FEDERAZIONE ITALIANA DEGLI OPERATORI
DEI DIPARTIMENTI E DEI SERVIZI DELLE DIPENDENZE

TERAPIA FARMACOLOGICA DEL DUA

INTERVENTO FARMACOLOGICO PRECOCE

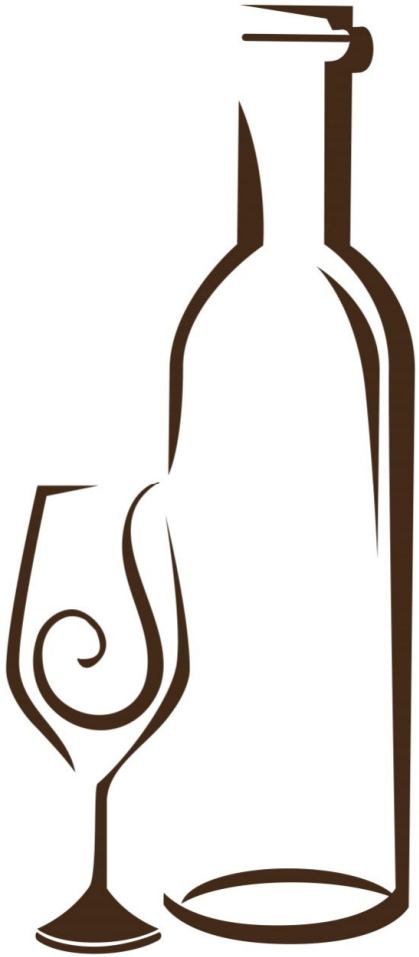
Dr. Teo Vignoli

Direttore UO Dipendenze Patologiche
di Rimini

Direttivo Nazionale
Società Italiana Alcologia

Coordinatore Regionale
Gruppo Alcol Emilia Romagna

- Perché l’intervento farmacologico precoce
- Trattamento precoce SAA
- Trattamento precoce SAP
- Trattamento precoce di mantenimento
- Trattamento in un contesto non specialisitico



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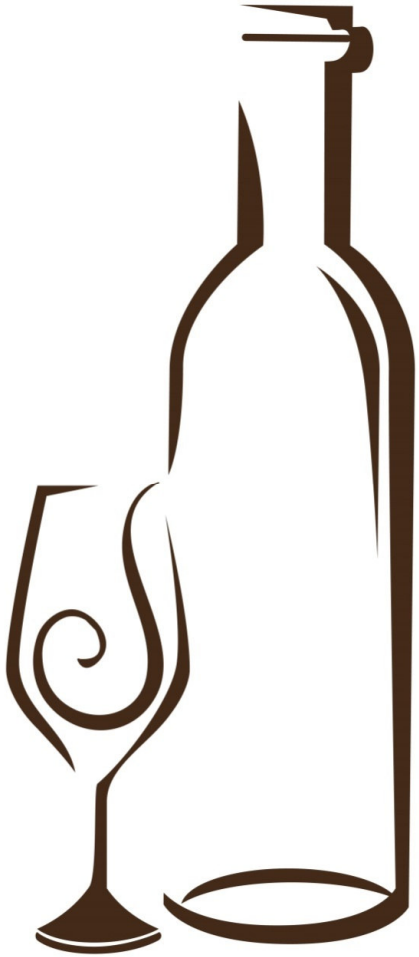

Ministero della Salute

SOLO IL 32 % DEI PAZIENTI CON DUA CHE SONO IN CARICO AI SERVIZI HANNO TERAPIA FARMACOLOGICA

INTERVENTO FARMACOLOGICO PRECOCE

TRATTAMENTO MULTIDISCIPLINARE	→	AUMENTO EFFICACIA
SOLLIEVO DAI SINTOMI (ASTINENZA E CRAVING)	→	AUMENTO AUTOEFFICACIA
CURA DELLA MALATTIA	→	DESTIGMATIZZAZIONE
AGGANCIO AL SERVIZIO	→	AUMENTO DELLA COMPLIANCE

- Perché l’intervento farmacologico precoce
- **Trattamento precoce SAA**
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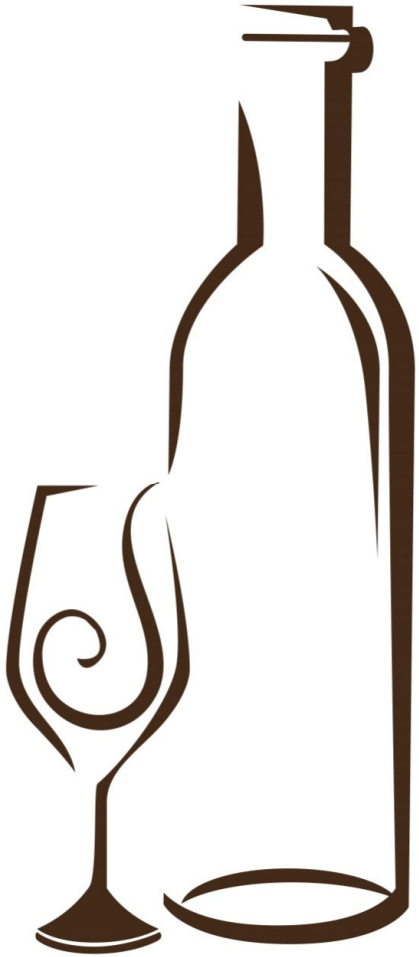


Diagnosis and treatment of acute alcohol intoxication and alcohol withdrawal syndrome: position paper of the Italian Society on Alcohol

Fabio Caputo[1,2] · Roberta Agabio[3] · Teo Vignoli[4] · Valentino Patussi[5] · Tiziana Fanucchi[5] · Paolo Cimarosti[6] · Cristina Meneguzzi[6] · Giovanni Greco[7] · Raffaella Rossin[8] · Michele Parisi[9] · Davide Mioni[10] · Sarino Arico'[11] · Vincenzo Ostilio Palmieri[12] · Valeria Zavan[13] · Pierluigi Allosio[14] · Patrizia Balbinot[15] · Maria Francesca Amendola[16] · Livia Macciò[17] · Doda Renzetti[18] · Emanuele Scafato[19] · Gianni Testino[15]

Accepted: 22 August 2018 Internal and Emergency Medicine

Società Italiana di Alcologia

SAA lieve (CIWA<8)
No terapia
Rifare Ciwa dopo 8 ore

SAA moderata (CIWA 8-15)
Benzodiazepine
Sodio Oxibato
Tiapride

SAA severa (CIWA>15)
Benzodiazepine

NON POSSIAMO ASPETTARE L'ALCOLEMIA 0.0

LA DIAGNOSI DI SAA DI SOLITO E' ANAMNESTICA

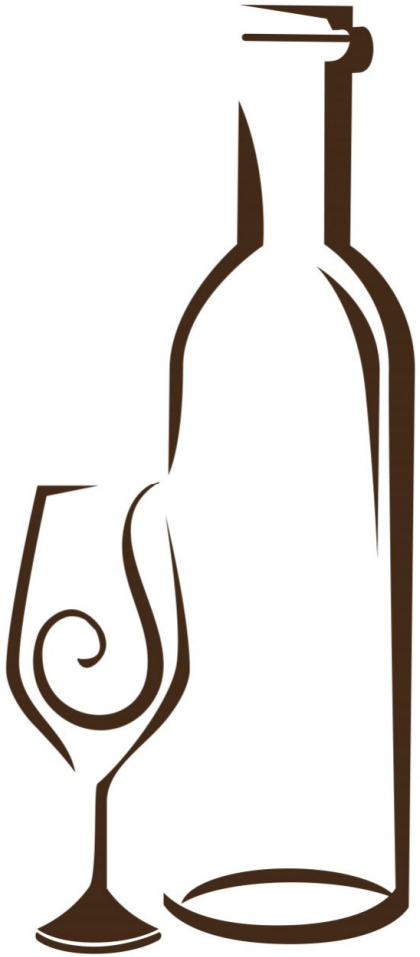
PRETENDERE LA COMPLIANCE E NON L'ASTENSIONE

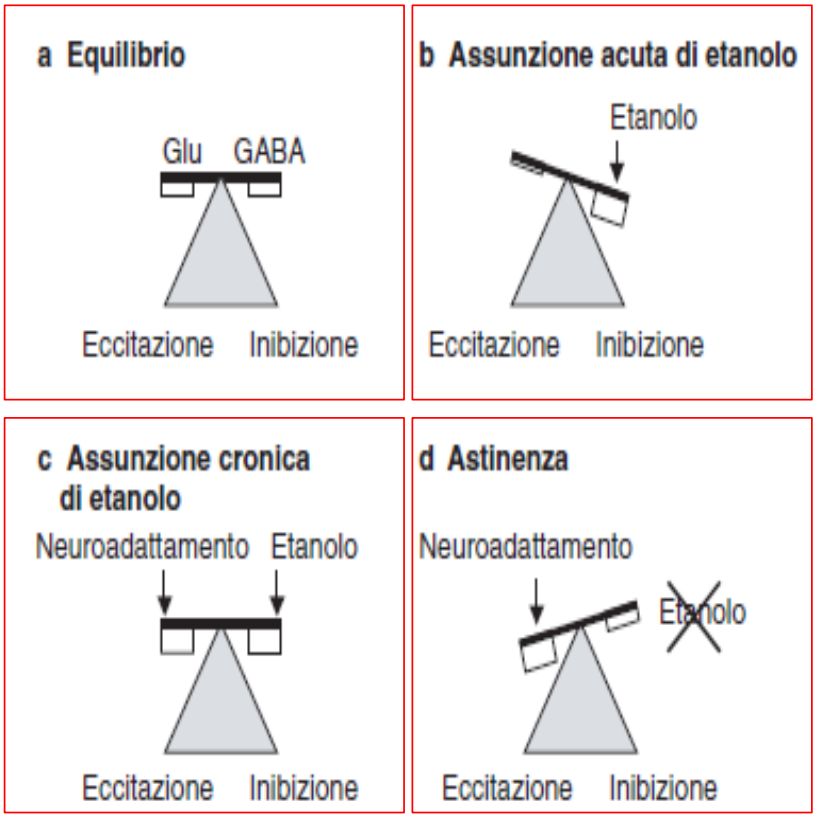
Paziente accede al servizio con 2,1 di alcolemia, rimane 4 ore in attesa e manifesta sintomi astinenziali a 1,0: inizio trattamento sulla base della clinica senza attendere lo 0.0.

