



Alcohol Use Disorders in Women

Diagnosis and Management in Primary Care

DATE: April 17, 2026 PRESENTED BY: Leah Baruch, MD

Goals for today

- Review effects of alcohol use in women
- Learn how to recognize alcohol use disorders in clinic
- Review pharmacologic and non-pharmacologic supports for alcohol use disorders
 - Including emerging treatment options



Women are uniquely vulnerable to the effects of alcohol

- **Physiologic differences in metabolism**
 - Smaller body size
 - Lower percentage of body water
 - Lower concentration of gastric ADH
- **Unique risks**
 - Breast cancer
 - Osteoporosis
 - Pregnancy-related effects
- **Systemic barriers**
 - Women underrepresented in treatment studies and treatment programs

Greenfield, S. F. (2002). Women and Alcohol Use Disorders. *Harvard Review of Psychiatry*, 10(2), 76–85. <https://doi.org/10.1080/10673220216212>

Agabio R, Pisanu C, Gessa GL, Franconi F. Sex Differences in Alcohol Use Disorder. *Curr Med Chem*. 2017;24(24):2661-2670. doi: 10.2174/0929867323666161202092908. PMID: 27915987.





A Case Study: Angela

45 year-old woman with a history significant for Roux-en-Y gastric bypass surgery 3 years ago, presents to clinic for high blood pressure.

- Your MA informs you the SBIRT questionnaire completed per clinic screening protocol was positive



Alcohol Use Disorders: Screening and Diagnosis

Alcohol:

One drink =



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor (one shot)

How many times in the past year have you had 4 or more drinks in a day? _____

AUDIT-C

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

AUDIT score		Category of risk	Indicated action
Women, gender minorities, all age ≥65	Men age <65		
0 - 3	0 - 4	I – Low risk Low risk of health problems related to alcohol use.	Brief education
4 - 12	5 - 14	II - Risky Increased risk of health problems related to alcohol use.	Brief intervention
13 - 19	15 - 19	III – Harmful Increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder.	Brief intervention (offer options that include medications and referral to treatment)
20+	20+	IV – Severe Increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder.	

- Loss of control
- Social dysfunction
- Physical risk
- Tolerance/Withdrawal

Mild: 2-3 positive

Moderate: 4-5 positive

Severe: > 6 positive

Table 2. DSM-5 Diagnostic Criteria for Alcohol Use Disorder

1. Drinking in larger amounts or over a longer period than intended.
2. A persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Continued drinking despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following: <ul style="list-style-type: none"> • A need for markedly increased amounts of alcohol to achieve intoxication or desired effect. • A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following: <ul style="list-style-type: none"> • The characteristic withdrawal syndrome for alcohol. • Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Source: DSM-5-TR, APA Publishing, 2022.



Alcohol Use Disorders: Presenting Complaints

- Hypertension
- Anxiety/Depression
- Insomnia
- Headache
- Tremor
- Fatty liver disease/transaminitis
- Atrial fibrillation






Alcohol Use Disorders: Risk factors

- Trauma/PTSD
- Eating disorder history
- Anxiety/Depression
- Family history of alcohol use disorder
- Gastric bypass



Substance Abuse Treatment: Addressing the Specific Needs of Women [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009.

Sjöholm K, Peltonen M, Jacobson P, Andersson-Assarsson JC, Ahlin S, Admés L, Arnetorp I, Engström M, Taube M, Carlsson LMS, Svensson PA. Alcohol use disorder and alcohol-related mortality after metabolic bariatric surgery: prospective controlled cohort study. Br J Surg. 2025 Oct 3;112(10):znaf211.

Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

How many times in the past year have you had 4 or more drinks in a day? *a lot*

	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
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10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

AUDIT score		Category of risk	Indicated action
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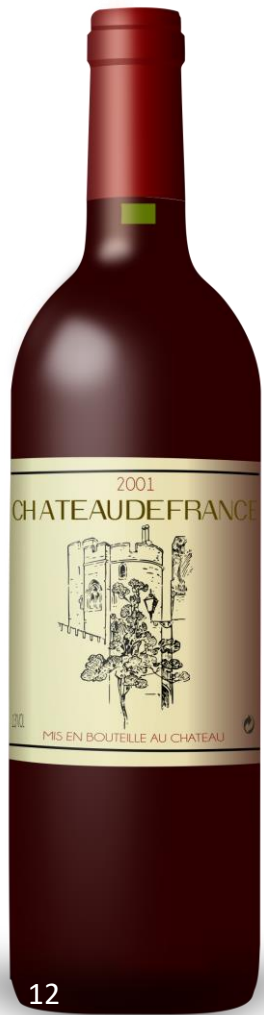




Angela

- Started checking blood pressure recently when she noted frequent **afternoon headaches**
 - Afternoon BP 150s/100s
 - Endorses some **shakiness and sweatiness** in the afternoons
 - She acknowledges her alcohol intake has increased over the last few years post-bypass
 - Works as a marketing director, many social events that involve alcohol
 - Has **tried to cut down but found it hard to stop**
 - **You diagnose Angela with a mild alcohol use disorder**





After diagnosis: next steps

- **Assess readiness for change**
 - Abstinence is not the only positive outcome
 - Brief intervention can be **very effective**
- **If abstinence is desired, assess risk for alcohol withdrawal syndrome**
 - If at risk, consider Outpatient vs Inpatient detox



Stopping Alcohol: Who is at risk for withdrawal?

