



Alcohol Use Disorder

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A high percentage of subjects diagnosed with alcohol use disorder (AUD) suffer from sleeping difficulties. Lack of sleep could lead AUD patients to relapse or, sometimes, to suicide. Most of the currently prescribed medications to treat this complex problem retain a high risk of side effects and/or dependence. Therefore, the aim of the current clinical trial is to investigate the possibility of the use of a safer treatment, such as the natural health product melatonin, to treat alcohol-related sleeping problems. Sixty treatment-seeking AUD subjects were assigned to melatonin (5 mg) or placebo for 4 weeks of treatment. Change in sleeping quality which is the primary outcome of the study was assessed using the Pittsburgh sleep quality index (PSQI) scale. Linear mixed models were used to statistically analyze the difference in scores before and after 4 weeks of treatment. There was a reduction in the global PSQI score in both groups with no significant drug effect between groups.

- A chronic disease in which a person craves drinks that contain alcohol and is unable to control his or her drinking. A person with this disease also needs to drink greater amounts to get the same effect and has withdrawal symptoms after stopping alcohol use. Alcoholism affects physical and mental health, and can cause problems with family, friends, and work.
- A disorder characterized by a pathological pattern of alcohol use that causes a serious impairment in social or occupational functioning.
- A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic. (morse & flavin for the joint commission of the national council on alcoholism and drug dependence and the American society of addiction medicine to study the definition and criteria for the diagnosis of alcoholism: in jama 1992;268:1012-4)
- For most adults, moderate alcohol use is probably not harmful. However, about 18 million adult Americans are alcoholics or have alcohol problems. Alcoholism is a disease with four main features:
 - craving – a strong need to drink
 - loss of control – not being able to stop drinking after starting
 - physical dependence – withdrawal symptoms, such as nausea, sweating, or shakiness when not drinking
 - tolerance – the need to drink greater amounts of alcohol to feel the same effect
- Temporary mental disturbance marked by muscle incoordination and paresis as the result of excessive alcohol ingestion.

Other alcohol-related disorders[edit]

Because only 3 of the 7 DSM-IV criteria for alcohol dependence are required, not all patients meet the same criteria and therefore not all have the same symptoms and problems related to drinking. Not everyone with alcohol dependence, therefore, experiences physiological dependence. Alcohol dependence is differentiated from alcohol abuse by the presence of symptoms such as tolerance and withdrawal. Both alcohol dependence and alcohol abuse are sometimes referred to by the less specific term alcoholism. However, many definitions of alcoholism exist, and only some are compatible with alcohol abuse. There are two major differences between alcohol dependence and alcoholism as generally accepted by the medical community.

1. Alcohol dependence refers to an entity in which only alcohol is the involved addictive agent. Alcoholism refers to an entity in which alcohol or any cross-tolerant addictive agent is involved.

2. In alcohol dependence, reduction of alcohol, as defined within DSM-IV, can be attained by learning to control the use of alcohol. That is, a client can be offered a social learning approach that helps them to 'cope' with external pressures by re-learning their pattern of drinking alcohol. In alcoholism, patients are generally not presumed to be 'in remission' unless they are abstinent from alcohol.

The following elements are the template for which the degree of dependence is judged:

1. Narrowing of the drinking repertoire.
2. Increased salience of the need for alcohol over competing needs and responsibilities.
3. An acquired tolerance to alcohol.
4. Withdrawal symptoms.
5. Relief or avoidance of withdrawal symptoms by further drinking.
6. Subjective awareness of compulsion to drink.