Paziente riferisce sintomi astinenziali al risveglio con riduzione/remissione dei sintomi dopo assunzione di alcol. Quale utilità a oggettivare la SAA? Prescrivo trattamento da iniziare mattina dopo.

Paziente riferisce sintomi astinenziali e pensa di non riuscire a smettere di bere. Non rinuncio al trattamento per il rischio che assuma alcol ma inizio trattamento con accessi quotidiani al servizio e monitoraggio.

- Perché trattamento precoce
- Trattamento precoce SAA
- **Trattamento precoce SAP**
- Trattamento precoce di mantenimento
- Trattamento in un contesto non specialsitico
- Personalizzazione



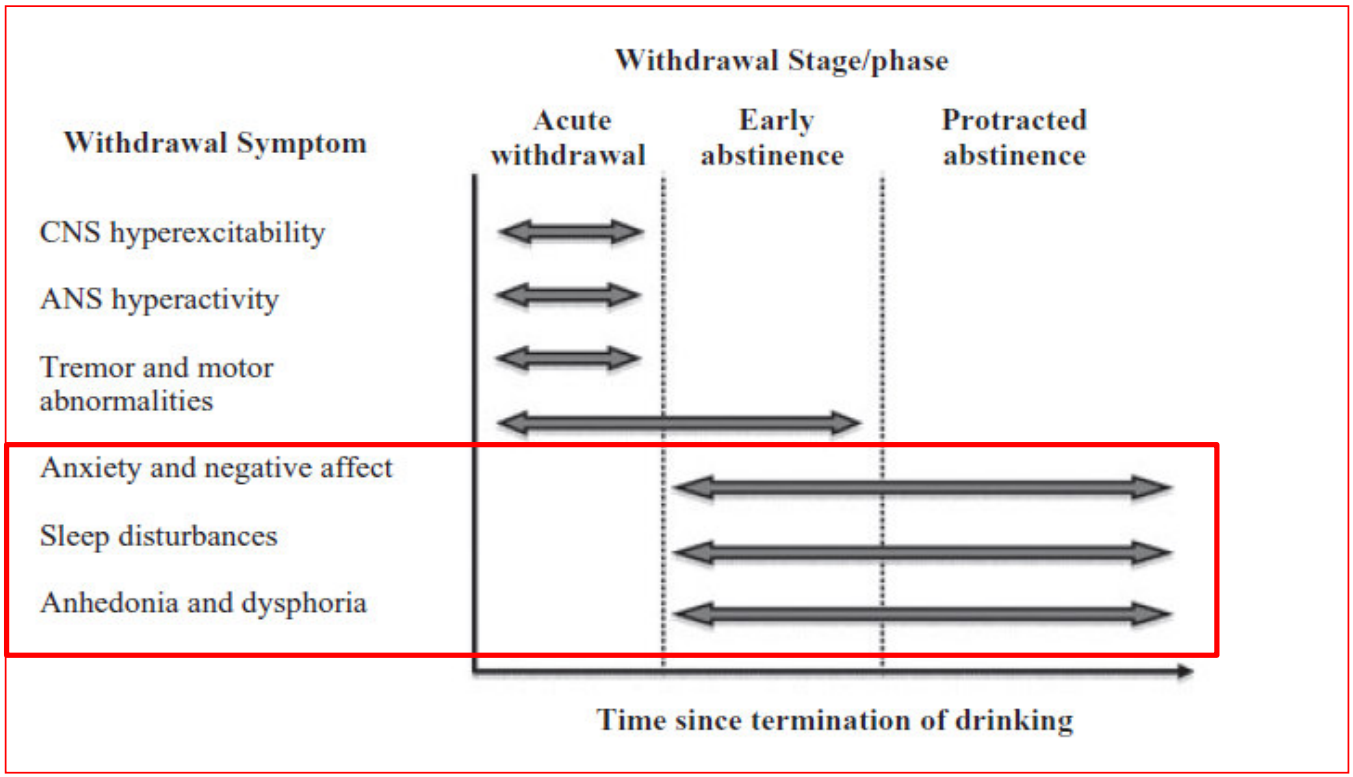


(Himmelsbach, Ann Int Med, 1941

Ipertono Glutamatergico
Ipotono GABAergico

SINDROME DI ASTINENZA DA ALCOL

Acute withdrawal phase: humans (48–72 hours);
Early abstinence phase: humans (2-3 weeks)
Protracted abstinence phase: humans (> 3 months)



(Heilig et al., Add Biol, 2010)

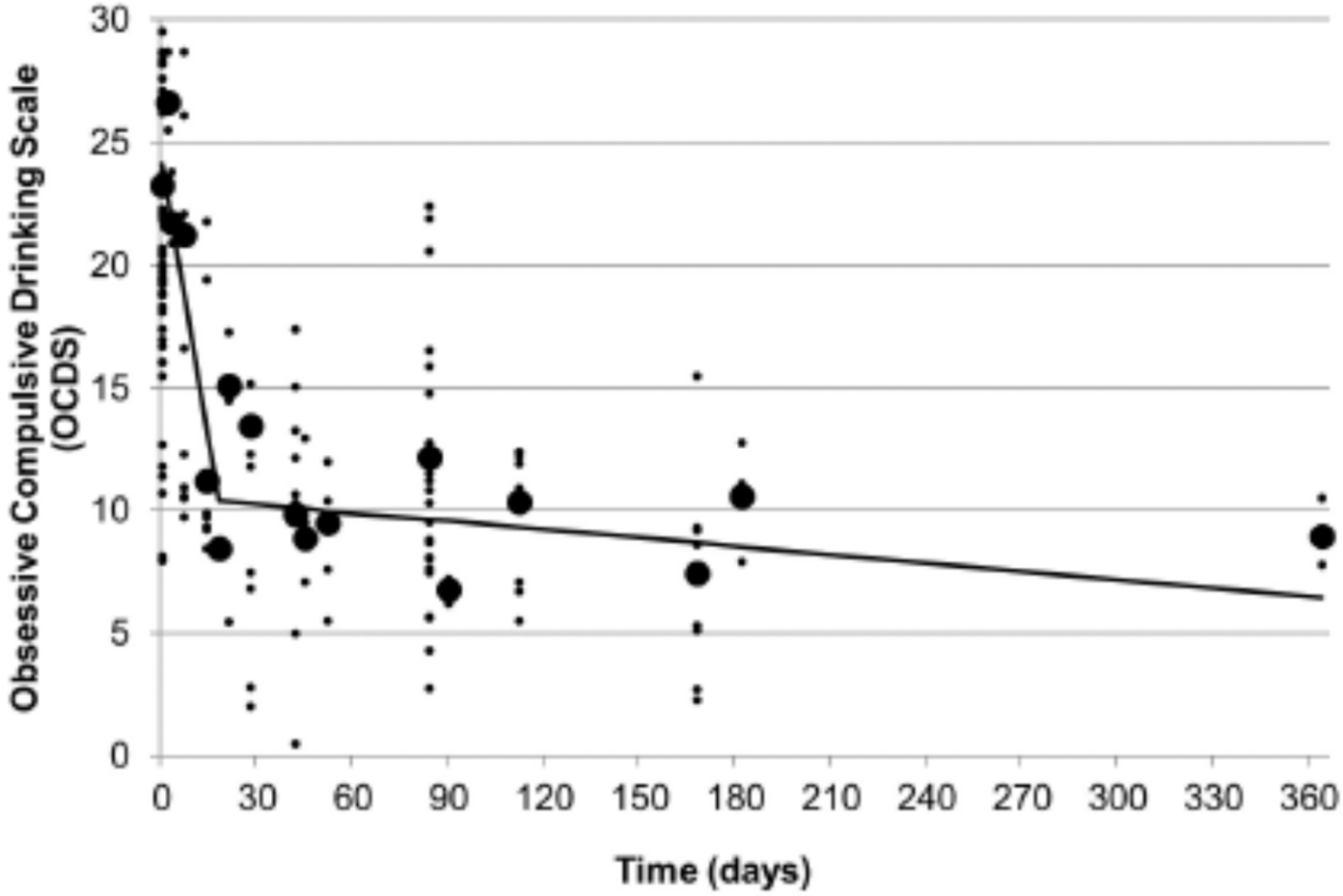
SYSTEMATIC REVIEW ARTICLE

Symptoms of Protracted Alcohol Withdrawal in Patients with Alcohol Use Disorder: A Comprehensive Systematic Review

