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Alcoholism

Introduction

Alcoholism is characterized by a preoccupation with alcohol and impaired control over alcohol intake. Alcoholism is a chronic, often progressive disease. Left untreated, alcoholism can be fatal.

You may continue to abuse alcohol despite serious adverse health, personal, work-related and financial consequences. Alcoholism usually involves physical dependence on alcohol, but genetic, psychological and social factors contribute to the addiction as well.

It's possible to have a problem with alcohol, but not display all the characteristics of alcoholism. This is known as "alcohol abuse" which means you engage in excessive drinking that causes health or social problems, but you aren't dependent on alcohol and haven't fully lost control over the use of alcohol

According to the National Council on Alcoholism and Drug Dependence, almost 18 million Americans abuse alcohol. Each year more than 100,000 Americans die of alcohol-related causes. Alcohol is a factor in nearly half of all U.S. deaths.

Alcoholism and alcohol abuse cause major social, economic and public health problems. Various treatments are available, and self-help groups can provide ongoing support for people recovering from alcoholism.

Signs and Symptoms

Before treatment or recovery, most people with alcoholism deny that they have a drinking problem. Other indications of alcoholism and alcohol abuse include:

- Drinking alone or in secret
- Being unable to limit the amount of alcohol you drink
- Not remembering conversations or commitments, sometimes referred to as "blacking out"
- Making a ritual of having drinks before, with or after dinner and becoming annoyed when this ritual is disturbed or questioned
- Losing interest in activities and hobbies that used to bring pleasure

- Feeling a need or compulsion to drink
- Irritability when your drinking time nears, especially if alcohol isn't available
- Keeping alcohol in unlikely places at home, at work or in the car
- Gulping drinks, ordering doubles, becoming intoxicated intentionally to feel good or drinking to feel "normal"
- Having legal problems or problems with relationships, employment or finances
- Building a tolerance to alcohol so that you need an increasing number of drinks to feel alcohol's effects
- Experiencing physical withdrawal symptoms – such as nausea, sweating or shaking – if you don't drink.

People who abuse alcohol may experience many of the same signs and symptoms as people who are dependent on alcohol. However, alcohol abusers don't feel the same compulsion to drink and usually don't experience physical withdrawal symptoms when they don't drink. A dependence on alcohol also creates a tolerance to alcohol and the inability to control your drinking.

If you've ever wondered if your own alcohol consumption crosses line of abuse or dependence, ask yourself these questions:

- Do you need a drink as soon as you get up?
- Do you feel guilty about your drinking?
- Do you think you need to cut back on your alcohol consumption?
- Are you annoyed when other people comment on or criticize your drinking habits?

If you answered yes to two or more questions, it's likely that you have a problem with alcohol. Even one yes answer may indicate a problem.

Causes

Alcohol addiction – physical dependence on alcohol – occurs gradually as drinking alters the balance of some chemicals in your brain, such as gamma-aminobutyric acid (GABA), which inhibits impulsiveness and glutamate, which excites the nervous system. Alcohol also raises the levels of dopamine in the brain, which is associated with the pleasurable aspects of drinking alcohol. Excessive, long-term drinking can deplete or increase the levels of some of these chemicals, causing your body to crave alcohol to restore good feelings or to avoid negative feelings.

Other factors can lead to excessive drinking that contributes to the addiction process. These include:

- **Genetics.** Certain genetic factors may cause a person to be vulnerable to alcoholism or other addictions.

- **Emotional state.** High levels of stress, anxiety or emotional pain can lead some people to drink alcohol to block out the turmoil. Certain stress hormones may be associated with alcoholism.
- **Psychological factors.** Having low-self esteem or depression may make you more likely to abuse alcohol. Having friends or a close partner who drinks regularly – but who may not abuse alcohol – could promote excessive drinking on your part. It may be difficult for you to distance yourself from these “enablers” or at least from their drinking habits.
- **Social and cultural factors.** The glamorous way that drinking alcohol is portrayed in advertising and in the media may send the message that it’s OK to drink excessively.