- **Assess quantity and timeline of heavy drinking**
 - 4 drinks/day for 4 weeks or longer
- **Assess recent withdrawal symptoms**
 - “In the last year, what is the longest you’ve gone without drinking at all?”
 - Any withdrawal symptoms between drinks or during a period of abstinence?
 - How long from the last drink do they appear?
- **History of repeated detox attempts or complex withdrawal?**
 - Due to kindling phenomenon, withdrawal tends to worsen with each subsequent detox attempt
- **Comorbidities?**
 - Chronic cardiac/respiratory/metabolic conditions
 - High-risk medications



Angela

- Angela has been drinking about **one bottle of wine a day** for the **last 6 months**
- She did stop drinking for **about one week** to “prove she could do it”
 - She noted **headaches, shakiness, insomnia**, and increased **anxiety** for several days that week
- **No history of withdrawal seizures** or complicated withdrawal
- Had pre-diabetes that resolved after bypass, no other medical problems
- **Spouse at home is supportive** of her trying to stop drinking





Outpatient Detox (simplified)

For patients at **low risk of severe withdrawal**, with **social supports available at home**, who can **follow up daily for up to 5 days**

Gabapentin:

- Day 1-2: 300mg QID
- Day 3: 300 mg TID
- Day 4: 300 mg BID
- Day 5 – 7: 300 mg daily

OR

Librium:

- **50 mg** every 4-6 hours prn withdrawal symptoms for up to 5 days

All patients should be prescribed **thiamine 100mg daily for 5 days**

Clonidine – as needed for hypertension/tachycardia -- 0.2 mg BID

Zofran – as needed for nausea

Nausea and vomiting

Ask "Do you feel sick to your stomach? Have you vomited?" Observation.

- 0 No nausea and no vomiting
- 1 Mild nausea with no vomiting
- 2
- 3
- 4 Intermittent nausea with dry heaves
- 5
- 6
- 7 Constant nausea, frequent dry heaves and vomiting

Agitation

Observation.

- 0 Normal activity
- 1 Somewhat more than normal activity
- 2
- 3
- 4 Moderately fidgety and restless
- 5
- 6
- 7 Paces back and forth during most of the interview, or constantly thrashes about

Tremor

Arms extended and fingers spread apart. Observation.

- 1 Not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 Moderate, with patient's arms extended
- 5
- 6
- 7 Severe, even with arms not extended

Paroxysmal sweats

Observation.

- 0 No sweat visible
- 1 Barely perceptible sweating, palms moist
- 2
- 3
- 4 Beads of sweat obvious on forehead
- 5
- 6
- 7 Drenching sweats

Auditory disturbances

Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.

- 0 Not present
- 1 Very mild harshness or ability to frighten
- 2 Mild harshness or ability to frighten
- 3 Moderate harshness or ability to frighten
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

Visual disturbances

Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.

- 0 Not present
- 1 Very mild sensitivity
- 2 Mild sensitivity
- 3 Moderate sensitivity
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

Anxiety

Ask "Do you feel nervous?" Observation.

- 0 No anxiety, at ease
- 1 Mildly anxious
- 2
- 3
- 4 Moderately anxious, or guarded, so anxiety is inferred
- 5
- 6
- 7 Equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions

Tactile disturbances

Ask "Have you had any itching, pins and needles sensations, burning, or numbness, or do you feel like bugs are crawling on or under your skin?" Observation.

- 0 None
- 1 Very mild itching, pins and needles, burning or numbness
- 2 Mild itching, pins and needles, burning or numbness
- 3 Moderate itching, pins and needles, burning or numbness
- 4 Moderately severe hallucinations
- 5 Severe hallucinations
- 6 Extremely severe hallucinations
- 7 Continuous hallucinations

Headache, fullness in head

Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.

- 0 Not present
- 1 Very mild
- 2 Mild
- 3 Moderate
- 4 Moderately severe
- 5 Severe
- 6 Very severe
- 7 Extremely severe

Orientation and clouding of sensorium

Ask "What day is this? Where are you? Who am I?"

- 0 Oriented and can do serial additions
- 1 Cannot do serial additions or is uncertain about date
- 2 Disoriented with date by no more than two calendar days
- 3 Disoriented with date by more than two calendar days
- 4 Disoriented with place or person

Total CIWA-Ar score: _____

Rater's initials: _____

Maximum possible score is 67

Clinical Institute Withdrawal Assessment for Alcohol Scale, Revised (CIWA-Ar) to assess severity of alcohol withdrawal.