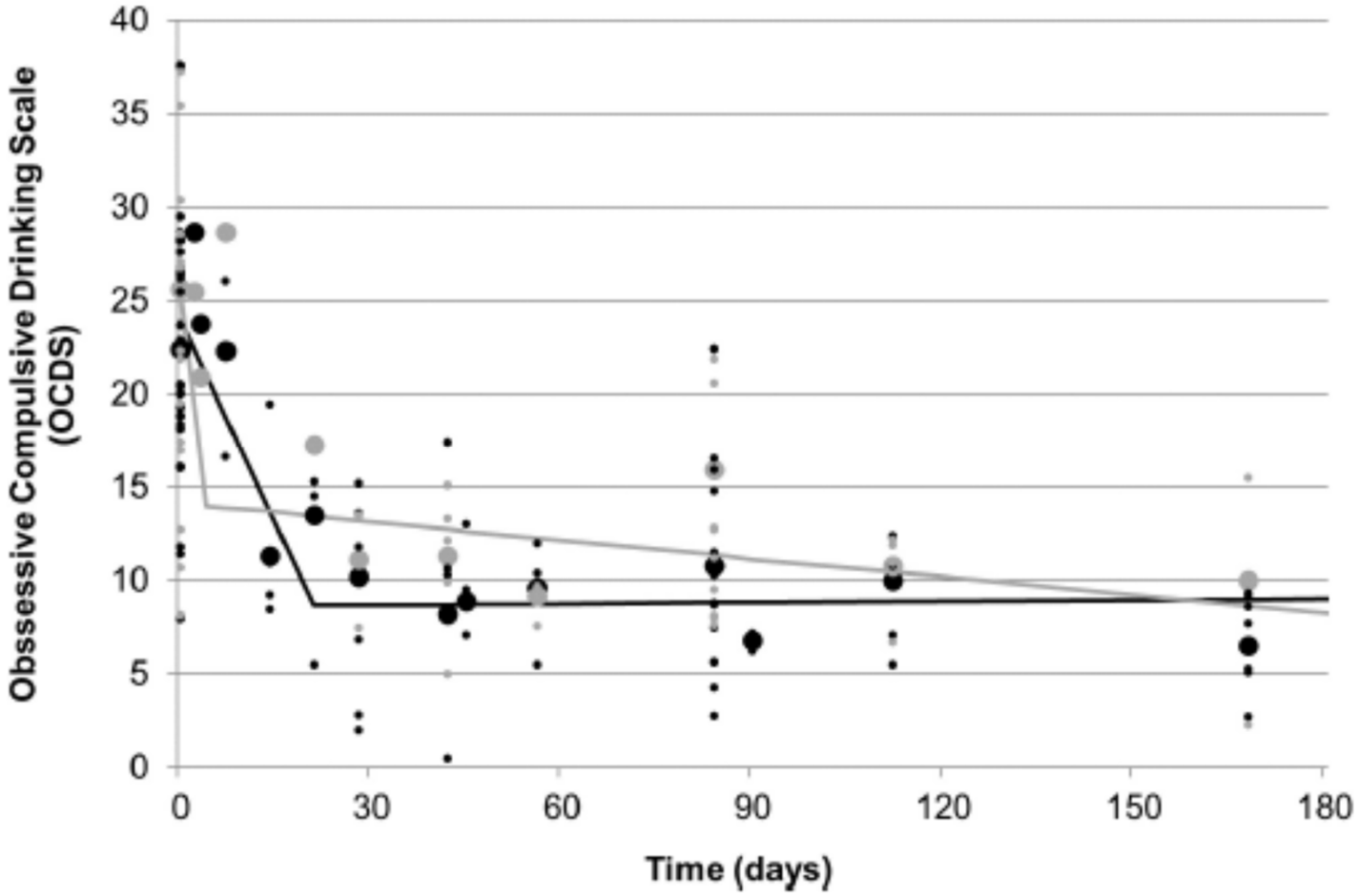
Silvano Gallus[1], Alessandra Lugo[1], Elisa Borroni[1], Teo Vignoli[2], Lisa Lungaro[3], Giacomo Caio[3], Roberto De Giorgio[3], Giorgio Zoli[3,4] and Fabio Caputo[3,4,*]

[1]*Department of Environmental Health Sciences, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy;* [2]*Department of Addiction and Mental Health, Romagna Healthcare Service, Lugo Addiction Unit, Bologna, Emilia-Romagna, Italy;* [3]*Department of Translational Medicine, Centre for the Study and Treatment of Alcohol-Related Diseases, University of Ferrara, Ferrara, Italy;* [4]*Department of Internal Medicine, SS Annunziata Hospital, University of Ferrara, Cento (Ferrara), Italy*

***Summary*:** This systematic review summarizes literature on major symptoms of protracted alcohol withdrawal in patients with alcohol use disorder. The pharmacological approach to manage protracted alcohol withdrawal ensures a more rapid reduction of symptoms (craving in particular), achieving in three weeks similar results obtained only after almost 6 months without treatment.



Linear spline for craving measured by Obsessive Compulsive Drinking Scale (OCDS) over time until one year of follow-up. The knot is the time point where the optimal linear spline model changes slope. Knot observed 18 days after withdrawal; β1 ($x<18$): -0.76 (p-value <0·001); β1+β2 ($x\geq18$): -0·01 (p-value=0·163), where β1 represents the slope of the line obtained from the linear spline before the knot and β2 after the knot.



Linear spline for craving measured by Obsessive Compulsive Drinking Scale (OCDS) over time, until six months of follow-up, in strata of pharmacological treatment (the black line: treated with a pharmacological drug, the gray line: untreated or treated with placebo). **Treated (black)**: Knot observed 21 days after withdrawal; β1 (x<21): -0·75 (p-value<0·001); β1+β2 (x≥21): 0·00 (p-value=0·710). **Placebo (grey)**: Knot observed 4 days after withdrawal; β1 (x<4): -2·83 (p-value<0.001); β1+β2 (x≥4): -0·03 (p-value=0·007) Interaction treatment*time: β=-0·00, p-value=0·837.

Perspectives

The recognition and management of protracted alcohol withdrawal may improve and modulate the pharmacological treatment of alcohol use disorder

Fabio Caputo[1,2], Mauro Cibin[3], Antonella Loche[4], Roberto De Giorgio[5] and Giorgio Zoli[5]

Psychopharm

Journal of Psychopharmacology
1–5

DOI: 10.1177/0269881120936483
journals.sagepub.com/home/jop
SAGE

SODIO OXIBATO?
BACLOFENE?
GABAPENTIN?
ACAMPROSATO?

Stages of alcohol withdrawal syndrome (AWS)	Acute alcohol withdrawal	Early abstinence, protracted alcohol withdrawal
Medications	Bezodiazepines (or sodium oxybate§) plus (if indicated) symptomatic drugs^	NMDA antagonist* plus GABA agonist*
Period of treatment	7–10 days	To be defined*

(Caputo et al., J Psychopharmacol, 2020)

Efficacy and safety of sodium oxybate in alcohol-dependent patients with a very high drinking risk level

(van den Brink et al., Addict Biol, 2018)

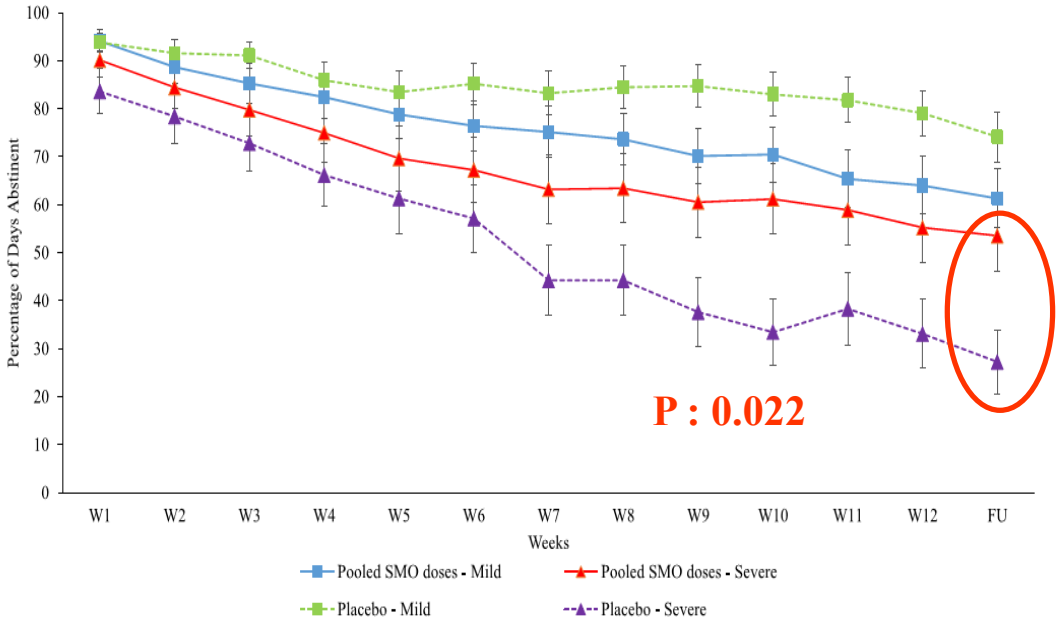
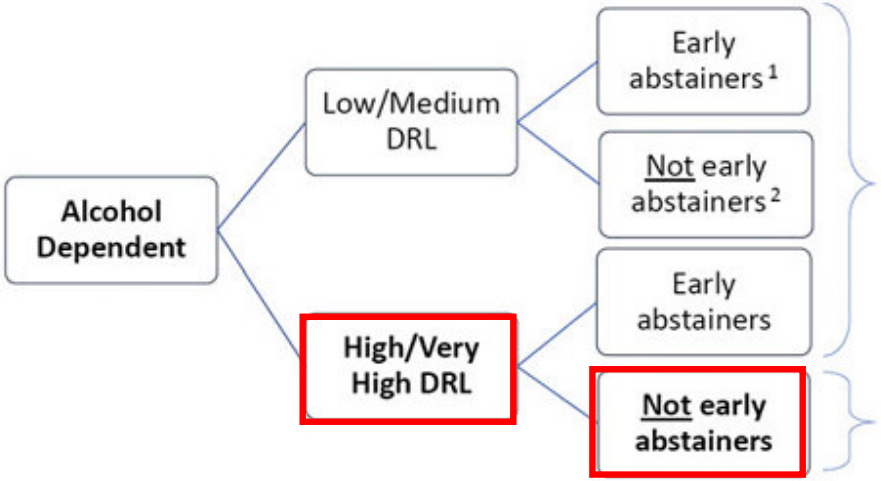


