Summary of Recommendations

The 15 recommendations in the *Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder* are outlined below, with the GRADE ratings for quality of evidence and strength of recommendation in parentheses.

RECOMMENDATIONS
(GRADE ratings for quality of evidence and strength of recommendation)

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Screening, Diagnosis, and Brief Intervention

RECOMMENDATION 1: When appropriate, clinicians should inquire about current knowledge of and offer education to adult and youth patients about Canada's Guidance on Alcohol and Health, in order to facilitate conversations about alcohol use.
(LOW, STRONG)

RECOMMENDATION 2: All adult and youth patients should be screened routinely for alcohol use above low risk.
(MODERATE, STRONG)

RECOMMENDATION 3: All adult and youth patients who screen positive for high-risk alcohol use should undergo a diagnostic interview for AUD using the DSM-5 criteria and further assessment to inform a treatment plan if indicated.
(LOW, STRONG)

RECOMMENDATION 4: All patients who screen positive for high-risk alcohol use should be offered brief intervention.
(MODERATE, STRONG)

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Withdrawal Management

RECOMMENDATION 5: Clinicians should use clinical parameters, such as past seizures or past delirium tremens, and the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) to assess the risk of severe alcohol withdrawal complications and determine an appropriate withdrawal management pathway.
(MODERATE, STRONG)

RECOMMENDATION 6: For patients at low risk of severe complications of alcohol withdrawal (e.g., PAWSS < 4), clinicians should consider offering non-benzodiazepine medications, such as gabapentin, carbamazepine or clonidine for withdrawal management in an outpatient setting (e.g., primary care, virtual).
(gabapentin: **MODERATE, STRONG**; carbamazepine, clonidine: **LOW, STRONG**)

RECOMMENDATION 7: For patients at high risk of severe complications of withdrawal (e.g., PAWSS ≥ 4), clinicians should offer a short-term benzodiazepine prescription, ideally in an inpatient setting (i.e., withdrawal management facility or hospital). However, where barriers to inpatient admission exist, benzodiazepine medications can be offered in outpatient settings if patients can be closely monitored.
(HIGH, STRONG)

RECOMMENDATION 8: All patients who complete withdrawal management should be offered ongoing AUD care.
(LOW, STRONG)

Ongoing Care – Psychosocial Treatment Interventions

RECOMMENDATION 9: Adults and youth with mild to severe AUD should be offered information about and referrals to specialist-led psychosocial treatment interventions in the community.
(MODERATE, STRONG)

Ongoing Care – Pharmacotherapy

RECOMMENDATION 10: Adult patients with moderate to severe AUD should be offered naltrexone or acamprosate as a first-line pharmacotherapy to support achievement of patient-identified treatment goals.
   A. Naltrexone is recommended for patients who have a treatment goal of either abstinence or a reduction in alcohol consumption.
   B. Acamprosate is recommended for patients who have a treatment goal of abstinence.
(HIGH, STRONG)

RECOMMENDATION 11: Adult patients with moderate to severe AUD who do not benefit from, have contraindications to, or express a preference for an alternative to first-line medications can be offered topiramate or gabapentin.
(Topiramate: MODERATE, STRONG; Gabapentin: LOW, CONDITIONAL)

RECOMMENDATION 12: Adult and youth patients should not be prescribed antipsychotics or SSRI antidepressants for the treatment of AUD.
(MODERATE, STRONG)

RECOMMENDATION 13: Prescribing SSRI antidepressants is not recommended for adult and youth patients with AUD and a concurrent anxiety or depressive disorder.
(MODERATE, STRONG)

RECOMMENDATION 14: Benzodiazepines should not be prescribed as ongoing treatment for AUD.
(HIGH, STRONG)

Community-Based Supports and Programs

RECOMMENDATION 15: Adults and youth with mild to severe AUD should be offered information about and referrals to peer-support groups and other recovery-oriented services in the community.
(MODERATE, STRONG)