Will it be Easier to Diagnose Alcohol Dependency in the Future?

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A medical student once said that unhealthy alcohol consumption is defined by an alcohol intake higher than the doctor's consumption. And one way or the other, there seems to be an attitude of ‘us and them’, in that we only drink socially, while the others seem to be drinking a lot more. However, more specified definitions exist. Some are based on drinking a certain amount of alcohol exceeding (different) national limits, while others are more related to the mental and behavioral symptoms, such as dependence.

On one hand, a definition that clearly categorize the dependent and the non-dependent drinkers separately may seem attractive from a treatment and prognostic perspective (1;2). Then the patients with dependency can be offered specialized care in addiction centers, while the others can receive intervention in the generalized care. On the other hand, this simplification does not always portray reality, as unhealthy alcohol consumption reflects a continuum rather than clearly separated categories. As an example, about one third of emergency patients also had a high alcohol intake were similar to the patients, who drink too much, and they may even have symptoms of dependence. The new criteria for the dependence diagnosis including having at least two symptoms daily or almost daily within the last month or to have at least two symptoms repeated several times during the last year. However, the numbers are not quite clear in the updated browser for clinical use; “the features of dependence are usually evident over a period of at least 12 months, but the diagnosis may be made if alcohol use is continuous (daily or almost daily) for at least 1 month”.

Interestingly, this may lead to a higher prevalence of the dependence diagnosis compared to using the previous Diagnostic and Statistical Manual: Mental Disorders (DSM-4) and ICD-10 criteria, as well as by using the updated DSM-5 criteria for moderate or severe alcohol use disorder (AUD). The young adults with ICD-11 diagnosed dependence most often had symptoms of tolerance and of spending much time on drinking or recovering afterwards (5).

What about the terminology and criteria of DSM-5?

Already in 2013, the American Psychiatric Association (APA) released the updated DSM–5 with an integration of the two previous diagnoses (alcohol abuse and alcohol dependence) into a single alcohol use disorder (AUD). It now includes 11 symptoms (Table 1) and the criteria for the AUD diagnosis are to have at least two of the symptoms during the past year. Based on the number of co-existing symptoms three groups have been proposed representing mild, moderate, and severe AUD.

All clinicians and many other health professionals will from time to time meet patients, who drink too much, and they may even have symptoms of dependence.

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Maybe such meetings take place more often than realized, because diagnosing alcohol dependency is often forgotten or directly neglected in healthcare. The neglect has serious consequences for the individual, the family, the workplace, the health care, and the society at large, as unhealthy alcohol consumption (with or without dependence) is an important risk factor adding significantly to the burden of diseases and early death (7).

Has it become easier to identify alcohol dependence in primary and secondary care?

Yes and no. Yes, because the revisions of the ICD and the DSM criteria have made them more understandable. No, because they are not in agreement and no longer based on a similar basic understanding of alcohol use disorder.

The ICD has kept alcohol dependence as a separate diagnosis and even reduced the number of criteria. Thus, it may be easier to get the diagnosis of dependence – at least among young persons. In contrast, the DSM reflects a larger bit of the continuum by considering symptoms of both abuse and dependence as parts of the broader understanding of the term alcohol use disorder. This may, however, be challenging for the alcohol intervention – at least until the term has become routine.

There is a call for new research considering cultural and social differences around the world. However, give it a try, and hopefully the patient, family, workplace, health care and society will gain from the improved efforts aiming at opening the door to an increased focus on unhealthy alcohol intake. Both WHO and APA welcome feedback on the use of the updated diagnoses.

References

A new initiative of this scientific journal is to report and comment upon news in clinical health promotion published in other journals.