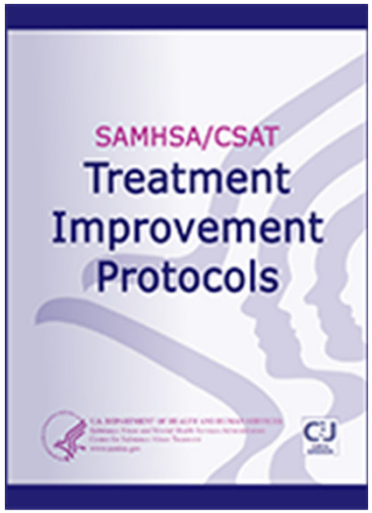
Fig. 3 Mean Percentage of Days Abstinent per week in severe and mild population. Bars indicate standard errors.

Treating alcohol dependence with an abuse and misuse deterrent formulation of sodium oxybate: Results of a randomised, double-blind, placebo-controlled study

(Guiraud etr Al, Eur. Neuropsychopharmacol 2021)

	Male ♂	*Female ♀*
Low DRL	1 to 40 g	1 to 20 g
Medium DRL	41 to 60 g	21 to 40 g
High DRL	61 to 100 g	41 to 60 g
Very high DRL	101+ g	61+ g





Pharmacology

Acamprosate's action in maintenance of alcohol abstinence is not completely understood, but evidence indicates that acamprosate interacts with the glutamate neurotransmitter system, reducing and normalizing the pathologic glutamatergic hyperactivity that occurs during protracted withdrawal from alcohol. It is hypothesized that this normalization leads to a reduction of common symptoms of protracted, or postacute, withdrawal such as insomnia, anxiety, and restlessness—symptoms that may contribute to a patient's return to alcohol use (reviewed by Litten, Fertig, Mattson, & Egli, 2005; Myrick & Anton, 2004; Thomson Healthcare, Inc., 2006). Chick, Lehert, and Landron (2003) have proposed that patients who returned to drinking while taking acamprosate drank less, and less frequently, than those taking placebo.

How Is Acamprosate Used?

Go to:

Initiating Treatment With Acamprosate

Acamprosate is typically initiated 5 days following drinking cessation. However, acamprosate can be used safely with alcohol (and with benzodiazepines), and it *can* be started during medically supervised withdrawal. Acamprosate therapy should be maintained if a patient relapses to alcohol use. Acamprosate reaches full effectiveness in 5 to 8 days.

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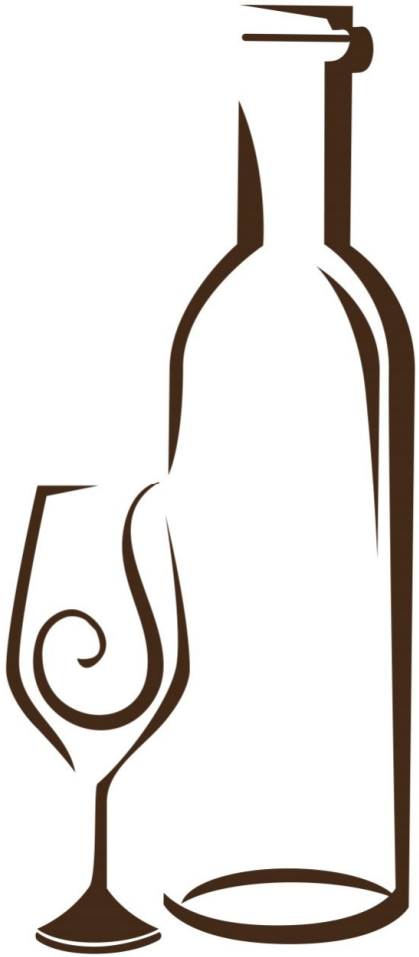
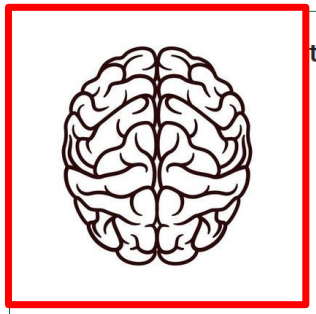


TRATTAMENTI FARMACOLOGICI DEL DUA



NALTREXONE

NALMEFENE

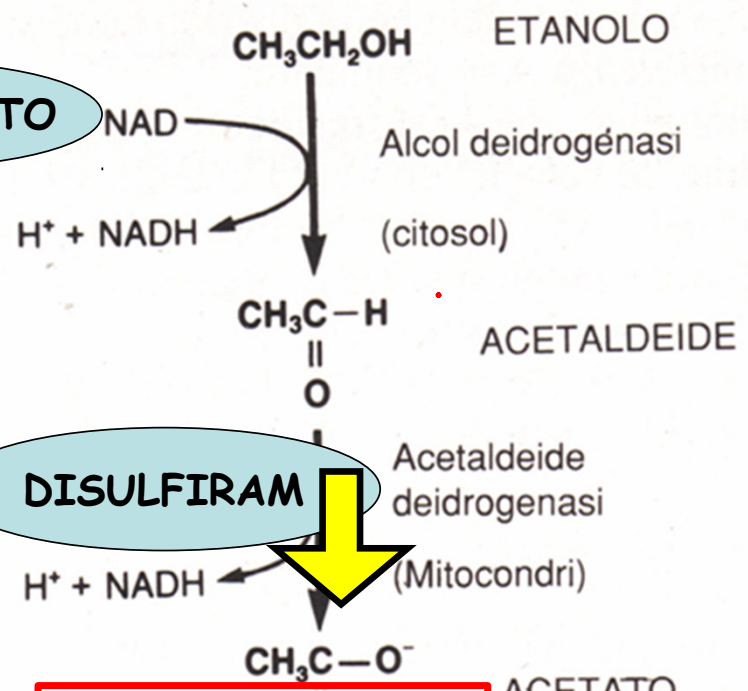
ACAMPROSATO

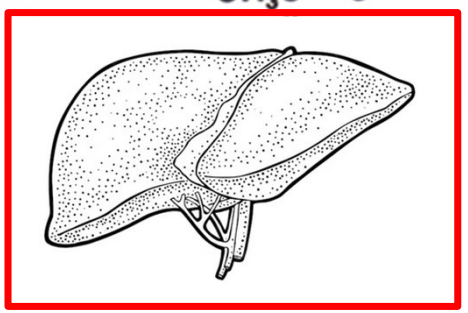
SODIO OXIBATO

DISULFIRAM

SE IMPARO AD USARLI TUTTI
NON LASCERO' DEI PAZIENTI SENZA TRATTAMENTO
E SAPRO' TRATTARLI TEMPESTIVAMENTE

Lancet, 2015)

