



Treating Alcohol Use Disorder—A Fact Book CME Post-Test Study Guide

Complete the post-test online at www.thecarlatreport.com.

Learning Objectives

- #1 Identify some of evaluative tools clinicians can use to diagnose alcohol use disorder
- #2 Describe the dosing, side effects, pharmacokinetics, and drug interactions of these commonly prescribed alcohol use disorder medications.
 - Acamprosate (Campral)
 - Disulfiram (Antabuse)
 - Gabapentin (Gralise, Horizant, Neurontin)
 - Naltrexone (ReVia, Vivitrol) Fact Sheet
 - Topiramate (Eprontia, Qudexy XR, Topamax, Trokendi XR)
- #3 List some of the types of addiction services available for patients with alcohol use disorder
- #4 Summarize some of the ways clinicians can incorporate behavioral therapy in treating alcohol use disorder.
- #5 Describe how Twelve Step programs can help in the treatment of alcohol use disorder.
- #6 Identify some of the key ways clinicians can treat alcohol use disorder patients with dual diagnosis.
- #7 Describe the effects, withdrawal syndromes, and treatment of alcohol use disorder

Questions

1. Which two tests are considered the gold standard for detecting a return to alcohol use in patients who have consumed alcohol within two days?
 - A. Ethyl glucuronide and ethyl sulfide
 - B. Carbohydrate-deficient transferrin and gamma-glutamyl transferase
 - C. Alanine aminotransferase and aspartate aminotransferase
 - D. Gamma glutamyl transferase and alanine aminotransferase

3. Alcohol Use Disorder: How to Ask DSM-5-Focused Questions

2. How many of the 11 DSM-5 criteria must be present to indicate a severe diagnosis of alcohol use disorder?
 - A. More than four
 - B. More than five
 - C. More than six
 - D. More than seven

3. Which of the following markers of liver inflammation is most sensitive to alcohol-related liver disease?
 - A. Alanine transaminase
 - B. Aspartate transaminase
 - C. Gamma-glutamyl transpeptidase
 - D. Indirect Bilirubin

4. What initial treatment should be provided to a patient who has been drinking more than planned and has occasionally caused him/her to miss out on work or social commitments?
 - A. Simple advice/brief therapy to aid in self-tapering
 - B. Psychotherapy with a certified substance use disorder therapist
 - C. Frequent AA meetings
 - D. Medication treatment

5. How do varying intensities of intensive outpatient treatment (IOP) compare in efficacy to “standard” treatments involving 4 or 6 hours per week of therapy sessions?
 - A. Intensive outpatient treatments are more effective
 - B. Standard treatments are more effective
 - C. Neither treatment has been proven to be effective
 - D. Both treatments are equally effective

6. Which of the following is an example of how a clinician should approach developing a therapeutic rapport with a patient with a substance use disorder?
 - A. Begin the session by inquiring about the substance use disorder
 - B. Stand up when talking to the patient
 - C. Refrain from using empathetic statements such as “That sounds difficult.”
 - D. Try to understand the positive aspects of the substance use disorder

7. Which of the following is an example of one of the twelve steps involved in an AA meeting?
 - A. Refuse to be powerless to alcohol
 - B. Make a list of people you have harmed
 - C. Understand that no power can restore your sanity; only you can
 - D. Do not confess

8. What is the minimum number of weekly AA meetings a patient with severe alcohol use disorder should attend for optimal treatment?
 - A. One to two
 - B. Two to three
 - C. Four
 - D. Five to six

9. When conducting a family meeting for a patient with a substance use disorder, who should be included?
 - A. One to two close loved ones along with the patient
 - B. Only one to two close loved ones without the patient
 - C. Six or more family members along with the patient
 - D. Six or more family members without the patient

10. What is a disadvantage of using Al-Anon?
 - A. It requires a fee to join
 - B. Online and phone meetings are not available.
 - C. It is not effective at providing emotional support
 - D. It is not effective at encouraging family members or loved ones to enter into treatment for their addictions.