Mild symptoms: score < 10; moderate symptoms: score 10 to 18; severe symptoms or complicated: score ≥ 19.

Sullivan JT, Sykora K, Schneiderman J, et al. Assessment of alcohol withdrawal: the revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar). Br J Addict. 1989;84(11):1357



Angela

- Angela successfully uses **Gabapentin for mild alcohol withdrawal syndrome**
- You see her in follow-up with the following concerns:
 - Ongoing insomnia
 - Craving to drink in evenings
 - Upcoming work function where alcohol will be served has her worried

Remember:
Detox does not cure a
substance use
disorder.

After detox: the real treatment

- **Psychosocial supports**
 - Mutual support groups (AA, SmartRecovery, Women for Sobriety)
 - Counseling/CBT
 - Intensive Outpatient programs
 - Residential treatment (“Rehab”)

After detox: the real treatment

- **Medications for Alcohol Use Disorder**
 - Can be used for harm reduction or relapse prevention
 - Work by reducing craving and/or mitigating symptoms of post-acute withdrawal

Medications for Alcohol Use Disorder (MAUD)

First Line:

Acamprosate

Indirect GABA agonist

666 mg three times daily

Contraindicated in renal failure

Naltrexone

Opioid antagonist

50mg once daily OR

380mg monthly IM (Vivitrol) OR

50mg once one hour before alcohol intake
("Sinclair Method")

Contraindicated in advanced liver
disease and concurrent opioid use

Medications for Alcohol Use Disorder (MAUD)

Second Line:

Gabapentin GABA agonist	Topiramate Anti-epileptic
300-600 mg three times daily (titrate over 2-3 weeks)	100 mg twice daily (titrate over 4 weeks)
Contraindicated in renal failure	Do not stop abruptly Caution in people at risk of pregnancy

Medications for Alcohol Use Disorder (MAUD)

Other options:

Baclofen GABA agonist 5-10 mg three times daily Caution in renal failure	Varenicline Partial nicotine agonist 1mg twice daily (titrate over 7 days) Most helpful in tobacco users
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Agabio R, Saulle R, Rösner S, Minozzi S. Baclofen for alcohol use disorder. *Cochrane Database Syst Rev.* 2023 Jan 13;1(1):CD012557. doi: 10.1002/14651858.

Poorman E, McQuade B, Messmer S. *Medications for Alcohol Use Disorder. Am Fam Physician.* 2024;109(1):71-78

GLP-1 for Alcohol Use Disorders

- Likely works for alcohol craving for similar reasons to food craving
- **Emerging evidence**
 - Mostly anecdotal with some RCT data
- **No insurance coverage** for this indication
- Caution in **low BMI, older adults, osteoporosis, frailty, restrictive eating disorders**
- Consider for people with **other indications for GLP-1 (or post gastric bypass)**

Semaglutide	Tirzepatide
GLP-1 agonist	GLP-1/GIP agonist
0.25 – 2.4 mg q7d (titrate every 4 weeks)	2.5 mg – 15 mg (titrate every 4 weeks)

Hendershot CS, Bremmer MP, Paladino MB, et al. Once-Weekly Semaglutide in Adults With Alcohol Use Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*. 2025;82(4):395–405. doi:10.1001/jamapsychiatry.2024.4789

Quddos, F., Hubshman, Z., Tegge, A. et al. Semaglutide and Tirzepatide reduce alcohol consumption in individuals with obesity. *Sci Rep* **13**, 20998 (2023).

Adeniran O, Nieto LM, Amadi C, Shepherd K, Kirkpatrick J, Farah K, Marwizi F, Alqinai B, Narvaez SI, Mensah S, Adekolu A, Cohen EM, Khan RS, Gayam S, Tabone LE, Davison L. Alcoholic Use Disorder Outcomes After Roux-en-Y Gastric Bypass in Patients Taking GLP-1 RAs: A Multicenter Analysis. *Obesity (Silver Spring)*. 2025 Oct;33(10):1886-1894.

Helpful Resources

AAFP reviews of Outpatient Withdrawal Management and MAUD:

[AAFP Outpatient Withdrawal Management](#)
[AAFP Medication for Alcohol Use Disorders](#)

Curbsiders Addiction Medicine Podcast:

[Curbsiders Addiction Medicine Podcast: MAUD Part 1](#)
[Curbsiders Addiction Medicine Podcast: MAUD Part 2](#)

ASAM Pocket Guide to Alcohol Withdrawal Management:
<https://eguideline.guidelinecentral.com/i/1254278-alcohol-withdrawal-management/0?>

Mutual Aid Support Options

Alcoholics Anonymous (Portland Intergroup):

<https://www.pdxaa.org/meetings/>

SmartRecovery:

<https://smartrecovery.org/meeting>

Women for Sobriety:

<https://meetings.womenforsobriety.org/meetings/>



Thank You