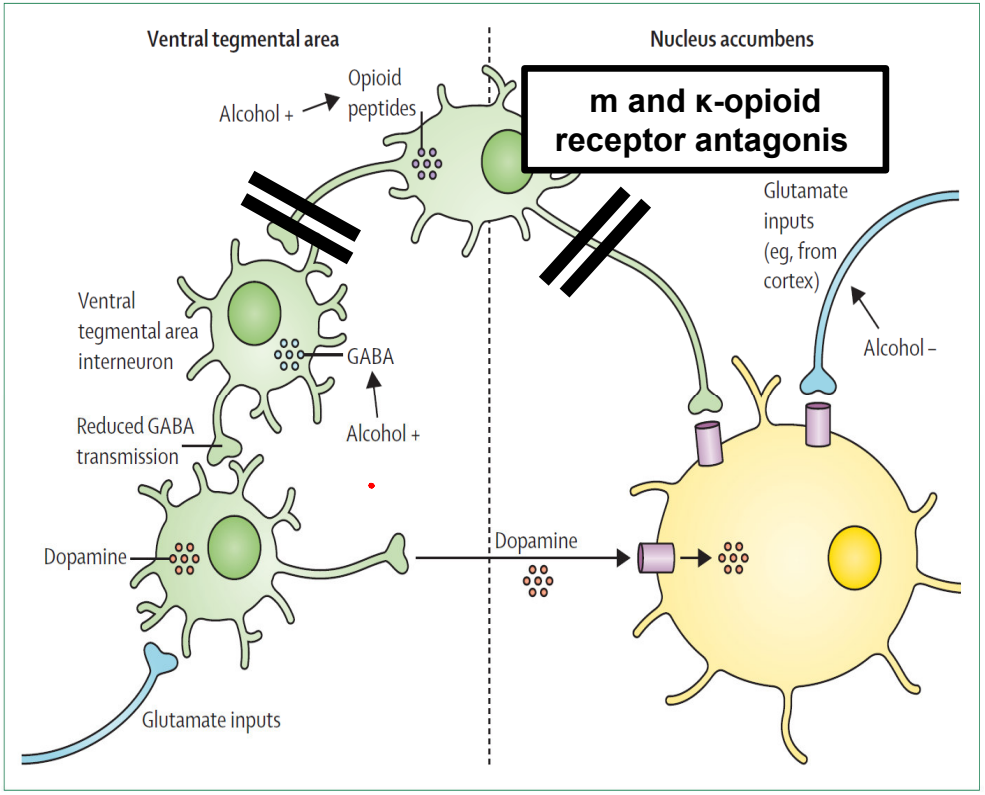




Pharmacological management of alcohol dependence: From mono-therapy to pharmacogenetics and beyond

Fabio Caputo[a,b,*], Teo Vignoli[c], Alice Grignaschi[b], Mauro Cibin[d], Giovanni Addolorato[e], Mauro Bernardi[b]

(2014) 24, 181-191 European Neuropsychopharmacology
The Journal of the European College of Neuropsychopharmacology



NALTREXONE

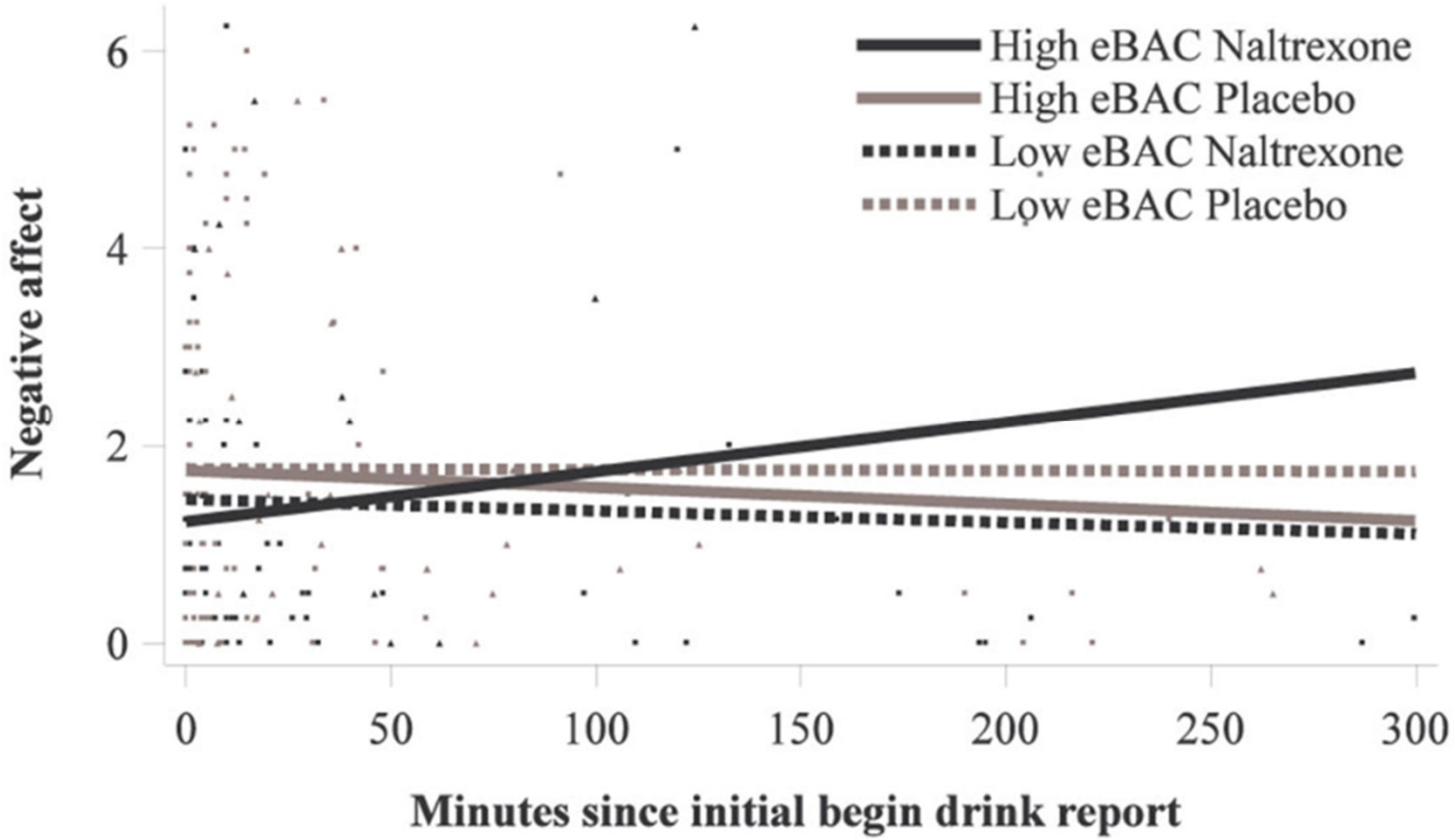
Riduzione dei consumi grazie alla riduzione del reward craving (**NNT: 13**)

Nel medio termine **riduce il rischio di ricaduta** del 36% (**NNT 20**)

Alcohol Clin Exp Res. 2022 February ; 46(2): 326–337. doi:10.1111/acer.14768.

Naltrexone Moderates the Association of Alcohol Use and Affect Among Adolescent Drinkers in Daily Life

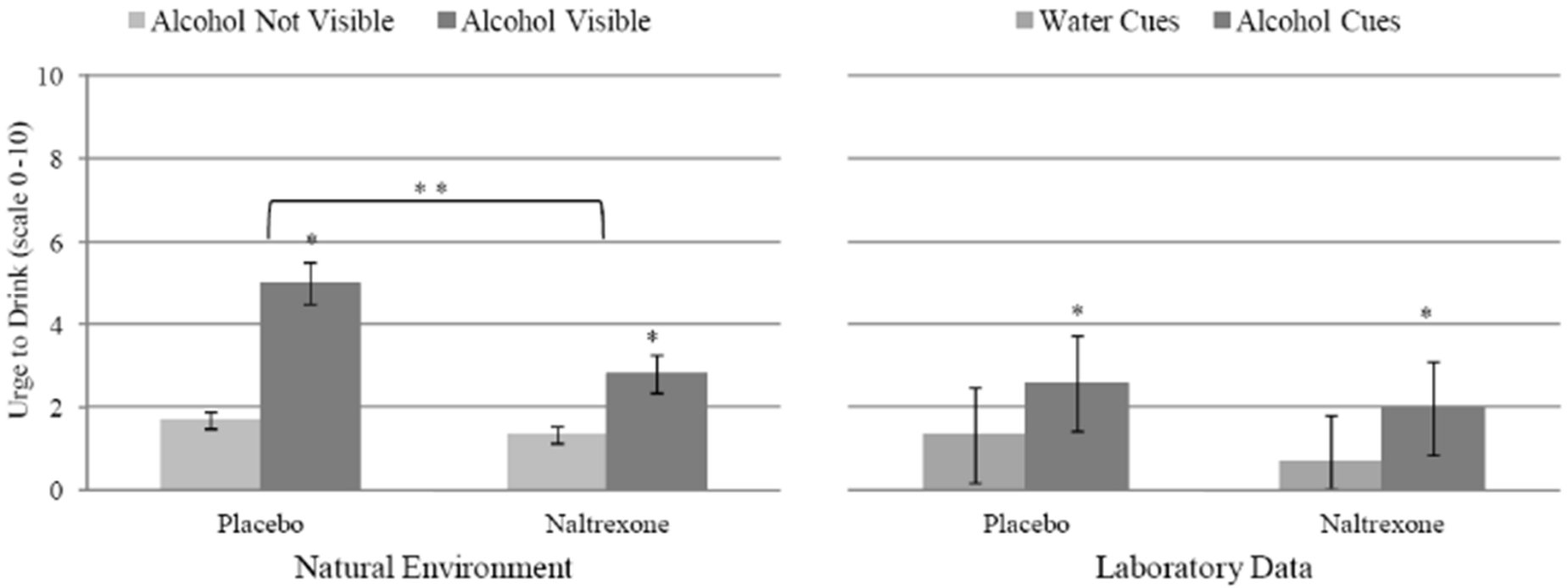
Ryan W. Carpenter[1], **Noah N. Emery**[2], **Samuel N. Meisel**[3,4], **Robert Miranda Jr**[3,4]



Addict Biol. 2014 September ; 19(5): 941–954. doi:10.1111/adb.12050.

