



Women and At-Risk Alcohol Use: Screening and Intervention

WHAT IS AT RISK ALCOHOL USE FOR WOMEN?

- Greater than 3 drinks/ occasion
- Greater than 7 drinks / week,
- Any drinking during pregnancy or when medically contraindicated.

SCREENING

- Screen at least annually and early in pregnancy
- Identify standard drink equivalent (1 SDE= 15cc absolute alcohol)
 - Beer or cooler – 12 oz
 - Table wine – 5 oz (750 ml bottle = 5 drinks)
 - Malt liquor – 8-9 oz (12 oz can =1.5 drinks)
 - 80 proof spirits – 1.5 oz. (a mixed drink may contain 1 to 3 or more SDEs)

T-ACE – Validated tool for women of reproductive age.

T – Tolerance: How many drinks does it take to make you feel high? (>2 drinks =2 points)

A – Annoyed: Have people annoyed you by criticizing your drinking? (yes=1 point)

C – Cut down: Have you ever felt you ought to cut down on your drinking? (yes=1 point)

E – Eye-opener: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (yes=1 point)

Positive T-ACE is 2 points or more. Any drinking during pregnancy requires education/intervention.

Sokol R, et.al. The T-ACE questions: practical prenatal detection of risk drinking. Am J Obstet Gynecol 1989;150:868-70

Establish definition of “a drink” then ask:

“In a typical week, how many drinks do you have that contain alcohol?” Pos. if > 7

“In the past 90 days, how many times have you had more than 3 drinks on any 1 occasion?” Pos. if > 1

Source: NIAAA How to Screen for heavy drinking. National Institutes of Health 2009

MESSAGES FOR PATIENTS ON AT RISK ALCOHOL USE

- Alcohol related effects on fetus can be prevented if addressed prior to and in early pregnancy. However it is never too late during pregnancy to reduce risk
- Prenatal alcohol use can result in physical, behavioral, and cognitive disabilities for child [FASD]
- Reproductive health effects: menstrual, fertility, cancers, unintended pregnancy
- Psychosocial effects: employment, family, mood disorders, legal issues
- If patient voices fear of withdrawal symptoms or says she needs assistance to stop drinking, refer to qualified addictions center. To locate go to SAMHSA treatment locator web site <http://dasis3.samhsa.gov>

CPT CODING INFORMATION:

CPT codes to report for alcohol abuse structured screening and brief intervention services.

- 99408: Alcohol and/or substance (other than tobacco) abuse structured screening (such as T-ACE) and brief intervention (SBI) services; 15 to 30 minutes
- 99409: Alcohol abuse structured screening and brief intervention (SBI) services; greater than 30 minutes.



INTERVENTION - MOTIVATIONAL INTERVIEWING

1. Raise Subject - "I'd like to take a few minutes to talk about your alcohol use"

2. Provide Feedback

- Express your concern that she is drinking at risk level. Expect her surprise. Reinforce low risk drinking limits or abstinence
- Ask if she can see connection between alcohol use and medical problem.
 - If sees a connection, restate her answer.
 - If no connection, make one using chief complaint, physical findings or consequences.

3. Using contraception

- Review risk for unintended pregnancy and consistency of contraception use
- If at risk for pregnancy discuss long acting reversible contraception

4. Assess readiness to change

- Ask: "On a 0-10 scale, how ready are you to change any aspect of your alcohol use?"
 - If > 1 ask "Why chose that and not a 0?"
 - If = or < 1 ask "Have you ever done anything you wish you hadn't while drinking? Are there consequences of drinking that you want to avoid?"
 - If > 5 ask "On a scale of 0-10, how confident are you that you can change your drinking?"

5. Enhance motivation

- Discuss pros and cons of reducing/stopping drinking.
- If continues not to see the connection between alcohol use and problems, create discrepancy between continued alcohol use and her values that are threatened by consequences of drinking.

6. Negotiate and advise

- Have her set a goal (e.g. reduce use to non-risk level)
- Have her list strategies she can take to reduce alcohol use
- Ask her to identify ways to build her confidence
- Provide educational materials

7. Arrange follow up

- Ask if she might need help meeting her goal
- Set a short time return appointment

8. Follow up

- Ask if she was able to meet her goals
 - If YES – Reinforce and support continued adherence
 - If NO – Acknowledge change is difficult, address barriers, renegotiate goal, engage significant others

Referral

- For further assessment, provide information on specific programs.
- If unfamiliar call health department substance abuse services or go to SAMHSA treatment locator web site <http://dasis3.samhsa.gov>
- Consider referral for medication (naltrexone, acamprosate) or referral to AA www.aa.org and phone (212) 870-3400

Resources

At-risk drinking and alcohol dependence: obstetric and gynecologic implications. Committee Opinion No. 496. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;118:383–8.

See ACOG web site for more provider and patient information on at risk drinking. www.acog.org/