

Summary of NICE Guidelines

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| Title | Alcohol use disorders: diagnosis and management |
| NICE Reference | QS11 |
| Date of Review: | June 2018 |
| Date of Publication | August 2011 |
| Summary of Guidance (Max 250 words) | <p>This quality standard covers children, young people and adults who may be drinking in a harmful way.</p> <p>It is important that health and social care staff are aware of patients at risk of harmful drinking and to identify, approach and train these patients about alcohol awareness in a respectful, non-judgemental manner. Patient feedback should be gathered and acted upon accordingly. Staff must be trained appropriately to Drug and Alcohol National Occupational Standards (DANOS); this is regarded as a minimum requirement for practitioners in specialist alcohol services.</p> <p>Staff should carry out opportunistic health screening if alcohol misuse is suspected during routine practice. Brief interventions should be offered for hazardous drinking to alleviate the frequency and quantity of alcohol being consumed. Validated FAST or AUDIT-C questionnaires are used to screen local populations to identify those at risk of high alcohol consumption.</p> <p>Referral to specialist alcohol services are offered to people who may benefit from these services: patients scoring >20 using AUDIT-C, drink more than 15 units per day, or score >5 for FAST questionnaires, fit the criteria for referral. PH24 also states that patients >16 years old should be referred if:</p> <ul style="list-style-type: none"> • Signs of moderate to severe alcohol dependence • Failed to benefit from advice or extended interventions • Desire to receive further help • Show signs of severe-alcohol related impairment i.e. liver disease or mental health problems • Risk of withdrawal <p>While under the care of specialist services and assessment of progress for adults should be undertaken. A comprehensive assessment should assess consumption, dependence, related problems, physical health, other drug misuse, cognitive function and psychological wellbeing.</p> |
| Impact on Lab (See below) | ■ Moderate |
| Lab professionals to be made aware | <ul style="list-style-type: none"> ✓ Clinical Scientist ✓ Chemical pathologist |

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| <p>Please detail the impact of this guideline (Max 150 words)</p> | <p>Biochemistry has a number of direct markers e.g. ethanol, ethyl glucuronide [EtG], ethyl sulphate [EtS], fatty acid ethyl esters [FAEE]) and phosphatidylethanol [PEth] but more commonly used are indirect markers e.g. carbohydrate deficient transferrin [CDT], mean corpuscular volume [MCV] and gamma glutamyl transferase [GGT] for the investigations of alcohol use and abuse. However, this guidance will not affect the number of tests requested or how such tests are used or interpreted.</p> <p>The laboratory staff should be aware of their role in identifying potentially fatal acute alcohol intoxication and alcoholic ketoacidosis. Patients will be monitored using liver function profiles with GGT, international normalised ratio (INR) and full blood counts.</p> <p>All members of the laboratory should be fully trained and aware of local chain of custody protocols for dealing with sensitive samples when police investigations are necessary too.</p> |
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Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by: Dr Alana Burns

Reviewed by: Mrs Susan Johnston