Effects of Naltrexone on Adolescent Alcohol Cue Reactivity and Sensitivity: An Initial Randomized Trial

Robert Miranda Jr., **Lara Ray**, **Alexander Blanchard**, **Elizabeth K. Reynolds**, **Peter M. Monti**, **Thomas Chun**, **Alicia Justus**, **Robert M. Swift**, **Jennifer Tidey**, **Chad J. Gwaltney**, and **Jason Ramirez**



ACAMPROSATO

Review > CNS Drugs. 2005;19(6):517-37. doi: 10.2165/00023210-200519060-00004.

Neuroprotective and abstinence-promoting effects of acamprosate: elucidating the mechanism of action

Philippe De Witte [1], John Littleton, Philippe Parot, George Koob

Effetto neuroprotettivo per normalizzazione dell'ipertono Glutamatergico (De Witte et al., 2005)

Addiction. 2013 February ; 108(2): 275–293. doi:10.1111/j.1360-0443.2012.04054.x.

Meta-analysis of naltrexone and acamprosate for treating alcohol use disorders: When are these medications most helpful?

Natalya C. Maisel[1], Janet C. Blodgett[1], Paula L. Wilbourne[1], Keith Humphreys[1,2], and John W. Finney[1,2]

Riduzione del rischio di ricaduta in pazienti che raggiungono autonomamente l'astensione **(NNT: 12)** mentre non efficacia nella riduzione del binge-drinkink, heavy drinking

Conclusions—In treatment for alcohol use disorders, acamprosate has been found to be slightly more efficacious in promoting abstinence and naltrexone slightly more efficacious in reducing heavy drinking and craving. Detoxification before treatment or a longer period of required abstinence before treatment is associated with larger medication effects for acamprosate and naltrexone, respectively.

ORIGINAL ARTICLE

doi:10.1111/adb.12645

Efficacy and safety of sodium oxybate in alcohol-dependent patients with a very high drinking risk level

Wim van denBrink[1], Giovanni Addolorato[2], Henri-Jean Aubin[3,4], Amine Benyamina[4], Fabio Caputo[5], Maurice Dematteis[6], Antoni Gual[7], Otto-Michael Lesch[8], Karl Mann[9], Icro Maremmani[10], David Nutt[11], François Paille[12], Pascal Perney[13], Jürgen Rehm[14,15,16], Michel Reynaud[17], Nicolas Simon[18], Bo Söderpalm[19], Wolfgang H. Sommer[9,20], Henriette Walter[8] & Rainer Spanagel[20]

Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands[1], Alcohol Use Disorder Unit, Department of Internal Medicine, Gastroente... ealth and Medical Research, Centre de Recherche... Paul Brousse Hospital, Paris-Sud University, Villejuif, Fr... tion Medicine, Grenoble-Alpes University Hospital, C... Addiction Medicine, University for Psychiatry and Psy... Health, University of Heidelberg, Mannheim, Germany... , Imperial College London, London, UK[11], Depa... e, Hospital Grau-du-Roi, Nimes, France[13], Ins... anada[14], Dalla Lana School of Public Health & De... therapy Technical University Dresden, Dresden, C... STIM, Hop Sainte Marguerite, Department of Clini... istry Institute of Neuroscience and Physiology, Sahl... y, Central Institute of Mental Health, Heidelberg University, Mannheim, Germany

	Male ♂	*Female ♀*
Low DRL	1 to 40 g	1 to 20 g
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Very high DRL	101+ g	61+ g

SODIO OXIBATO

Efficace per Sindrome Astinenza Acuta

Possibile indicazione Sindrome Astinenza Protratta

Efficacia pazienti ad elevato consumo

La prescrizione di Sodio Oxibato sotto supervisione medica, con regolamentazione dell'affido, verifica degli esiti, monitoraggio della compliance ed esclusione dei pazienti con tossicofilia e disturbo psichiatrico scompensato (specialmente borderline) è safe!

Incidence of abuse/misuse, central nervous system depression and dependence to sodium oxybate in alcohol-dependent patients (EMA 2017)

Number of events (incidence)	*Clinical trials, N = 3436*	*Pharmacovigilance database, N = 260 000*
Abuse/misuse	100 (2.91%)	6 (0.002%)
CNS depression	19 (0.55%)	14 (0.005%)
Dependence/withdrawal	4 (0.12%)	2 (0.001%)

CNS depression refers to 'depressed level of consciousness' and 'sedation' cases.

(Alcover Assessment Report, EMA, 2017)

Importantly, no deaths attributable to the use of sodium oxybate have ever been reported in the pharmacovigilance database or in the clinical database

EXPERT OPINION ON DRUG SAFETY
https://doi.org/10.1080/14740338.2020.1709821

Taylor & Francis
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REVIEW

Check for updates

Post-marketing and clinical safety experience with sodium oxybate for the treatment of alcohol withdrawal syndrome and maintenance of abstinence in alcohol-dependent subjects

Giovanni Addolorato [a,b], Otto-Michael Lesch[c], Icro Maremmani[d], Henriette Walter[c], Felice Nava[e], Quentin Raffaillac[f] and Fabio Caputo[g,h]

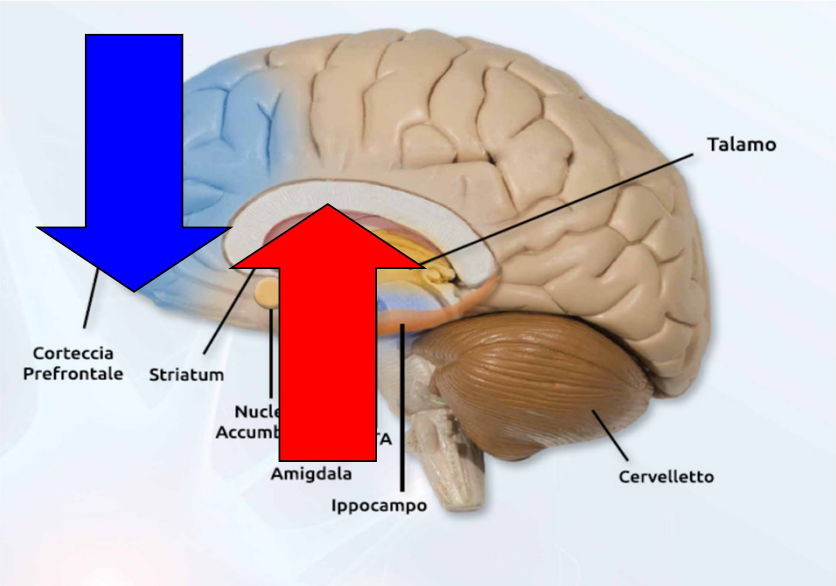
Risk	Alcover Liquid	Granules
Number of subjects	2250	397
Abuse/Misuse	36 (1.60%)	0 (0%)
Diversion	0 (0%)	0 (0%)

*Data from the clinical trial database (recent RCT and early clinical studies). Patients were exempt of psychiatric comorbidities or poly-addictions.

DISULFIRAM

Le tecniche di imaging aprono la strada alla neurobiologia

Disulfiram come potenziamento della capacità di controllo cognitivo sulla ricerca di alcol



Incorporating Alcohol Pharmacotherapies Into Medical Practice

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Viene valorizzata la figura del care-giver e la sistemica famigliare

Viene messo in discussione il doppio cieco x Disulfiram

OPEN ACCESS Freely available online

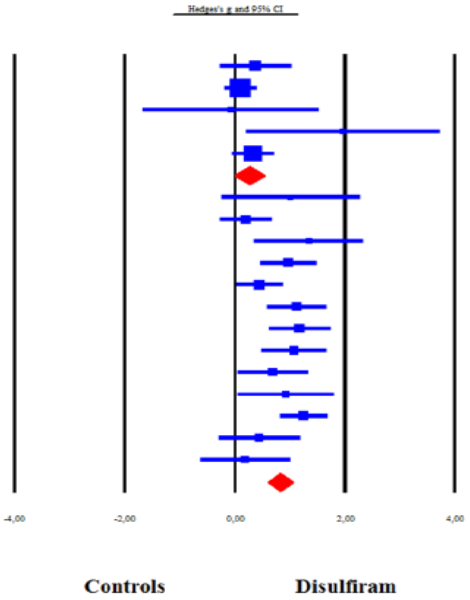
PLOS ONE

Disulfiram Efficacy in the Treatment of Alcohol Dependence: A Meta-Analysis

Marilyn D. Skinner[1]*, Pierre Lahmek[2], Héloïse Pham[3], Henri-Jean Aubin[4]

1 Centre de Traitement des Addictions, Hôpital Emile Roux, Assistance Publique-Hôpitaux de Paris, Institut National de la Santé et de la Recherche Médicale U669, Limeil-Brévannes, France, 2 Centre de Traitement des Addictions, Hôpital Emile Roux, Assistance Publique-Hôpitaux de Paris, Limeil-Brévannes, France, 3 Centre Médical Marmottan Paris, France, 4 Centre d'Enseignement, de Recherche et de Traitement des Addictions, Hôpital Paul Brousse, Assistance Publique-Hôpitaux de Paris, Université Paris-Sud, Institut National de la Santé et de la Recherche Médicale U669, Villejuif, France

Conclusions: Blinded studies were incapable of distinguishing a difference between treatment groups and thus are incompatible with disulfiram research. Based on results with open-label studies, disulfiram is a safe and efficacious treatment compared to other abstinence supportive pharmacological treatments or to no disulfiram in supervised studies for problems of alcohol abuse or dependence.



