

Medications for Alcohol Use Disorder (MAUD): A Toolkit for Nurses

MAUD are evidence-based treatments and, when used in conjunction with behavioral therapy, have been shown to be helpful for those with alcohol use disorder (AUD).

Alcohol is the most commonly used substance in the US.

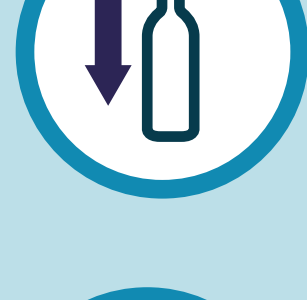
10.5% (29.5 million) of people ages ≥12 years in the US **meet the criteria** for an AUD¹

7.6% of people with a past-year **AUD diagnosis received any treatment** and **even fewer** received MAUD¹

MAUD, in conjunction with **behavioral therapy** have been shown to:



Increase rates of abstinence



Reduce recurrence of alcohol use (return to drinking)



Restore normal brain functioning



Decrease symptoms of protracted withdrawal (e.g., cravings, mood instability, sleep disturbance)²

Nurses play a pivotal role in increasing the use of MAUD.

Nurses (APRNs, RNs, and LPN/LVNs) are essential in managing patients with AUD and often serve as the initial contact for those seeking help. Their expertise in patient education not only enhances treatment adherence and recovery but also strengthens the therapeutic relationship with patients, which is essential for promoting overall well-being and achieving successful recovery.

Key Roles of Nurses in Patients Receiving MAUD



PATIENT ASSESSMENT

Routine assessments should encompass:

- Patient's overall health (e.g., physical, mental, and emotional conditions)
- Substance use history
- Social and family support
- Legal issues
- Financial barriers
- Employment and education status

For MAUD assessment, consider:

- Medical history
- Liver and renal function
- Previous experience with MAUD treatment
- Patient preferences
- Recovery goals (e.g., cessation versus reduction)



MEDICATION MANAGEMENT

Provide guidance on:

- Medication
 - Administration
 - Dosage
 - Frequency
- Potential side effects and adverse reactions
- Importance of medication adherence

Document the:

- Effectiveness of MAUD
- Patient's response to medication



PATIENT ADVOCACY

Nurses advocate for their patients' needs, ensuring they:

- Promote a more understanding and supportive environment for recovery
- Receive the appropriate treatment and level of care
- Reduce the stigma associated with AUD



PATIENT EDUCATION

Nurses can offer:

- Education on sustaining recovery by identification of triggers
- Development of coping strategies to enhance recovery capital
- Counseling to address harm reduction and any underlying issues contributing to one's AUD (e.g., mental illness, pain)
- Preventative health care (e.g., vaccinations, age-appropriate health screenings)



INTEGRATED CARE

MAUD is most effective when combined with additional support, such as:

- Behavioral therapy
- Peer support groups (e.g., AA, SMART Recovery)

Nurses can connect patients to:

- Counseling
- Recovery-oriented services:
 - Residential programs
 - Intensive outpatient treatment
 - Integrative therapies

All adults should routinely be screened for unhealthy alcohol use with validated tools.

Commonly used **screening tools** to assess for unhealthy alcohol use and AUDs include the:

[CLICK ON A SCREENING TOOL BELOW VIEW THE FULL VERSION. A NEW WINDOW WILL OPEN. BE SURE TO CLOSE TO RETURN TO THIS PDF.](#)

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)³

1. How often do you have a drink containing alcohol?

- ☐ Never ☐ Monthly or less ☐ 2-4 times a month ☐ 2-3 times a week ☐ 4 or more a week

2. How many standard drinks containing alcohol do you have on a typical day?

- ☐ 1 or 2 ☐ 3 to 4 ☐ 5 to 6 ☐ 7 to 9 ☐ 10 or more

Single Alcohol Screening Question (SASQ)⁴

The NIAAA Single Alcohol Screening Question (SASQ) is "How many times in the past year have you had (4 for women, or 5 for men) or more drinks in a day?"

A response of one or more warrants follow-up (see the section "When patients screen positive..." below). Because it is not a scored instrument, the SASQ can be woven easily into a verbal clinical interview. Before asking the SASQ, you can ask a prescreen along the lines of "How often did you have a drink

Getting the Conversation Started—Here are some tips for discussing AUD and MAUD with your patients:

1 Would it be OK if we talk about your alcohol use today?

2 You mentioned you're thinking about cutting back on your alcohol use. What are some of your concerns about your drinking?

