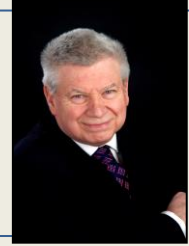


# Medicine for Managers

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## Alcoholism

**“A man who drinks too much on occasion is still the same man as he was sober. An alcoholic, a real alcoholic, is not the same man at all. You can’t predict anything about him for sure except that he will be someone you never met before”. So said Raymond Chandler in his book ‘The Long Goodbye’. Russell Brand said “. . unless they have structured help, they have no hope”.**

Thousands have written and spoken on the subject and advice and support is ubiquitous, and yet it remains a scourge of modern society. Perhaps part of the problem is the stealth with which it creeps up on so many because there is no distinct line between social drinking, moderate drinking and what has become known colloquially as ‘problem drinking’. In many cases it is important to recognise, not the total quantity of alcohol being consumed per se, but the reason for its consumption. If it is to cope, or to forget, or to avoid undesirable symptoms, it places the individual in a difficult position and, at that stage, he or she should recognise the warning symptoms and cut back on alcohol consumption. Recognition of the problem is the first stage of overcoming it.

So what is it? **Alcohol Use Disorder** (which, at its more severe end, is called **Alcoholism**, is a pattern of alcohol use that involves difficulty or inability to control alcohol consumption, continuing to use alcohol when it causes social, domestic or physical problems, having to drink increased quantities of alcohol to obtain the same effect and experiencing withdrawal symptoms when consumption stops.

Tolerance to alcohol is the first key warning sign as, over time, you need increasing quantities of alcohol to feel the same.

The second major warning sign is the need to manage withdrawal. Alcoholics often need to drink to steady the shaking in the mornings, they may feel anxious, sweaty, nauseated, depressed, irritable, tired and experience loss of appetite, headaches and insomnia. As the problem becomes more serious, alcoholics may experience hallucinations, seizures and severe agitation.

Other clues to alcohol abuse may be:

- Guilt or shame associated with drinking
- Concealing alcohol for private consumption
- Lying about drinking habits
- Friends and family worried about the amount consumed
- Forgetting activities which occurred whilst drinking

Alcohol use disorder or alcohol abuse may be distinguished from alcoholism because, unlike alcoholics, alcohol use abusers do have some ability to set limits on their drinking. However,

their use of alcohol is still self-destructive and dangerous to themselves and others. Alcoholics display the same symptoms as alcohol abusers but it also involves physical dependence on alcohol. People who rely on alcohol to function or who feel compelled to drink, are alcoholics.

Becoming an alcoholic may be associated with a complex interaction of factors. These include genetic factors, social environment (particularly during childhood) and race. Some racial groups are more prone to alcoholism than others. Furthermore, patients who suffer from mental health disorders, such as anxiety, depression and bipolar are also at increased risk. In such situations, alcohol may be used to self-medicate rather than to seek professional help.

Symptoms and signs of alcohol abuse and particularly of alcoholism include the following:

- **Neglect of responsibility.** Friends and family may notice declining performance at work, or at university, or there may be domestic problems such as ignoring or mistreating the children or missing commitments because of post-alcohol hangovers.
- **Legal problems.** Issues such as drink driving, disorderly conduct, abusive behaviour, etc. may give a vital clue.
- **Ignoring family problems.** Issues such as staying out drinking with friends rather than being at home, or being involved in repeated domestic disputes, resulting in a deterioration in the marital relationship, may lead to the collapse of the family unit.

- **Drinking to relax.** Alcohol consumption increases to relax, to overcome stress, to cope with having had an argument with a friend or work colleague or anything that creates a challenge of any sort to normal living.

Denial is a major stumbling block to recognising the problem and seeking help. It may present in a variety of ways; seriously underestimating the amount consumed, minimising any problems it causes, insisting that people around them are exaggerating the issues and even blaming the drinking on others. Clinicians involved in caring for and supporting alcoholics will have heard stories about unreasonable bosses and bad-tempered and unreasonable wives (or husbands) as the explanation for alcohol consumption.

Denial often extends to insistence that ***“I can stop drinking if I want to”*** (which they almost certainly cannot), ***“my drinking doesn’t hurt anyone else”*** (which it almost certainly does), ***“I don’t drink every day so I am not an alcoholic”*** (which is irrelevant because it is the effects that describe the problem), ***“I only drink beer or wine”*** (which is irrelevant), ***“I’m not an alcoholic because I have a job”*** (which may be true and some alcoholics can maintain a professional and a domestic life but, over time, things do fall apart), and ***“drinking isn’t abuse like drugs”*** (when in fact it is every bit as damaging).