BACLOFENE

Baclofen for the treatment of alcohol use disorder: the Cagliari Statement

Effectiveness of baclofen in the treatment of patients with alcohol use disorder

4 Baclofen is not licensed as an approved treatment of alcohol use disorder, and its use is therefore off-label.

5 Clinical research evidence is not clear about the most effective setting for baclofen treatment, but patients with alcohol use disorder may be treated in a range of treatment settings by clinicians with appropriate experience and training.

6 The majority of clinical trials started baclofen after detoxification and obtaining abstinence. In clinical practice, some physicians prescribe off-label baclofen while the patient is still drinking. These patients should be warned of the risks of side-effects (eg, excessive sedation) due to the pharmacological interaction of baclofen and alcohol.

7 Baclofen should be considered a second-line pharmacotherapy in patients who have not responded to approved pharmacological treatments for alcohol use disorder. However, the off-label use of baclofen may be considered among first-line pharmacological treatments in patients with contraindication to approved medications (eg, patients with advanced liver disease for whom the use of disulfiram or naltrexone may be contraindicated).

(Agabio et al., Lancet Psychiatry, 2018)

Clinical Practice Guidelines

JOURNAL OF HEPATOLOGY

EASL Clinical Practice Guidelines: Management of alcohol-related liver disease☆

European Association for the Study of the Liver*

EASL Clinical Practice Guidelines: Management of alcohol-related liver disease☆

with ALD. Some studies suggest that baclofen, a GABA-B receptor agonist, increases abstinence rate and prevents relapse in alcohol-dependent patients.[63] Moreover, to date, baclofen represents the only alcohol pharmacotherapy tested in patients with AUD, with significant liver disease. A clinical trial demonstrated the safety and efficacy of baclofen in promoting alcohol abstinence in patients with ALD and cirrhosis,[64] but confirmatory studies in cirrhotic patients are warranted, since a recent trial in patients with hepatitis C virus (HCV) did not show any superiority of 30 mg of baclofen over placebo.[65] Studies with

(Thursz et al, J Hepatol, 2018)

Pharmacological management of alcohol dependence: From mono-therapy to pharmacogenetics and beyond

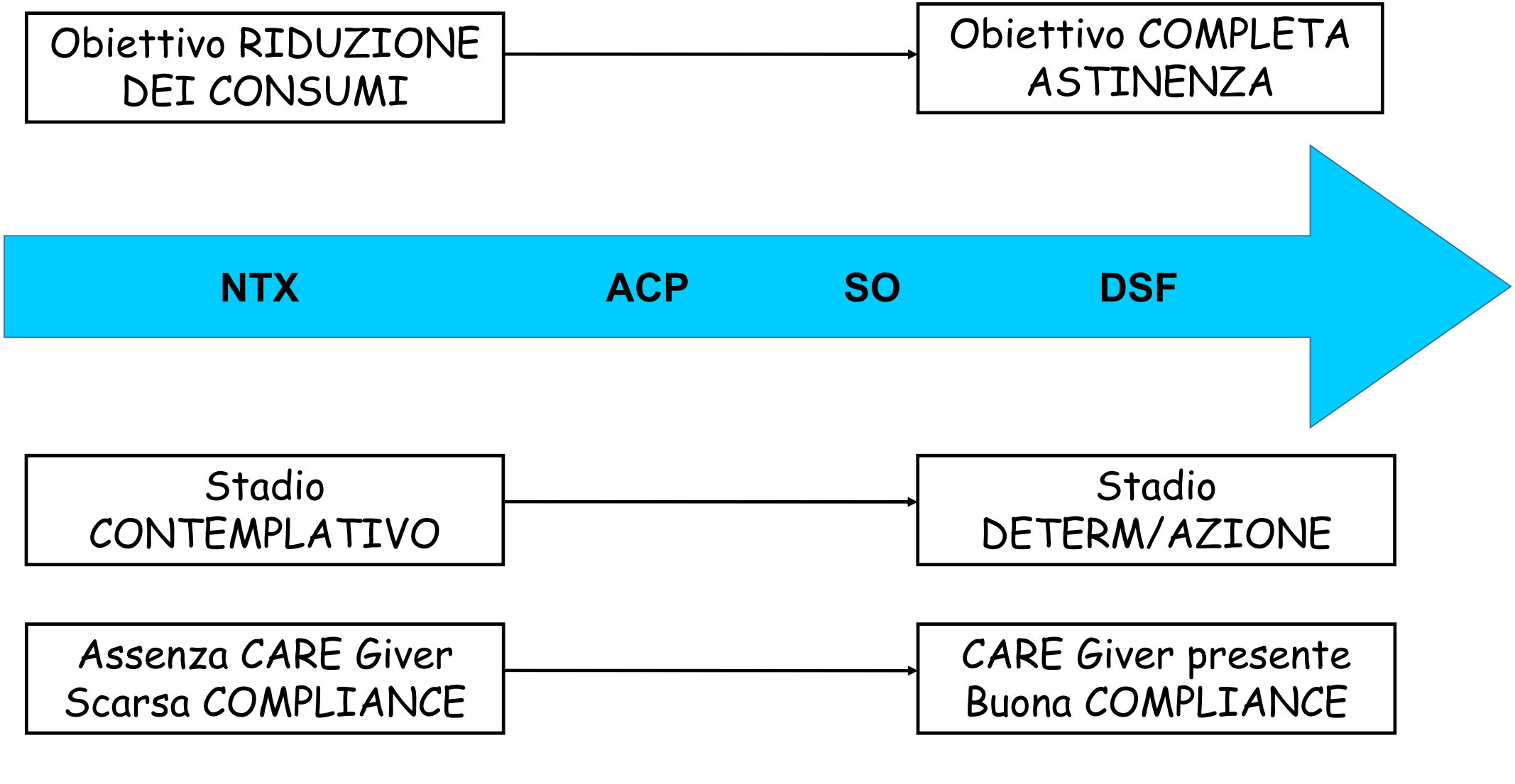
Fabio Caputo[a,b,*], Teo Vignoli[c], Alice Grignaschi[b], Mauro Cibin[d], Giovanni Addolorato[e], Mauro Bernardi[b]

(2014) 24, 181-191 European Neuropsychopharmacology
The Journal of the European College of Neuropsychopharmacology

TOPIRAMATO
riequilibrio post abuso alcolico per facilitazione GABA e inibizione Glutammato e inoltre riduzione reward da alcol per inibizione indiretta dopaminergica.
Dose iniziale 25 mg/die, aumentare di 25 mg/die fino a 300 mg come dose di mantenimento per 3 mesi.
Efficace nel ridurre il consumo medio, i giorni di heavy drinking, i giorni complessivi di astensione (Johnson et al., 2003, 2007)

GABAPENTIN GABAergico efficace nell'astinenza protratta e nel mantenimento soprattutto nei casi in cui è presente PTSD, ansia o insonnia (Caputo and Bernardi, 2010 – Addiction 2019)

ACIDO VALPROICO efficace soprattutto nei pazienti con disturbo bipolare, indicato in presenza di forte impulsività. Dosaggio da monitorare in base alla valprolatemia (associando esami fegato, ammonio etc.**)** (Caputo and Bernardi, 2010)


Obiettivo RIDUZIONE DEI CONSUMI
Obiettivo COMPLETA ASTINENZA
NTX
ACP
SO
DSF
Stadio CONTEMPLATIVO
Stadio DETERM/AZIONE
Assenza CARE Giver Scarsa COMPLIANCE
CARE Giver presente Buona COMPLIANCE

How Many Cravings? Pharmacological Aspects of Craving Treatment in Alcohol Addiction: A Review

Neuropsychobiology 2005;51:59–66

Giovanni Addolorato Ludovico Abenavoli Lorenzo Leggio
Giovanni Gasbarrini on behalf of the Alcoholism Treatment Study Group

Drug	Drug characteristics	Characteristics of target patients	Craving subpathway
Naltrexone	opioid receptor antagonist	SD, HD, PD, patients with complete participation in the treatment, including the psychosocial management; EOA; patients with binge drinking problem, inability to abstain, spontaneous alcohol seeking and family history of alcoholism; Lesch III and IV typology	reward
Acamprosate	calcium acetylhomotaurinate	Lesch I and II typology; LOA; patients with withdrawal symptoms and reactive drinking	relief
GHB	alcohol mimetic with an endogenous receptor	patients with withdrawal symptoms and reactive drinking (patients have to be followed under strict medical control)	relief and reward
Baclofen	$GABA_B$ receptor agonist	patients with withdrawal symptoms; patients with obsessive-compulsive drinking; patients with anxiety disorder	relief and obsessive; reward?
Topiramate	$GABA_A$ receptor agonist (in a nonbenzodiazepine site)	patients with drinking obsessions, automaticity of drinking and interference due to drinking; LOA and EOA; Lesch III and IV typology?	obsessive; reward?
Fluoxetine, sertraline, citalopram	SSRIs	patients with depression; patients with compulsive drinking?, loss of control? and alcohol related diseases?; LOA; Lesch III typology?	obsessive?
Ondansetron	5HT3 receptor antagonist	EOA; Lesch IV typology?	obsessive?

