

Medical Complications of AUD

Providing care in long term recovery

- Care of a patient with AUD involves monitoring for medical problems and conditions caused or exacerbated by or risk increased by alcohol use:
 - **Cardiovascular:** cardiomyopathy, atrial fibrillation, myocardial infarction, heart failure
 - **Head and Neck:** periodontal disease, oral and throat cancers
 - **Endocrine:** diabetes, hypogonadism, gynecomastia, galactorrhea
 - **Gastrointestinal:** peptic ulcer disease, reflux, cancers including liver, pancreatic, esophageal, stomach, colorectal
 - **Neurological:** peripheral neuropathy, gait disturbances, seizures, Wernicke's, CVA (ischemic and hemorrhagic)
 - **Hematological:** macrocytic anemia, platelet dysfunction
 - **Ob/Gyn:** breast cancer, miscarriage, stillbirth, preterm birth, FAS/FASD, SIDS
 - **Psychiatric:** dementia, Korsakoff's psychosis, depression, anxiety

At a follow up visit 3 months later, Mr. A reports continued sobriety with no cravings. He has had no intervening episodes of sudden weight gain, chest pain or shortness of breath. Pre-visit lab results show his diabetes control is improving as are his cholesterol levels, especially triglycerides. However, his liver function tests are now two and a half times the upper limit of normal. His chief complaint today is 'taking too many pills...I feel like a chicken pecking corn'. He asks about stopping the naltrexone.

You recommend:

- A. Continuing naltrexone for 3 more months
- B. Tapering the naltrexone now with follow up in 3 months
- C. Stopping the naltrexone now with follow up in 1 month
- D. A choice between 1 and 3
- E. A choice between 1 and 2