Initiating blood work for the purpose of evaluating diagnosed or suspected alcohol use disorder

English summary

Une production de l’Institut national d’excellence en santé et en services sociaux (INESSS)
SUMMARY

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Introduction

Pharmacotherapy aimed at supporting alcohol withdrawal, maintaining abstinence, or reducing drinking can play an important role in the overall management of individuals with alcohol use disorder (AUD). However, the choice of preferred drugs and certain aspects of the follow-up are influenced by the individual's health status, certain parameters of which can be assessed with laboratory tests.

In 2014, the Ministère de la Santé et des Services sociaux (MSSS) asked the Institut national d'excellence en santé et en services sociaux (INESSS) to develop, update and host the current national medical protocols and prescription templates. To facilitate the management of individuals with AUD, and with relevance to the implementation the 2018-2028 interministerial addiction action plan (PAID), the MSSS’s Direction nationale des soins et services infirmiers asked the INESSS to develop a national medical protocol (NMP) and a corresponding collective prescription (CP) template for guiding the initiation of blood work in the context of evaluating a person with diagnosed or suspected AUD.

Methodology

A systematic review of clinical practice guidelines (CPGs), expert consensus statements, consensus conference reports, guidance documents and any other items containing clinical recommendations was conducted across several databases in accordance with the INESSS’s standards and processes. The literature search was limited to items published between January 2015 and May 2020. The selected items focused on individuals with AUD for whom pharmacotherapy for alcohol withdrawal syndrome or relapse prevention was being considered. The information sought was the health status assessment criteria, the contraindications to initiating blood work, the laboratory tests to be ordered based on certain populations, medical conditions or pharmacological treatments, and the follow-up required in connection with the test results.

In addition, a manual literature search was conducted by consulting the websites of health technology assessment agencies and organizations, and those of government and paragovernmental agencies and professional associations or bodies pertaining to the topic of interest. The lists of references in the selected publications were examined for other relevant items.

The data were analyzed from the perspective of contextualizing Québec practice, using mainly legislative, regulatory, and organizational contextual elements specific to Québec, and the experiential knowledge provided by the different stakeholders consulted.
Results

The data search yielded 4941 items, from which 10 CPGs were selected. These CPGs were deemed to be of adequate methodological quality for use, based on the AGREE II instrument.

The review of the best clinical practice recommendations, together with the contextual information and the experiential knowledge provided by the members of the advisory committee, served to define the clinical situation indicated in the NMP so that it covers the various objectives of the blood work according to the stage at which the person is being managed, whether AUD has been diagnosed or is only suspected. When alcohol withdrawal or pharmacotherapy for relapse prevention is indicated or being considered, all persons 18 years of age or older with diagnosed or suspected AUD, given an AUDIT score of 8 or higher, should have blood work. In addition, it was determined from the same process that the validity period for previous test results should be one month. As well, certain precautions pertaining to possible symptoms of active withdrawal have been added to ensure a safe procedure and a timely and adequate follow-up.

The methods used to develop the NMP and the collective prescription model helped determine which laboratory tests are relevant in the basic blood work for a person who potentially has AUD, notably electrolytes, glucose and magnesium, liver and kidney function tests and a complete blood count, plus screening tests for certain sexually transmitted and blood-borne infections (STBBIs) for which alcohol abuse can be a risk factor.

Lastly, the experiential knowledge provided by the stakeholders highlighted the fluctuating course of the clinical condition of a person with AUD, particularly with regard to their state of intoxication or the current severity of a mental health condition, which can vary from one medical visit to the next and affect their ability to participate in the history-taking process. The importance of seizing opportunities to obtain information from the person that would be useful for the management of their withdrawal or AUD by a member of the multidisciplinary team has therefore been emphasized in the protocol.

Conclusion

The development of this NMP and the corresponding collective prescription template was based on best clinical practice recommendations, which were enhanced with the experiential knowledge provided by different experts and clinicians and with contextual information. Given the analysis involving the triangulation of the data from these different sources, the protocol and template should promote interdisciplinarity and better management of persons with AUD. The need to update the national medical protocol will be assessed at least every four years so that it can be revised within five years.