3 There are safe and effective medications to treat AUD. Could I share some information about these medications with you?

4 I appreciate you coming in today and your willingness to talk about your alcohol use.

There are three FDA-approved medications for treating AUD.

	Naltrexone 1 st line	Acamprosate 1 st line	Disulfiram 2 nd line
 Mechanism of Action	Blocks opioid receptors indirectly stimulated by alcohol Opioid receptor	Thought to restore the balance of neurotransmitters (glutamate and GABA) disrupted by alcohol Glutamate GABA	Inhibits the breakdown of alcohol , resulting in a disulfiram-alcohol reaction OH H
 Recommended Dose	50-100 mg per os (PO) once daily (QD) ^a Extended-release injection 380 mg/4 mL: administered intramuscular injection (IM) to gluteal muscle Q4 weeks ^b	666 mg PO three times daily (TID)	250-500 mg PO QD
 Common Side Effects ^c	<ul style="list-style-type: none">• Nausea• Headache• Vomiting• Dizziness	<ul style="list-style-type: none">• Diarrhea• Insomnia• Vomiting• Anxiety	<ul style="list-style-type: none">• Headache• Sleepiness• Metallic taste in mouth
 Contraindications	<ul style="list-style-type: none">• Acute liver failure/decompensated cirrhosis• Generally safe in Child-Turcotte-Pugh (CTP) Class A and B but use discretion in CTP Class C^d• Current (or anticipated need for) use of opioids	<ul style="list-style-type: none">• Severe renal impairment: creatine clearance (CrCl) ≤30 mL/min• Unable to manage a high volume of pills	<ul style="list-style-type: none">• Acute liver failure/decompensated liver disease• Generally safe in CTP Class A but use discretion in CTP Class B^c• Severe coronary artery disease or decompensated heart failure• Psychosis
 Warnings and Precautions	<ul style="list-style-type: none">• When able, check liver function tests (LFTs) prior to initiation; if ≥3-5x upper limit of normal, pursue additional work-up, but not a contraindication to initiation• Risk for precipitated withdrawal if recent opioid dependence	For moderate renal impairment (CrCl 30-50 mL/min), reduce the dose to 1 tab (333 mg) PO TID	<ul style="list-style-type: none">• Should abstain from alcohol for 12+ hours prior to the first dose• Avoid alcohol-containing products (e.g., hand sanitizer, mouthwash)
 Additional Considerations	<ul style="list-style-type: none">• After stabilization, medication can be started if someone has ongoing alcohol use• IM formulation is preferred to ensure adherence <div>Effective at reducing heavy alcohol use</div>	<ul style="list-style-type: none">• Most effective when started after completion of medically managed alcohol withdrawal• Continue treatment if return to alcohol use occurs• High pill burden• Consider for those on buprenorphine, methadone, or other opioids• No dose adjustment is needed with liver impairment <div>Effective at reducing heavy alcohol use</div>	<ul style="list-style-type: none">• "The disulfiram-alcohol reaction" is dose-dependent; it begins 10-30 minutes after alcohol is ingested and can last for several hours• Most appropriate for those desiring abstinence and a pharmacologic deterrent to drinking, and when administration is supervised by a support person <div>Effective as a pharmacologic deterrent to drinking</div>

Topiramate or gabapentin may be used as off-label treatments in patients with moderate to severe AUD who want to reduce drinking with the goal of quitting.⁵

^a No titration needed

^b Please note this is a high-volume injection; the preferred site of administration is the ventrogluteal site versus the dorsogluteal

^c For Naltrexone and Acamprosate, common side effects typically subside with continued use

^d Consider risk versus benefit evaluation with increased patient support and monitoring

CrCl, creatine clearance; IM, intramuscular injection; LFTs, liver function tests; PO, per os; QD, once daily;

Q4W, every 4 weeks; TID, three times daily

Summary

Although alcohol is the most commonly used substance, very few people receive any treatment. In conjunction with behavioral therapy, MAUD can be an effective option. Nurses are pivotal in increasing the use of MAUD as they perform assessments, administer medications, educate patients, collaborate with teams, and advocate for patients. The AUDIT-C and SASQ are two screening tools used for AUD, while the three FDA-approved medications for treating AUD are: naltrexone, acamprosate, and disulfiram.

Learn more at www.pcass-maud.org

References

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