



Editorial

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

Hanne Tønnesen

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About the AUTHOR

Editor-in-Chief

Director, Clinical Health Promotion Centre, Bispebjerg & Frederiksberg Hospital, University of Copenhagen, Copenhagen, Denmark.

Professor at Lund University, Skåne University Hospital, Malmö, Sweden

CEO, International HPH Secretariat

Contact:

Hanne Tønnesen
Hanne.Tonnesen@regionh.dk



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 undergoing ankle fracture surgery who also had a high alcohol intake were simultaneously diagnosed with syndrome of dependence (3).

Are you familiar with the new dependence terminology and criteria of ICD-11?

In the latest version of the International Classification of Diseases (ICD-11) version from April 2019, a new classification related to alcohol and other psychoactive substances was released. An important aim was to make diagnosing easier in both primary and secondary healthcare. Consequently, the number of symptoms related to alcohol dependence were collapsed from 6 to now only 3 (Table 1).

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) (6). 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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Table 1 Comparing the symptoms of alcohol abuse, alcohol dependence and alcohol use disorder (AUD) based on the updated and previous DSM and ICD versions.

	DSM-5	DSM-4	ICD-11	ICD-10
Role impairment	AUD	Abuse	–	–
Hazardous use	AUD	Abuse	–	–
Legal problems	–	Abuse	–	–
Interpersonal problems	AUD	Abuse	–	–
Tolerance	AUD	Dependence	Dependence: Physical symptoms of tolerance, withdrawal symptoms with or without craving	Dependence
Withdrawal	AUD	Dependence		Dependence
Urge or craving	AUD	–		Dependence
Loss of control	AUD	Dependence	Dependence: Impaired control	Dependence
Repeated attempts or strong desire to reduce or stop use	AUD	Dependence		
Reduce activities to use alcohol	AUD	Dependence	Dependence: Priority of use	Combined into 1 item: Dependence
Much time spent using	AUD	Dependence		
Use despite psychological or physical problems	AUD	Dependence		Dependence

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 ef-

forts 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.

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