

*Not an actual patient.

Can you differentiate between

CASUAL DRINKING AND CONCERNING HABITS?"

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 Kathryn's* most recent primary care appointments.

AUD is underdiagnosed and undertreated.[1]

Alcohol use may not always appear clinically significant at first glance. Notably, a recent study found that ~90% of all individuals at elevated risk for AUD were undiagnosed.[1]

Kathryn | 48-year-old female

Professional, presenting to primary care

Learn More →

Lilly
A MEDICINE COMPANY



Kathryn | 48-year-old female

Professional, presenting to primary care

Clinical snapshot

Visit type: Follow-up visit to discuss sleep issues mentioned at a recent annual exam

Chief complaints: Poor sleep

Medical history: No previously diagnosed psychiatric disease, no prior SUD treatment, no current medications (takes supplements); menses remain regular

Family history: Mother (alive)—GAD; brother (alive)—obstructive sleep apnea

Height: 1.62 m | **Weight:** 69 kg | **BMI:** 26.3 kg/m^2

Blood pressure: 124/79 mmHg | **Heart rate:** 82 bpm

Physical exam: Unremarkable

INFORMATION COLLECTED BEFORE THE VISIT

MOOD

- PHQ-9: 4 points | GAD-7: 4 points

LABS

- CBC, CMP, HbA1c, lipid panel, vitamin D—within normal limits

SUBSTANCE

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

AUDIT-C

- 4 (positive at-risk screen for a woman)[2]

INFORMATION COLLECTED DURING THE VISIT

SYMPTOM EVOLUTION

- Patient notes frequent fatigue with associated low mood; symptoms have led to impaired occupational functioning and a strain in family relationships (patient is married with 3 adult children)

SLEEP

- Reports trouble staying asleep; wakes up several times starting around 2am

SUBSTANCE USE

- Consumes a glass or two of wine after work to unwind due to the high-stress nature of her job
- Expresses mild guilt when asked about drinking; reports drinking more on the weekends (2-3 mixed drinks/day) to cope with the stress of the week and sleep disturbances; reports alcohol consumption has remained stable over several years

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

Learn More →

Lilly
A MEDICINE COMPANY



Kathryn has **MILD AUD,**

defined by presence of 2-3 symptoms as per DSM-5 diagnostic criteria[3]

Consider how Kathryn's drinking patterns may relate to her 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	• Frequent fatigue with associated low mood • Sleep disturbances • Mild guilt when asked about drinking may indicate growing awareness of its potential impact
Continued use despite having persistent or recurrent social or interpersonal problems caused by the effects of alcohol	• Strain in family relationships
Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home	• Impaired occupational functioning

Key Takeaways

- People across all walks of life are vulnerable to developing problematic drinking patterns and alcohol-related harms[4]
- Mild AUD is defined by fewer diagnostic criteria and may be associated with less obvious functional impairment, which can make it more difficult to recognize in clinical practice[3,5]
- In patients like Kathryn, asking questions to uncover patterns of alcohol use and considering how these may relate to the broader clinical picture may provide additional context to inform the management of AUD[6]

Lilly
A MEDICINE COMPANY

Having open conversations with your patients about their relationship with alcohol can help you identify AUD before symptoms worsen.

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.
DSM-5=Diagnostic and Statistical Manual of Mental Disorders-5. GAD-7=Generalized Anxiety Disorder-7. HbA1c=hemoglobin A1c. PHQ-9=Patient Health Questionnaire-9. SUD=substance use disorder.

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.** National Institute on Alcohol Abuse and Alcoholism. Risk factors: varied vulnerability to alcohol-related harm. Accessed June 22, 2026. https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/risk-factors-varied-vulnerability-alcohol-related-harm **5.** Mannes ZL, et al. *Alcohol Clin Exp Res.* 2021;45(10):2118–2129. **6.** National Institute on Alcohol Abuse and Alcoholism. Screen and assess: use quick, effective methods. Accessed June 22, 2026. https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/screen-and-assess-use-quick-effective-methods

MMAT-06148 © 2026 Eli Lilly and Company. All rights reserved.

Lilly
A MEDICINE COMPANY