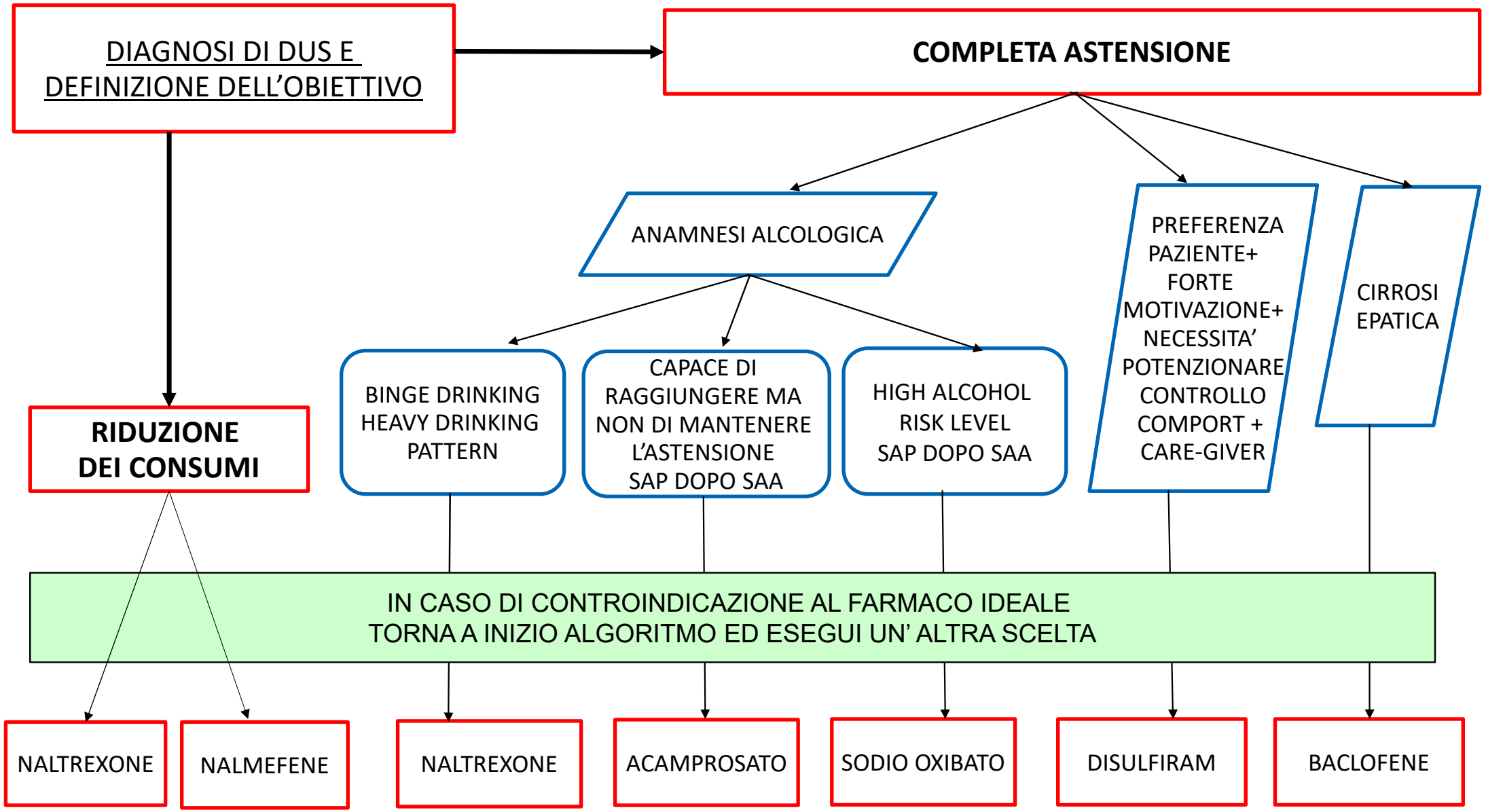
SD = Social drinker; HD = hazardous drinker; PD = 'problematic' drinker; LOA = late-onset alcoholics; EOA = early-onset alcoholics; GHB = gamma-hydroxybutyric acid; SSRIs = selective serotonin reuptake inhibitors.

NEC
NUTRIMENTUM ET CURAE

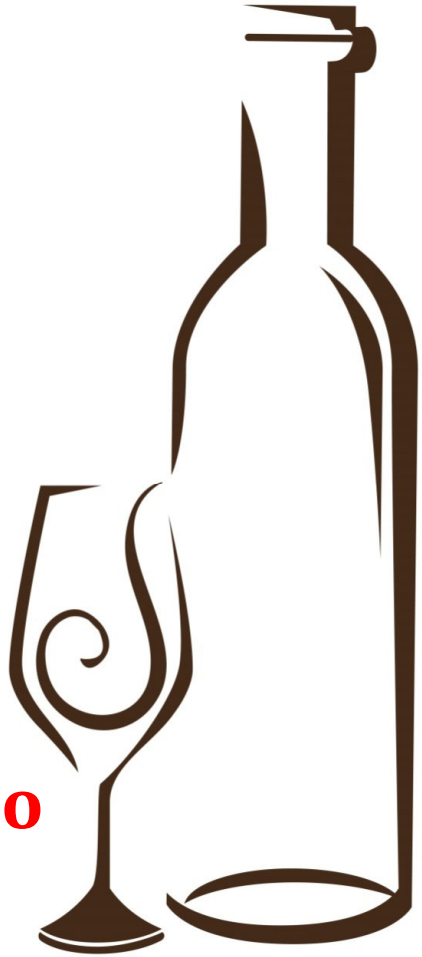
Nutr Cur 2024; 03(Special 1): e150
DOI: 10.57625/nec.2024.57

Treatment of alcohol use disorder: position paper of the Società Italiana di Alcologia (SIA)

Teo Vignoli[1,2], Fabio Caputo[1,3,4], Roberta Agabio[1,5], Pierluigi Allosio[1,6], Maria Francesca Amendola[1], Sarino Aricò[1,7], Aniello Baselice[1,8], Patrizia Balbinot[1,9], Vito Antonio Campanile[1,10], Tiziana Fanucchi[1,11], Claudia Gandin[1,12], Livia Macciò[1,13], Paolo Enrico Carlo Marzorati[1,14], Cristina Meneguzzi[1,15], Davide Mioni[1,16], Andrea Noventa[1,17], Michele Parisi[1,18], Andrea Quartini[1,19], Mariano Quartini[1], Doda Renzetti[1,20], Maria Raffaella Rossin[1,21], Valeria Zavan[1,22], Paolo Cimarosti[1], Franco Marcomini[1], Valentino Patussi[1,19], Emanuele Scafato[1,12], Gianni Testino[1,9]


DIAGNOSI DI DUS E DEFINIZIONE DELL'OBIETTIVO
COMPLETA ASTENSIONE
ANAMNESI ALCOLOGICA
PREFERENZA PAZIENTE+ FORTE MOTIVAZIONE+ NECESSITA' POTENZIONARE CONTROLLO COMPORT + CARE-GIVER
CIRROSI EPATICA
RIDUZIONE DEI CONSUMI
BINGE DRINKING HEAVY DRINKING PATTERN
CAPACE DI RAGGIUNGERE MA NON DI MANTENERE L'ASTENSIONE SAP DOPO SAA
HIGH ALCOHOL RISK LEVEL SAP DOPO SAA
IN CASO DI CONTROINDICAZIONE AL FARMACO IDEALE TORNA A INIZIO ALGORITMO ED ESEGUI UN' ALTRA SCELTA
NALTREXONE
NALMEFENE
NALTREXONE
ACAMPROSATO
SODIO OXIBATO
DISULFIRAM
BACLOFENE

- Perché l’intervento farmacologico precoce
- Trattamento precoce SAA
- Trattamento precoce SAP
- Trattamento precoce di mantenimento
- **Trattamento in un contesto non specialisitico**



OTT 2024

Sestante 14

RIVISTA SCIENTIFICA DI VALUTAZIONE NELLA SALUTE MENTALE, DIPENDENZE PATOLOGICHE E SALUTE NELLE CARCERI

La sfida della Casa della Comunità

Addicted to health

"Per-corsi di salute", progetto dalla prevenzione alla cura dell'uso di alcol e tabacco presso le Casa della Comunità di Rimini

Punteggi medi		
Test	**Pz Alcol**	**Paziente Fumo**
Fagerstrom	/	5,67
Audit-C	8,85	/
K10	12,66	12,60

Tab. 2 - "Per-corsi di Salute": Assessment dell'abitudine alcolica e tabagica (Test Fagerstrom e Audit-C) e livello di disagio psichico rilevato con Kessler Psychological Distress Scale. Arco temporale: febbraio 2023-marzo 2024

Intercettazione precoce con invio al SerD e inizio tp anticipata

Supporto al MMG per trattamento precoce con NTX o ACP?

GRAZIE PER L’ ATTENZIONE

teo.vignoli@auslromagna.it