

## Note on Treatment of Alcohol Disorder

Ratna Sinha\*

Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut 06511, USA

### DESCRIPTION

Drinking is an illness in which alcohol substantially damages a person's health and ability to operate. AUD symptoms can range from moderate to severe, with the possibility of recurrence and remission. Individuals can benefit from treatment regardless of how serious their disease. Alcohol Use Disorder (AUD) is a long-term brain condition in which people are unable to quit or manage regular drinking, even though the fact that it is negatively impacting social life, employment, or health it's a spectrum that encompasses alcohol abuse, which is defined as drinking with significant effects regularly as a regular basis. It also includes alcoholism or alcohol dependency, which occurs when people lose control over regular drinking [1].

### Diagnosis

A doctor undertakes a face-to-face evaluation, symptom assessment, and medical history, as well as obtaining information from family members if appropriate, to diagnose AUD. A diagnostic evaluation for any co-occurring mental health disorders is performed by the clinician. Anxiety and depression disorders are more common in those with AUD than in people without it [2].

### Treatment planning

Treatment for AUD varies based on the individual's objectives. Treatment for AUD aims to reduce and manage symptoms while also improving health and functioning. For AUD therapy, most people think of "rehab," a 28-day residential program. The majority of people, however, does not require or benefit from a 28-day residential treatment program. Advances have resulted in less intense evidence-based therapies that may be accessible through a general care physician or a mental health facility. Medication and behavioral therapy, ideally in combination, are important components of successful treatment. Peer support organizations, such as Alcoholics Anonymous (AA), can also assist a person to achieve their goals, but they are not intended to substitute for proper medical care [3].

### Medication treatment

The US Food and Drug Administration have authorized three medicines to treat AUD. These drugs are no addictive and are intended to aid with illness management. Medication may not be successful or essential for everyone with AUD, but it can assist an individual achieve their objectives when used as part of a specific treatment strategy.

**Naltrexone:** has been shown to assist encourage abstinence and prevent heavy drinking days. For some people, it can also help them regulate their drinking urges. It's a monthly injection or a once-daily tablet.

**Acamprosate:** has been shown to minimize excessive drinking and help people stay sober after they've been clean for a while. It may also aid in the management of cravings in certain persons.

### Non-medication treatments

For AUD, there are several evidence-based therapeutic alternatives. One approach is cognitive behavior therapy (CBT), which focuses on the connections between ideas, feelings, and actions to order to help people regulate impulses and triggers. Co-occurring mental health issues, such as anxiety or depression, can also be addressed with this treatment. There is no such thing as a one-size-fits-all therapy that is effective for everyone. What works for one individual may not be the best match for another. The choice to seek therapy is frequently more essential than the therapeutic method employed [4].

### CONCLUSION

Disulfiram, naltrexone, Acamprosate, and bigger have all been shown to help in AUD therapy. A variety of drugs have been examined in AUD due to the possibility of treatment failure with authorized pharmacological choices or the inability to take medication due to concomitant health issues. In the case of a failing response to naltrexone or a contraindication to its treatment (current opioid withdrawal), Perhaps more research into non-approved pharmaceuticals will lead to the discovery of a treatment or combination of drugs that have shown to be helpful in all sorts of AUD patients.

**Correspondence to:** Ratna Sinha, Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut 06511, USA, E-mail: ratna.sinha@yale.edu

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## REFERENCES

1. Jørgensen CH, Pedersen B, Tønnesen H. The efficacy of disulfiram for the treatment of alcohol use disorder. *Alcohol. Clin Exp Res.* 2011;35(10):1749-1758.
2. Litten RZ, Wilford BB, Falk DE, Ryan ML, Fertig JB. Potential medications for the treatment of alcohol use disorder: an evaluation of clinical efficacy and safety. *Substance abuse.* 2016;37(2):286-298.
3. Johnson BA. Medication treatment of different types of alcoholism. *Am J Psychiatry.* 2010; 167(6):630-639.
4. Leggio L, Lee MR. Treatment of alcohol use disorder in patients with alcoholic liver disease. *Am. J. Med..* 2017;130(2):124-134.