**HOW TO SCREEN FOR HEAVY DRINKING**

**STEP 1 Ask About Alcohol Use**

Ask: Do you sometimes drink beer, wine, or other alcoholic beverages?

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**NO**  
Screening complete.

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**YES**

Ask the screening question about heavy drinking days:

How many times in the past year have you had...

- 5 or more drinks in a day? (for men)
- 4 or more drinks in a day? (for women)

One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

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Is the answer 1 or more times?

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**NO**

- Advise staying within these limits:
  - **Maximum Drinking Limits**
    - For healthy men up to age 65—
      - no more than 4 drinks in a day AND
      - no more than 14 drinks in a week
    - For healthy women (and healthy men over age 65)—
      - no more than 3 drinks in a day AND
      - no more than 7 drinks in a week
  - Recommend lower limits or abstinence as indicated: for example, for patients who take medications that interact with alcohol, have a health condition exacerbated by alcohol, or are pregnant (advise abstinence)
  - Rescreen annually

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**YES**

- Your patient is an at-risk drinker. For a more complete picture of the drinking pattern, determine the weekly average:
  - On average, how many days a week do you have an alcoholic drink?
  - On a typical drinking day, how many drinks do you have?
  - Record heavy drinking days in past year and weekly average in chart.

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GO TO STEP 2

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National Institute on Alcohol Abuse and Alcoholism. A Pocket Guide for Alcohol Screening and Brief Intervention. Rockville, MD: NIAAA; 2005
Next, determine if there is a maladaptive pattern of alcohol use, causing clinically significant impairment or distress.

Determine whether, in the past 12 months, your patient’s drinking has repeatedly caused or contributed to:

- risk of bodily harm (drinking and driving, operating machinery, swimming)
- relationship trouble (family or friends)
- role failure (interference with home, work, or school obligations)
- run-ins with the law (arrests or other legal problems)

If yes to one or more — your patient has alcohol abuse.

In either case, proceed to assess for dependence symptoms.

Determine whether, in the past 12 months, your patient has:

- not been able to cut down or stop (repeated failed attempts)
- not been able to stick to drinking limits (repeatedly gone over them)
- shown tolerance (needed to drink a lot more to get the same effect)
- shown signs of withdrawal (tremors, sweating, nausea, or insomnia when trying to quit or cut down)
- kept drinking despite problems (recurrent physical or psychological problems)
- spent a lot of time drinking (or anticipating or recovering from drinking)
- spent less time on other matters (activities that had been important or pleasurable)

If yes to three or more — your patient has alcohol dependence.

Does patient meet criteria for abuse or dependence?

- NO
  - GO TO STEPS 3 & 4 for AT-RISK DRINKING
- YES
  - GO TO STEPS 3 & 4 for ALCOHOL USE DISORDERS

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STEP 3  Advise and Assist

- State your conclusion and recommendation clearly and relate them to medical concerns or findings.
- Gauge readiness to change drinking habits.

Is patient ready to commit to change?

NO
- Restate your concern.
- Encourage reflection.
- Address barriers to change.
- Reaffirm your willingness to help.

YES
- Help set a goal.
- Agree on a plan.
- Provide educational materials. (See http://www.niaaa.nih.gov/guide.)

STEP 4  At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

Was patient able to meet and sustain drinking goal?

NO
- Acknowledge that change is difficult.
- Support positive change and address barriers.
- Renegotiate goal and plan; consider a trial of abstinence.
- Consider engaging significant others.
- Reassess diagnosis if patient is unable to either cut down or abstain.

YES
- Reinforce and support continued adherence to recommendations.
- Renegotiate drinking goals as indicated (e.g., if the medical condition changes or if an abstaining patient wishes to resume drinking).
- Encourage to return if unable to maintain adherence.
- Rescreen at least annually.
STEP 3  Advise and Assist

- State your conclusion and recommendation clearly and relate them to medical concerns or findings.
- Negotiate a drinking goal.
- Consider evaluation by an addiction specialist.
- Consider recommending a mutual help group.
- For patients who have dependence, consider:
  - the need for medically managed withdrawal (detoxification) and treat accordingly.
  - prescribing a medication for alcohol dependence for patients who endorse abstinence as a goal.
- Arrange followup appointments, including medication management support if needed.

STEP 4  At Followup: Continue Support

REMINDER: Document alcohol use and review goals at each visit.

Was patient able to meet and sustain drinking goal?

**NO**
- Acknowledge that change is difficult.
- Support efforts to cut down or abstain.
- Relate drinking to ongoing problems as appropriate.
- Consider (if not yet done):
  - consulting with an addiction specialist.
  - recommending a mutual help group.
  - engaging significant others.
  - prescribing a medication for alcohol-dependent patients who endorse abstinence as a goal.
- Address coexisting disorders—medical and psychiatric—as needed.

**YES**
- Reinforce and support continued adherence.
- Coordinate care with specialists as appropriate.
- Maintain medications for alcohol dependence for at least 3 months and as clinically indicated thereafter.
- Treat coexisting nicotine dependence.
- Address coexisting disorders—medical and psychiatric—as needed.