



**Medical
Blueprints**

SEARCH FOR SOBRIETY REPORT #2739

BACKGROUND: Drinking that becomes severe and interferes with everyday life is given the medical diagnosis of “alcohol use disorder” or AUD. AUD is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using. Fifteen million people in the United States are estimated to have AUD. In 2018, around 14.4 million adults ages 18 and older had AUD. This included 9.2 million men and 5.3 million women. An estimated 401,000 adolescents ages 12-17 were diagnosed with AUD as well. A diagnosis for AUD includes individuals meeting certain criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Under DSM–5, the current version of the DSM, anyone meeting any two of the 11 criteria during the same 12-month period receives a diagnosis of AUD. The severity of AUD, whether mild, moderate, or severe, is based on the number of criteria met.

(Source: <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders>)

CURRENT TREATMENTS: Depending on individual needs, treatment for AUD can vary. It may begin with a program of detoxification, or detox, which generally takes two to seven days and is usually done at an inpatient treatment center or a hospital. Sedating medications may be needed to prevent withdrawal symptoms. Counseling and therapy for groups and individuals can help with understanding the problem with alcohol and offers support recovery from the psychological aspects of alcohol use. Another treatment is taking oral medications. When taking a drug called disulfiram (Antabuse), when you drink alcohol, the drug produces a physical reaction that may include flushing, nausea, vomiting and headaches. Naltrexone and Acamprosate are 2 other drugs that won't make you feel sick, but rather reduce the urge and craving to drink. Being involved with some type of regular spiritual practice some people find helps in maintaining recovery from AUD. For serious AUD, a stay at a residential treatment facility may be needed. These programs include licensed alcohol and drug counselors, social workers, nurses, doctors and others with expertise and experience in treating AUD.

(Source: <https://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/diagnosis-treatment/drc-20369250>)

NEW DRUG MAY HELP AUD: Published in The American Journal of Psychiatry, a first-of-its-kind pilot study, tested the effects of ketamine and mindfulness practice against a control for AUD. It included 40 participants who consumed about 5 drinks per day on average. They were randomly assigned to receive a single infusion of ketamine along with a 5-week regimen of motivational enhancement therapy, or receive midazolam, a sedative that helps with alcohol withdrawal, and the same therapy. What researchers found was participants who received ketamine had higher rates of abstinence following treatment, were less likely to relapse, had fewer days of drinking, and had fewer days of heavy drinking. Ketamine also seemed to have a large effect on improving patient motivation for quitting. “Giving a medicine and then having that medicine inspire a person to change his or her ways, that's very unusual,” said Dr. Elias Dakwar, an associate professor of clinical psychiatry at Columbia University Medical Center. He became interested in ketamine as a potential treatment for AUD after seeing good results from using the drug to treat cocaine addiction.

(Source: <https://www.healthline.com/health-news/how-ketamine-may-help-treat-alcohol-use-disorder#Why-ketamine?>)

FOR MORE RESOURCES, VISIT: www.womenforsobriety.org; www.smartrecovery.org; www.aa.org; www.recoverydharma.org; www.moderation.org

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