Risk Factors

Steady drinking over time can produce a physical dependence on alcohol. Drinking more than 15 drinks a week for men and 12 drinks a week for women increases the risk of developing dependence on alcohol. However, drinking by itself is just one of the risk factors that contribute to alcoholism. Other risk factors include:

- **Age.** People who begin drinking at an early age – by age 16 or earlier – are at a higher risk of alcohol dependence or abuse.
- **Genetics.** Your genetic makeup may increase your risk of alcohol dependency.
- **Sex.** Men are more likely to become dependent on or abuse alcohol than are women.
- **Family history.** The risk of alcoholism is higher for people who had a parent or parents who abused alcohol.
- **Emotional disorders.** Being severely depressed or having anxiety places you at a greater risk of abusing alcohol. Adults with attention-deficit/hyperactivity disorder also may be more likely to become dependent on alcohol.

When to Seek Medical Advice

Because denial is frequently a characteristic of alcoholism, it’s unlikely that people who are dependent on or who abuse alcohol will seek medical treatment on their own. Often it takes family members, friends or co-workers to persuade them to undergo screening for alcoholism or to seek treatment.

If you feel that your drinking is a problem – you feel guilty about your drinking and just can’t control it- talk with your doctor about treatment options. Also talk with your doctor if you find that you need a drink first thing in the morning and that you need an increasing amount of alcohol before you start feeling its effects.

Screening and Diagnosis

It's often difficult for doctors to decide which people to screen for an alcohol problem. For example, signs and symptoms such as memory loss or falling might be the result of aging rather than indications of alcohol abuse. Or people may complain to doctors about digestive problems or pain or weakness, but never reveal their abuse of alcohol.

A doctor who suspects an alcohol problem may ask a number of questions regarding drinking habits in order to get an indication of the amount of drinking. If answers to those questions indicate possible alcoholism or alcohol abuse, the doctor may do a short screening test using a standardized questionnaire.

Blood alcohol tests aren't useful in diagnosing alcoholism because the tests indicate consumption only at that particular time. They don't offer clues about long-term alcohol use. Other blood tests that measure the size of red blood cells, which increase with long-term alcohol use, and a factor known as carbohydrate-deficient transferrin may indicate heavy alcohol consumption. Sometimes other tests indicate health problems that may be alcohol related, such as tests showing liver damage or reduced testosterone levels in men.

Denial is a hallmark of alcoholism and people with alcohol dependence tend to minimize the extent of their drinking. The doctor may ask for permission to speak with family members or friends. Concerned family members may also contact the doctor on their own to discuss their concerns. However, confidentiality rules prevent the doctor from giving out any information without consent.

Complications

Alcohol depresses your central nervous system. In some people, the initial reaction may be stimulation. But as you continue to drink, you become sedated. Alcohol lowers your inhibitions and affects your thoughts, emotions and judgment. In sufficient amounts, alcohol impairs speech and muscle coordination. Too much alcohol can severely depress the vital centers of your brain. A heavy drinking binge may even cause a life-threatening coma.

Over time, excessive alcohol use can cause fatigue and short-term memory loss, as well as weakness and paralysis of your eye muscles. Other severe health effects may include:

- **Liver disorders.** Drinking heavily can cause alcoholic hepatitis, an inflammation of the liver. Signs and symptoms may include loss of appetite, nausea, vomiting, abdominal pain and tenderness, fever, yellowing of the skin (jaundice) and sometimes confusion. After years of drinking, hepatitis may lead to cirrhosis, the irreversible and progressive destruction and scarring of the liver tissue.

