



RECOGNIZING ALCOHOL USE DISORDER (AUD) ACROSS THE SPECTRUM

AUD is underdiagnosed and undertreated.¹

The clinical presentation of alcohol use can vary substantially across patients, posing challenges for recognition, diagnosis, and treatment. In fact, a recent study found that **~90% of all individuals at elevated risk for AUD were undiagnosed.**¹

AUD is a spectrum disorder, and ~75%* of cases fall in the mild-to-moderate range.² However, severe AUD is associated with more significant functional impairment, meaning that **the impact of mild-to-moderate AUD may go unrecognized until symptoms progress.**³ As illustrated by the hypothetical patient cases of John, Kathryn, and Sam in the next slide, AUD at risk and mild-to-moderate AUD can present in different ways.

Not actual patients.

*Based on 12-month prevalence data.

Case-by-Case Comparison

Feature

John—at risk



Kathryn—mild AUD



Sam—moderate AUD



Chief complaint

Brain fog and weight gain

Sleep issues

Hypertension

Alcohol use patterns

Occasional binge drinking, social use, intake is sometimes associated with social coping, plans for and looks forward to drinking

Regular use with emerging patterns linked to coping and daily routines

Increased frequency of binge or heavy drinking episodes with reduced control over alcohol intake

Relevant information in the case

Sleep disruption, history of MDD, cognitive concerns, and family history of AUD; AUDIT-C: 5 (positive at-risk screen for a man)⁴

Low mood, fatigue, sleep disruption, strain in family relationships, and impaired occupational functioning; AUDIT-C: 4 (positive at-risk screen for a woman)⁴

Sleep disturbance, elevated liver enzymes, hypertension, family history of AUD, declining performance at work, and increasing frequency of negative consequences resulting from drinking; AUDIT-C: 5 (positive at-risk screen for a man)⁴

DSM-5 criteria⁵ met

1. May be developing a craving or having a strong desire to drink alcohol

1. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem, which is likely to have been caused or exacerbated by alcohol
2. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused by the effects of alcohol
3. Recurrent alcohol use resulting in failure to fulfill major role obligations at work, school, or home

1. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem, which is likely to have been caused or exacerbated by alcohol
2. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused by the effects of alcohol
3. Recurrent alcohol use resulting in failure to fulfill major role obligations at work, school, or home
4. Alcohol is often taken in larger amounts or over a longer period than was intended

What may be overlooked

Subtle patterns of problematic alcohol use that increase the risk of AUD

Alcohol-related contributors to mood, sleep, and daily functioning

- Persistent and escalating patterns of problematic alcohol use associated with clear clinical and functional consequences
- Extent of alcohol-related harm and cumulative impact

Recognizing how alcohol use may present across a spectrum may support informed assessment and guide clinical management.

Key Takeaways:

- AUD exists on a spectrum, with most cases falling within the mild-to-moderate range, which is defined by fewer diagnostic criteria and generally associated with less functional impairment than severe AUD.^{2,3,5}
- Patients may present with common or nonspecific symptoms such as mood changes, hypertension, and sleep disturbances, which may not be immediately attributed to alcohol use, making recognition more complex.⁶⁻⁸
- Routine, open conversation about alcohol use with patients may support recognition of AUD and appropriate management.⁹

Consider the whole spectrum of AUD and have open, honest conversations with your patients about their alcohol use.

Expand your knowledge of AUD with more educational resources on the [Lilly Medical website](#).

Can you see the whole picture?

AUDIT-C=Alcohol Use Disorders Identification Test–Consumption. DSM-5=Diagnostic and Statistical Manual of Mental Disorders, 5th ed. MDD=major depressive disorder.

References

1. Yue Y, et al. *J Gen Intern Med*. 2026. doi: 10.1007/s11606-025-10089-5. Online ahead of print. 2. Grant BF, et al. *JAMA Psychiatry*. 2015;72(8):757-766. 3. Mannes ZL, et al. *Alcohol Clin Exp Res*. 2021;45(10):2118–2129. 4. Bradley KA, et al. *Alcohol Clin Exp Res*. 2007;31(7):1208-1217. 5. American Psychiatric Association. Alcohol Use Disorder. In: Diagnostic and Statistical Manual of Mental Disorders. 5th ed., text rev. 6. Abbas D, et al. *Clin Ther*. 2023;45:1201-1211. 7. McCullar KS, et al. *Sleep*. 2024;47(4):Epub. 8. National Institute of Alcohol Abuse and Alcoholism. Mental health issues: alcohol use disorder and common co-occurring conditions. Published May 9, 2025. Accessed June 23, 2026. <https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/mental-health-issues-alcohol-use-disorder-and-common-co-occurring-conditions> 9. National Institute on Alcohol Abuse and Alcoholism. Screen and assess: use quick, effective methods. Accessed June 23, 2026. <https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/screen-and-assess-use-quick-effective-methods>