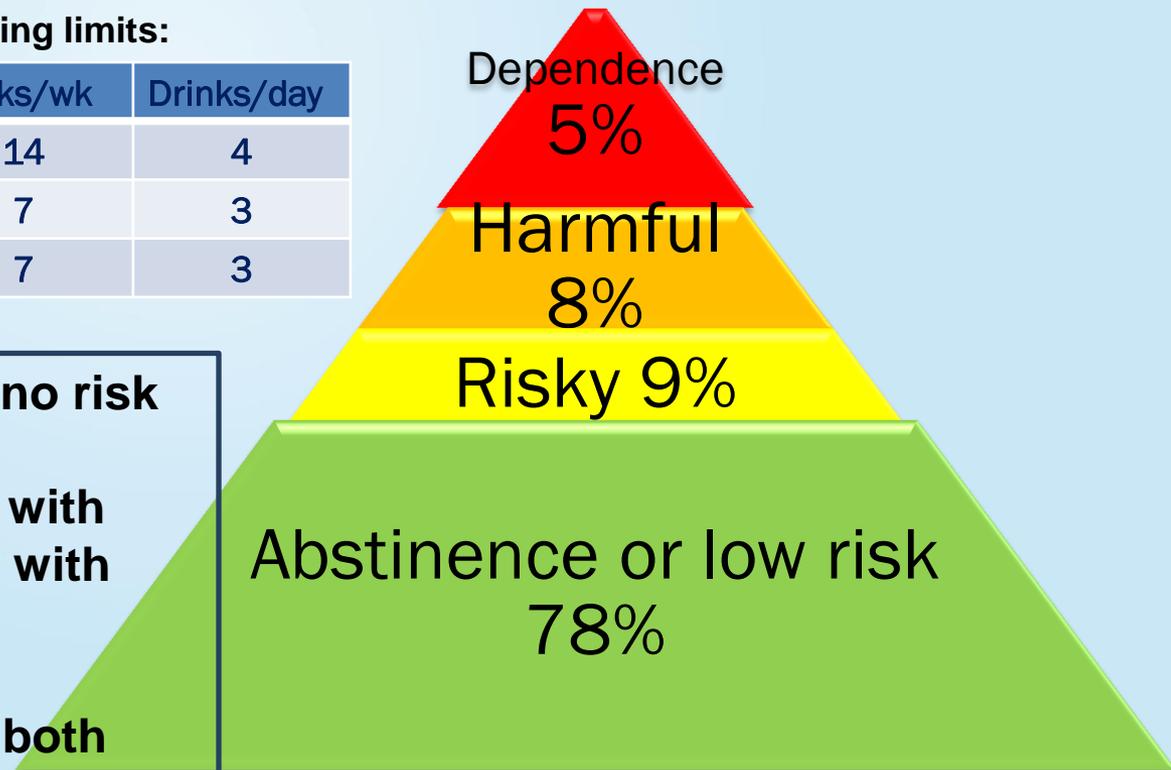
Low risk drinking limits:

	Drinks/wk	Drinks/day
Men	14	4
Women	7	3
All >65	7	3

Low risk is not no risk

Problems arise with fast drinking or with meds

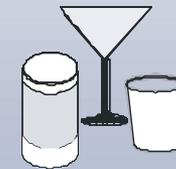
Limits apply to both drinks/wk AND drinks/day



Review Drinking Guidelines

- **Abstinent**
- **Moderate**
 - **men:** up to 2 drinks/day
 - **women:** up to 1 drink/day
- **Low Risk**
 - **men:** up to 4 drinks/day, ≤ 14 /wk
 - **women:** up to 3 drinks/day, ≤ 7 /wk
- **High Risk (for harm)**
- **Exceed low risk levels**
 - **binge** - 5+/4+ drinks in two hours
 - **heavy** - frequent 5+/4+ drinks per day

A typical serving of alcohol in the United States is any drink that contains 14



grams (0.6 fluid ounces) of pure alcohol. (14 g ethanol yields 98 Calories). Different brands and types of beverages vary in alcohol concentration.

Menu of Choices: Tips

- Patient as expert: elicit patient's ideas:
 - “Knowing yourself as you do, what do you think would work for you?”
- Offer a range of options
 - Review the pros and cons of each one
 - Discuss the experience of other patients
 - State your preference and reason for it
- Reassure patient they can always “try it before they buy it”

Expressing Empathy: Tips

- Check judgments at the door
- Seek to understand
 - Remember: there is usually a “good” reason people make “bad” choices
- Normalize and support any expressed ambivalence and acknowledge the patient’s struggle e.g. emotions, barriers, trade-offs
 - “It’s hard to commit to a change that you’re not confident will pay off”
- Use double sided reflections:
 - “You’re concerned about your weight but you can’t imagine you can relax at night without drinking”

Supporting Self Efficacy: Tips

- Know and acknowledge your patient and their heroic qualities:
 - *“To follow through with making all these appointments you got what it takes to get things done when you decide to do them”*
 - *“Tell me about the kinds of changes you have successfully made in the past?”*
 - *“How did you accomplish these things?”*
- Create a vision for the target behavior
 - *“Let’s suppose you lowered your cholesterol how did you get that done?”*

Resources

National Institute on Alcohol Abuse & Alcoholism (NIAAA)

<http://www.niaaa.nih.gov>

NIAAA publications: 1-800-553-6847

National Institute on Drug Abuse (NIDA)

<http://www.nida.nih.gov>

NIDA publications: 1-800-729-6686.

Center for Substance Abuse Treatment (CSAT)

<http://www.samhsa.gov>

Publications: 310- 443-5700

Questions and Answers



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