- **Gastrointestinal problems.** Alcohol can result in inflammation of the lining of the stomach (gastritis) and interfere with absorption of the B vitamins – particularly folic acid and thiamin – and other nutrients. Heavy drinking can also damage your pancreas, which produces the hormones that regulate your metabolism and the enzymes that help digest fats, proteins and carbohydrates.
- **Cardiovascular problems.** Excessive drinking can lead to high blood pressure and damage your heart muscle (cardiomyopathy). These conditions can increase your risk of heart failure or stroke.
- **Diabetes complications.** Alcohol prevents the release of glucose from your liver and can increase the risk of low blood sugar (hypoglycemia). This is dangerous if you have diabetes and are already taking insulin to lower your blood sugar level.
- **Sexual function and menstruation.** Alcohol abuse can cause erectile dysfunction in men. In women, it can interrupt menstruation.
- **Birth defects.** Alcohol use during pregnancy may cause fetal alcohol syndrome. This condition results in birth defects, including a small head, heart defects, a shortening of the eyelids and various other abnormalities. Developmental disabilities are likely as well.
- **Bone loss.** Alcohol may interfere with the production on new bone. This can lead to thinning bones and an increased risk of fractures.
- **Neurological complications.** Excessive drinking can affect your nervous system, causing numbness of your hands and feet, disordered thinking and dementia.
- **Increased risk of cancer.** Chronic alcohol abuse has been lined to a higher risk of cancer of the esophagus, larynx, liver and colon.

Other complications of alcoholism and alcohol abuse may include:

- Domestic abuse and divorce
- Poor performance at work or school
- Increased likelihood of motor vehicle fatalities and arrest for drunken driving
- Grater susceptibility to accidental injuries from other causes
- Higher incidence of suicide and murder

Treatment

Most people with alcoholism or those who abuse alcohol enter treatment reluctantly because they deny that they have a problem. Health problems or legal difficulties may prompt treatment. Intervention helps some people recognize and accept the need for

treatment. If you're concerned about a friend or family member, discuss intervention with a professional.

Various treatments are available to help people with alcohol problems. Depending on the circumstances, treatment may involve an evaluation, a brief intervention, an outpatient program or counseling, or a residential inpatient stay.

Determining Your Level of Dependence

The first step in treatment is to determine whether you're alcohol dependent. If you haven't lost control over your use of alcohol, treatment may involve reducing your drinking. If you're dependent on alcohol, simply cutting back is ineffective. Abstinence must be part of your treatment goal.

If you aren't dependent on alcohol, but are experiencing the adverse effects of drinking, the goal of treatment is to reduce alcohol-related problems – often through counseling or a brief intervention, which usually involves alcohol-abuse specialists who can establish a specific treatment plan. Interventions may include goal setting, behavioral modification techniques, use of self-help manuals, counseling and follow-up care at a treatment center.

Counseling may take many forms. With cognitive behavior therapy, you and your therapist identify distorted thoughts and beliefs that trigger psychological stress. You learn new ways to view and cope with traumatic events. Emphasis is placed on developing a sense of mastery and control of your thoughts and feelings.

Another option may be aversion therapy, in which drinking alcohol is paired with a strong aversive response – such as nausea or vomiting induced by medication. After repeated pairing, the alcohol itself caused the aversive response, which decreased the likelihood of relapse.

Residential Treatment Programs

Many residential alcoholism treatment programs in the United States include abstinence, individual and group therapy, participation in alcoholism support groups, such as Alcoholics Anonymous (AA), educational lectures, family involvement work assignments, activity therapy and the use of counselors and professional staff experienced in treating alcoholism.

Here is what you might expect from a typical residential program:

- **Detoxification and withdrawal.** Treatment may begin with a program of detoxification, usually taking about four to seven days. You may need to take sedating medications to prevent delirium tremens or other withdrawal seizures.
- **Medical assessment and treatment.** Common medical problems related to alcoholism are high blood pressure, increased blood sugar, and liver and heart disease.

