

*Not an actual patient.

Can you recognize

ALCOHOL USE DISORDER (AUD)?

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

AUD can go undetected unless you identify crucial clues.

When alcohol use does not immediately appear problematic or impact day-to-day functioning, it can go undetected and undiagnosed. In fact, a recent study found that ~90% of all individuals at elevated risk for AUD were undiagnosed.[1]

John | 54-year-old male

Employed in an office-based role, presenting to a primary care office as a new patient

Learn More →

Lilly
A MEDICINE COMPANY



John | 54-year-old male

Employed in an office-based role, presenting to a primary care office as a new patient

Clinical snapshot

- **Visit type:** New patient visit; in-person
- **Chief complaints:** Brain fog and weight gain
- **Medical history:** MDD, managed with CBT and an SSRI
- **Family history:** Mother (alive)—diabetes, hypertension; father (alive)—AUD
- **Height:** 1.75 m | **Weight:** 80 kg | **BMI:** 26.12 kg/m²
- **Blood pressure:** 120/74 mmHg | **Heart rate:** 76 bpm
- **Physical exam:** Unremarkable

INFORMATION COLLECTED BEFORE THE VISIT

MOOD

- MDD symptoms are in remission; PHQ-9: 4 points | GAD-7: 6 points

LABS

- CBC, CMP, HbA1c, TSH, lipid panel—within normal limits

SUBSTANCE

- 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

GENERAL

- Reports long-standing intermittent brain fog increasing in severity x 3 months with weight gain, both interfering with return to dating after recent divorce

SLEEP

- Reports trying to sleep more on weekends (additional 3-4 hours per night), tossing and turning throughout the night; former spouse had frequently complained about his loud snoring

SUBSTANCE USE

- Consumes alcohol with friends on weekends; typically shares a bottle of wine but will sometimes consume up to 6 drinks in an evening; plans Friday evening grocery shopping to ensure he can pickup his favorite wine before the weekend
- Reports using alcohol to manage discomfort in social situations and looks forward to drinking; no guilt around alcohol consumption, has not considered cutting back
- No reported social or professional impact from drinking

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

Learn More →

Lilly
A MEDICINE COMPANY



John does **NOT HAVE AUD,** but he is at risk.

Several aspects of his presentation may be clinically relevant when considering potential for developing AUD.

- **Binge drinking:** Consuming 6 drinks in a single sitting is consistent with binge drinking behavior, which is associated with increased risk of AUD[3]
- **AUDIT-C score of 5:** A positive at-risk screen for men[2]
- **Alcohol use linked to social coping:** Alcohol use in situations of social discomfort may reflect coping-related motives for use[4]
- **Anticipation of drinking occasion:** Planning for and looking forward to drinking may suggest John is developing cravings or a strong desire to drink, one of the criteria for AUD[5]
- **Family history:** John's father has AUD, and having a parent with AUD increases risk 2.5-fold[6]

Key Takeaways

- Alcohol-related risk may often be present even before AUD diagnostic criteria are met[3,9,10]
- In patients like John, recognizing risk factors may offer an opportunity to further explore alcohol use, establish whether drinking patterns may be having adverse effects, and inform next steps in managing risk[11]

CONSIDER HOW ALCOHOL USE COULD BE INFLUENCING OTHER ASPECTS OF JOHN'S PRESENTATION.

- **Sleep disturbance:** Alcohol use before bed reduces sleep quality[7]
- **Mental health:** John has MDD; AUD commonly co-occurs with MDD, and the two can reinforce each other[8]

Lilly
A MEDICINE COMPANY

You may discover similar patterns in your own patients as you look for clues that could signal increased alcohol-related risk. An open conversation may help explore their alcohol use further and identify any risk(s) earlier.

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

AUDIT-C=Alcohol Use Disorders Identification Test–Consumption. BMI=body mass index. CBC=complete blood count. CMP=comprehensive metabolic panel. CBT=cognitive behavioral therapy. GAD-7=Generalized Anxiety Disorder-7. HbA1c=hemoglobin A1c. MDD=major depressive disorder. PHQ-9=Patient Health Questionnaire-9. SSRI=selective serotonin reuptake inhibitor. TSH=thyroid-stimulating hormone.

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.** National Institute on Alcohol Abuse and Alcoholism. Understanding alcohol drinking patterns. Updated January 2026. Accessed June 5, 2026. https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-drinking-patterns **4.** Sjödin L, et al. *Addict Sci Clin Pract.* 2026;21(1):27. **5.** American Psychiatric Association. Alcohol Use Disorder. In: *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed., text rev. **6.** Yoon G, et al. *J Clin Psychiatry.* 2013;74(8):795-801. **7.** McCullar KS, et al. *Sleep.* 2024;47(4):Epub. **8.** National Institutes of Alcohol Abuse and Alcoholism. Mental health issues: alcohol use disorder and common co-occurring conditions. Published May 9, 2025. Accessed June 5, 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.** Harford TC, et al. *J Stud Alcohol Drugs.* 2010; 71(3):410-417. **10.** McBride O, Adamson G. *Addict Behav.* 2010;35(6):586-592. **11.** 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

MMAT-06146 © 2026 Eli Lilly and Company. All rights reserved.

Lilly
A MEDICINE COMPANY