

*Not an actual patient.

When does alcohol use

BECOME MORE THAN SOCIAL?

Test your knowledge on the difference between patients with low-risk patterns of alcohol use, patients at risk for alcohol use disorder (AUD), and patients with diagnosable AUD. Explore clues from Sam's* most recent primary care appointments.

AUD is underdiagnosed and undertreated.[1]

The clinical significance of alcohol use can easily be missed. In fact, a recent study found that ~90% of all individuals at elevated risk for AUD were undiagnosed.[1]

Sam | 32-year-old male

Employed, married, presenting to established primary care provider

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Clinical snapshot

- **Visit type:** Follow-up
- **Chief complaints:** Follow-up for hypertension
- **Medical history:** History of hypertension, elevated on home measurement despite medication adherence (thiazide diuretic); no history of AUD; history of elevated liver enzymes but patient has not followed up
- **Family history:** Father (alive)—hypertension; mother (alive)—AUD
- **Height:** 1.75 m | **Weight:** 80 kg | **BMI:** 26.12 kg/m^2
- **Blood pressure:** 130/80 mmHg | **Heart rate:** 78 bpm
- **Physical exam:** Unremarkable

INFORMATION COLLECTED BEFORE THE VISIT

MOOD

- Describes poor sleep and occasional fatigue; no chest pain, shortness of breath, headache, or vision changes; spouse expresses concerns about patient's alcohol consumption; PHQ-9: 3 points | GAD-7: 4 points

LABS

- CBC, lipid panel—normal, CMP: ALT-50 U/L, AST-90 U/L, GGT-55 U/L—otherwise within normal limits

SUBSTANCE USE

- No tobacco, cannabis, or illicit substance use; consumes alcohol

AUDIT-C

- 5 (positive at-risk screen for a man)[2]

INFORMATION COLLECTED DURING THE VISIT

SLEEP

- Some issues with falling asleep

SUBSTANCE USE

- Patient is reluctant to share alcohol history, reports mostly social drinking, and appears annoyed that his spouse raised concerns at a previous appointment
- Patient reports that when out with friends, he often plans to only have 1-2 drinks and winds up drinking 4-6 drinks (beer and whiskey) and needs to be picked up by his wife; binge drinking has occurred several times in the past 6 months
- These outings have resulted in minor issues in the past, but are now more frequent and have recently led to several parking tickets, declining performance at work, and increased social withdrawal and interpersonal conflict

Does Sam have AUD? Find out on the next page.

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Sam has
MODERATE AUD,
defined by meeting 4-5 of the DSM-5 diagnostic criteria.[3]

Key Takeaways

- When patterns of alcohol use persist despite emerging functional, social, and clinical consequences, this is indicative of AUD.[3]
- In patients like Sam, exploring alcohol use through open conversation may help guide next steps in care, including strategies to reduce alcohol consumption.[7]

Consider how Sam's drinking patterns relate to his clinical presentation:

DSM-5 criteria[3]	Relevant information in the case
Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol	• History of hypertension, elevated on home measurement despite medication adherence—even moderate alcohol use is associated with increased prevalence of hypertension[4] • Alcohol use can disrupt sleep quality,[5] which could be contributing to Sam's poor sleep and occasional fatigue • Previously informed of elevated liver enzymes, raising concern for possible alcohol-related liver effects[6]
Continued use despite having social or interpersonal problems caused by the effects of alcohol	• Increasing frequency of negative outcomes, including parking tickets, social withdrawal, and interpersonal conflict • Spouse expressed concern to staff about patient's alcohol consumption
Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home	• Declining work performance
Alcohol is often taken in larger amounts or over a longer period than was intended	• Intends to limit intake to 1-2 drinks but frequently consumes 4-6 drinks when socializing, with several binge episodes in the past 6 months requiring his wife to pick him up

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Open, thoughtful conversations with patients about their relationship with alcohol can help reveal the impact AUD may already have on their lives.

Expand your knowledge of AUD with more patient cases on the Lilly Medical website. Can you see the whole picture?

ALT=alanine transaminase. AST=aspartate transaminase. AUDIT-C=Alcohol Use Disorders Identification Test-Consumption. BMI=body mass index. CBC=complete blood count. CMP=comprehensive metabolic panel. DSM-5=Diagnostic and Statistical Manual of Mental Disorders-5. GAD-7=Generalized Anxiety Disorder-7. GGT=gamma-glutamyl transferase. PHQ-9=Patient Health Questionnaire-9.

References

1. Yue Y, et al. *J Gen Intern Med.* 2026. doi: 10.1007/s11606-025-10089-5. Online ahead of print. **2.** Bradley KA, et al. *Alcohol Clin Exp Res.* 2007;31(7):1208-1217. **3.** American Psychiatric Association. Alcohol Use Disorder. In: Diagnostic and Statistical Manual of Mental Disorders. 5th ed., text rev. **4.** Abbas D, et al. *Clin Ther.* 2023;45:1201-1211. **5.** McCullar KS, et al. *Sleep.* 2024;47(4):Epub. **6.** Haber PS. *N Engl J Med.* 2025;392(3):258-266. **7.** National Institute on Alcohol Abuse and Alcoholism. Screen and assess: use quick, effective methods. Accessed June 8, 2026. https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/screen-and-assess-use-quick-effective-methods

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