- **Psychological support and psychiatric treatment.** Group and individual counseling and therapy support recovery from the psychological aspects of alcoholism. Many treatment programs also offer couples and family therapy because family support can be an important part of the recovery process. In fact, involving a spouse in the treatment process may increase the chances of successful recovery.
- **Emphasis on acceptance and abstinence.** Effective treatment is impossible unless you accept that you're addicted and currently unable to control your drinking.
- **Drug treatments.** An alcohol-sensitizing drug called disulfiram (Antabuse) may be a strong deterrent. Disulfiram won't cure alcoholism nor can it remove the compulsion to drink. But if you drink alcohol, the drug produces a severe physical reaction that includes flushing, nausea, vomiting and headaches. Naltrexone (ReVia), a drug long known to block the narcotic high, also reduces the urge to drink. Acamprosate (Campral) is an anti-craving medication that may help you combat alcohol cravings and remain abstinent from alcohol. Unlike disulfiram, naltrexone and acamprosate don't make you feel sick soon after taking a drink. In June 2006, the Food and Drug Administration (FDA) approved the first injectable drug to treat alcohol dependence. Vivitrol, a version of the drug naltrexone, is injected in the buttocks once a month by a health care professional. It may reduce the urge to drink by blocking neurotransmitters in the brain thought to be associated with alcohol dependence. Vivitrol doesn't affect alcohol withdrawal symptoms. It's intended for people with alcoholism who are receiving counseling and who haven't had a drink for at least a week. Although similar medication can be taken in pill form, the injectable version of the drug may be easier for people recovering from alcohol dependence to use consistently.
- **Continuing support.** Aftercare programs and support groups help people recovering from alcoholism or alcohol abuse abstain from drinking, manage relapses and cope with necessary lifestyle changes.

Prevention

Knowing and recognizing a family history of alcoholism for you or others is an important step toward seeking treatment before alcohol use or alcohol abuse progresses to alcoholism.

Early intervention is particularly important to prevent alcohol dependence in teenagers. Alcohol use among teens increased dramatically during the high-school years, and leads to serious consequences for many teens. Each year in the United States, alcohol-related automobile accidents are a major cause of teen deaths. Alcohol also is often a cause in other teenage deaths, including drowning, suicides, and homicides. Teens who drink are more likely to become sexually active, have sex more frequently and engage in risky unprotected sex than teens who don't drink.

For young people, the likelihood of addiction depends on the influence of parents, peers and other role models, susceptibility to advertising, how early in life they begin to use

alcohol, the psychological need for alcohol and genetic factors that may predispose them to addiction.

If you have a teenager, be alert to signs and symptoms that may indicate a problem with alcohol:

- Less or no interest in activities and hobbies
- Bloodshot eyes, slurred speech and memory lapses
- Difficulties or changes in relationships with friends, often characterized by joining a new crowd
- Declining grades and problems in school
- Frequent mood changes and defensive behavior

You can help prevent teenage alcohol use. Start by setting a good example with your own alcohol use. Talk openly with your child and spend quality time together, but respect your child's need for independence. Let your child know what behavior you expect – and what the consequences will be if he or she doesn't follow the rules. Make sure your child understands the legal and medical consequences of drinking.

Coping Skills

Many people seeking to end their alcohol dependence or abuse, and their family members, find that participating in support groups is an essential part of coping with the disease, preventing or dealing with relapses, and staying sober.

Alcoholics Anonymous

The fellowship of Alcoholics Anonymous (AA) was formed in 1935. As a self-help group of people recovering from alcoholism, AA offers a sober peer group as an effective model for achieving total abstinence.

The AA program is built around 12 steps, which are straightforward suggestions for people who choose to lead sober lives. As guides to recovery, the 12 steps help those with alcoholism to accept their powerlessness over alcohol. They stress the necessity for honesty about the past and present.

Recovery in AA is based on accepting the unique experience of each person. Through listening and sharing stories, people who abuse or are dependent on alcohol learn they aren't alone. There are no fees for membership or requirements for following the 12 steps – only a willingness to try to remain sober.

Al-Anon and Alateen

Eventually family members of people recovering from alcoholism formed a complementary self-help group called Al-Anon. Al-Anon is designed for people who are affected by someone else's alcoholism. In sharing their stories, they gain a greater

understanding of how the disease affects the entire family. Al-Anon accepts the 12 steps of AA as the principles by which participants are to conduct their lives. It also emphasizes the need to learn detachment and forgiveness. In many communities, Alateen groups also are available for teenage children of those with alcoholism.

Your doctor or counselor can refer you to an AA group or other local support group. These groups are also commonly listed in the phone book, in the local newspaper and on the Web.

Complementary and Alternative Medicine

Acupuncture, the insertion of hair-thin needles under the skin, may relieve cravings for alcohol and alleviate some of the symptoms of alcohol withdrawal, such as tremors and fatigue. Acupuncture may also reduce anxiety and depression, which leads some people to drink alcohol.