11. Which medication is a first choice for most patients with alcohol use disorder and can be started while actively drinking?
 - A. Naltrexone
 - B. Acamprosate
 - C. Gabapentin
 - D. Topiramate

12. Which medication is a second line treatment for patients with alcohol use disorder who are abstinent, highly motivated to remain sober, and who have caretakers directly observing adherence?
 - A. Naltrexone
 - B. Disulfiram
 - C. Varenicline
 - D. Acamprosate

13. What is the recommended dosage schedule of naltrexone for patients with alcohol use disorder?
 - A. Start 25 mg for one day; if there are no side effects, increase to and maintain 50 mg/day
 - B. Start 35 mg for one day; if there are no side effects, increase to and maintain 75 mg/day
 - C. Start at 50 mg QD; can increase to 100 mg QD after 12 weeks if no response
 - D. Start at 25 mg QD; if no side effects increase to and maintain 75 mg/day

14. What is the most common side effects of naltrexone?
- A. Headache, nausea, somnolence, vomiting
 - B. Nausea, weight gain, headache, hyperhidrosis
 - C. Fatigue, nausea, tremor, dystonia
 - D. Diarrhea, constipation, headache, vomiting
15. Which of the following is one of the most common transient side effects of acamprosate?
- A. Renal failure
 - B. Suicidal ideation
 - C. Insomnia
 - D. Diarrhea
16. Acamprosate can be administered to patients who continue drinking alcohol.
- A. True
 - B. False
17. How long should patients remain abstinent from alcohol before beginning to take disulfiram?
- A. Greater than 12 hours
 - B. Greater than 24 hours
 - C. Greater than a week
 - D. For one month
18. How does disulfiram help treat alcohol use disorder?
- A. It reduces craving for alcohol
 - B. It reduces symptoms of vomiting caused by alcohol
 - C. It softens the symptoms of alcohol withdrawal
 - D. It functions as aversive therapy and causes nausea, vomiting, and headaches if taken with alcohol
19. What is the mechanism of action of gabapentin?
- A. It blocks voltage-dependent calcium channels and modulates excitatory neurotransmitter release
 - B. It is an aldehyde dehydrogenase inhibitor
 - C. It is an opioid antagonist
 - D. The mechanism of action is unknown
20. According to a 2022 study involving around 30,000 patients, what effect did topiramate have on patients who had alcohol use disorders and those who did not?
- A. Drinking increased in patients who had alcohol use disorders, as well as those who did not
 - B. Drinking decreased in patients who had alcohol use disorders, as well as those who did not
 - C. Drinking decreased in patients who had alcohol use disorders, but increased in those who did not
 - D. Drinking increased in patients who had alcohol use disorders, but decreased in those who did not

21. Which of the following is true regarding alcohol hallucinosis?
- A. It is usually auditory
 - B. It can persist for up to 2 weeks after the last drink
 - C. It can develop within 48-72 hours after the last drink
 - D. Occurs with minimal vital sign changes.
22. Of the following symptoms, which symptom predicts potentially less severe withdrawal from alcohol?
- A. Low platelet count
 - B. Older age (>65 years)
 - C. Binge drinking pattern
 - D. Level of serum chloride below 96 mmol
23. Which medication is beneficial during alcohol withdrawal because it can be continued for long-term treatment to prevent future alcohol relapse?
- A. Clonazepam
 - B. Gabapentin
 - C. Naltrexone
 - D. Oxazepam
24. What is a disadvantage of using a symptom-triggered withdrawal protocol in an inpatient setting?
- A. It prevents flexibility in changing benzodiazepine dosing
 - B. Patients can become adept at faking withdrawal symptoms to get more benzodiazepines
 - C. It is unsafe in cases of severe withdrawal when high doses of benzodiazepines are needed to prevent seizures
 - D. Patients with less severe withdrawal may need to wait longer before being admitted
25. Which of the following medications is recommended for patients with significant liver disease, is long-acting, and causes minimal euphoria?
- A. Lorazepam
 - B. Clonazepam
 - C. Phenobarbital
 - D. Chlordiazepoxide