### The Physical Consequences of Alcoholism

Alcohol can damage virtually every organ in the body. Consequences may include:

- Liver cirrhosis
- Pancreatitis
- Neurological damage leading to epilepsy, polyneuropathy and dementia
- Heart disease
- Malabsorption
- Peptic ulcers
- Skeletal fragility leading to fractures
- Cancer

Women develop the complications of alcohol abuse more rapidly than men and have a higher mortality rate. In addition their risk of breast cancer increases together with reduced reproductive capacity and disturbed menstrual cycles, together with an early menopause.

This is in large part because equal doses of alcohol consumed by men and women result in women having higher blood alcohol concentrations. This is due to women having a higher percentage of body fat and therefore a lower volume of distribution of alcohol than men and because the stomachs of men tend to metabolise alcohol more quickly.

### **The Psychiatric Consequences of Alcoholism**

25% of alcoholics suffer psychiatric disturbances, including anxiety and depression (most common), psychosis and confusion. Men may more commonly suffer antisocial personality, bipolar and ADHD; women more commonly suffer major depression, panic, bulimia, post traumatic stress disorder and borderline personality disorder. About one in

eight patients with dementia is as a result of alcohol.

### **The Effect on the Family**

Alcoholism is a very serious problem for other family members. Successful treatment of alcoholism depends on the alcoholic *wanting* to recover. However this will be helped by having family and friends to provide support with encouragement, comfort and guidance.

Without good support the relapse rate is high because of resorting to alcohol when things are difficult. Recovery may also mean the treatment of physical alcohol damage, mental health support and the development of coping strategies. It is important too to identify the problems (work, relationships, money, etc.) which contributed to the alcohol abuse and alcoholism in the first place so that actions can be taken to manage or resolve them and eliminate them as a future cause of relapse.

‘Detox’ remains an effective approach, still commonly undertaken using reducing doses of chlordiazepoxide (*Librium*) over 7-14 days. It needs close monitoring and considerable support from a ‘buddy’ and must be combined with an agreed management plan once the drug therapy is complete.

Living with an alcoholic who has not recognised the nature and depths of the problem is usually extraordinarily difficult. Denying the problem will only prolong it and, though it is often counterintuitive to cover up for a loved-one, it

is more damaging to do so. Therefore it is important not to:

- Cover up for them or make excuses
- Take over their roles or responsibilities
- Punish or threaten or blackmail
- Argue with them when they are drunk

It is important to remember

- You cannot force someone to stop using alcohol
- You cannot expect them to cease alcohol consumption and to recover without help, and
- You have to remember that recovery is usually not easy. It usually comes with setbacks

Once there is recognition of the problems, it may be wise to join Alcoholics Anonymous. It is a good initial step. Listening to the battles experienced by others in the quest to stay alcohol-free can be very supportive. Other people who can help are the doctor, the priest or other local clinics or therapists. But there almost invariably has to be someone. To quote Dr Michael Taylor, whose commitment to mental health and to alcoholism is well-known in the North-West, of recovery “No-one can do it for you, but you cannot do it alone”.

Sadly many people never manage to control the demon that is alcohol and they deteriorate physically and mentally beyond the point of recovery and premature death is a recurring feature. Many others, however, do succeed in staying free of alcohol. The challenge is by remaining ‘dry’ on a daily basis. Alcohol is a scourge for so many and, speaking now as a

doctor, I have the utmost admiration for those people I have seen who have overcome the condition.

Perhaps, of many, there are three quotes which might seem appropriate. Firstly, Oscar Wilde, whose life was a struggle for other reasons, said “Every saint has a past and every sinner has a future”. Secondly Benjamin Disraeli, who said “Action may not always bring happiness, but there is no happiness without action”. But perhaps the third quote makes the point best for the alcoholic, who has sunk to the depths of despair, and for whom the path to recovery involves an enormous challenge of recognising the problem and deciding to change. Martin Luther King Jr said “Faith is taking the first step even when you don’t see the whole staircase”.

A useful first port of call may be

<http://www.alcoholics-anonymous.org.uk/Professionals>

which is brilliantly helpful for healthcare professionals with alcohol dependence

or

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk) or e-mail

[contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)

Telephone 0300 123 1110 (no charge)

or, out-of-hours, 0207 566 9800