ENTITLEMENT ELIGIBILITY GUIDELINE
ALCOHOL USE DISORDER

MPC 30390
ICD-9 305.0, 303
ICD-10 F10.1, F10.2

DEFINITION

ALCOHOL-RELATED DISORDERS

Alcohol-Related Disorders are divided into two categories: Alcohol Use Disorders and Alcohol-Induced Disorders. The Alcohol Use Disorders are Alcohol Abuse and Alcohol Dependence.

Alcohol Use Disorder is the primary condition for which entitlement may be granted.

The Alcohol-Induced Disorders are considered under Section B or Section C in the Entitlement Considerations of this guideline.

Alcohol is one class of substances that can result in Substance Abuse or Substance Dependence. The generic criteria sets for Substance Abuse and Substance Dependence contained within the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders 4th edition Text Revision (DSM-IV-TR) apply to alcohol. There are no unique criteria sets for Alcohol Abuse or Alcohol Dependence.

“Substance” has been replaced by “Alcohol” in the following criteria sets.

Criteria Sets for Alcohol Use Disorders

ALCOHOL ABUSE:

Criterion A
According to the DSM-IV-TR, Alcohol Abuse is a maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
(1) recurrent alcohol use resulting in failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household)
(2) recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use)
(3) recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)
(4) continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (e.g., arguments with spouse about the consequences of intoxication, physical fights)

Criterion B
The symptoms have never met the criteria for Alcohol Dependence.

ALCOHOL DEPENDENCE:

According to the DSM-IV-TR, Alcohol Dependence is a maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, manifested by three (or more) of the following, occurring at any time in the same 12-month period:
(1) tolerance, as defined by either of the following:
   (a) a need for markedly increased amounts of alcohol to achieve intoxication or the desired effect
   (b) markedly diminished effect with continued use of the same amount of alcohol
(2) withdrawal, as manifested by either of the following:
   (a) the characteristic withdrawal syndrome* for alcohol
   (b) alcohol (or closely related substance) is taken to relieve or avoid withdrawal symptoms
(3) alcohol is often taken in larger amounts or over a longer period than was intended
(4) there is a persistent desire or unsuccessful efforts to cut down or control alcohol use
(5) a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
(6) important social, occupational, or recreational activities are given up or reduced because of alcohol use
(7) 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 (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

*Refer to the DSM-IV-TR for the diagnostic criteria for Alcohol Withdrawal.
Note:
It is possible claims for “Problem Drinking”* will be submitted. Problem Drinking is not a DSM-IV-TR diagnosis and is not an acceptable diagnosis for Veterans Affairs Canada (VAC) entitlement rulings.
  * Problem drinkers consume more than 14 alcoholic drinks per week, but often consume less than 4 per day. They may develop mild tolerance and there may be mild social and/or physical consequences related to drinking. These individuals do not have withdrawal symptoms, do not neglect major responsibilities and are usually socially stable.

DIAGNOSTIC STANDARD

A diagnosis from a qualified medical practitioner (family physician or psychiatrist) or a registered/licensed psychologist is required. The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible and should satisfy the requirements for diagnosis as outlined in the DSM-IV-TR diagnostic criteria.

If a claim for alcoholism, or alcohol addiction is submitted, VAC will rule on Alcohol Use Disorder if the DSM-IV-TR criteria are met for either Alcohol Abuse or Alcohol Dependence. Medical Advisory should be consulted for diagnosis clarification.

NOTE: Entitlement should be granted for a chronic condition only. For VAC purposes, "chronic" means the condition has existed for at least six months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the six month period and thereafter.

ENTITLEMENT CONSIDERATIONS

A. CAUSES AND/OR AGGRAVATION

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.

NOTE: The factors listed in Section A of the Entitlement Considerations include specific timelines for the clinical onset, or clinical worsening, of Alcohol Use Disorder. If the medical evidence indicates an alternate timeline, consultation with Medical Advisory should be considered.

NOTE: The following list of factors is not all inclusive. Factors, other than those listed in Section A, may be claimed to cause, or aggravate, Alcohol Use Disorder. Other factors may be considered based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.
1. Having a clinically significant psychiatric condition* at the time of clinical onset, or clinical worsening of Alcohol Use Disorder

*A clinically significant psychiatric condition is an Axis I or Axis II disorder as defined in the DSM-IV-TR.

2. Experiencing a severe stressor* within the five years before the clinical onset, or clinical worsening, of Alcohol Use Disorder

*A severe stressor is a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing or being involved in an event that involves death, injury, or a threat to the physical integrity of another person. The event or events evoke intense fear, helplessness, or horror.

The list of severe stressors below is not all inclusive. Other events may qualify as severe stressors. If the medical evidence indicates other events result in the clinical onset, or clinical worsening, of Alcohol Use Disorder, consultation with Medical Advisory should be considered.

(i) experiencing a life-threatening event
(ii) being subject to a serious physical attack or assault including rape and sexual molestation
(iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured
(iv) being an eyewitness to a person being killed or critically injured
(v) viewing corpses or critically injured casualties as an eyewitness
(vi) being an eyewitness to atrocities inflicted on another person or persons
(vii) killing or maiming a person in a non-criminal act
(vii) being an eyewitness to, or participating in, the clearance of critically injured casualties

3. Having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability within the five years before the clinical onset, or clinical worsening, of Alcohol Use Disorder
4. Experiencing the death of a significant other* within the five years before the clinical onset, or clinical worsening, of Alcohol Use Disorder

* A significant other is a person who has a close family bond or a close personal relationship and is important or influential in one’s life.

5. Having experienced severe childhood abuse* before the clinical onset of Alcohol Use Disorder

* Severe childhood abuse is:
  (i) serious physical, emotional, psychological or sexual harm to a child under the age of 16 years; or
  (ii) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or well-being of a child under the age of 6 years; where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who was with or around the child, or any other adult in contact with the child.

6. Inability to obtain appropriate clinical management of Alcohol Use Disorder.

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT / ASSESSMENT

• Alcohol Intoxication
• Alcohol Withdrawal
• Alcohol Intoxication / Withdrawal Delirium
• Decreased Libido - if the medical information indicates decreased libido is a symptom of a psychiatric condition.
• Acute Alcohol-Induced Sexual Dysfunction
• Alcohol-Induced Sleep Disorder
• Sleep Disorder Related to Another Mental Disorder
• Anxiety Disorders
• Mood Disorders
• Schizophrenia and Other Psychotic Disorders
• Adjustment Disorders
• Personality Disorders
• Eating Disorders
• Substance Use Disorders
• Dissociative Disorders
• Pain Disorders /Chronic Pain Syndrome (DSM-IV-TR Axis I Diagnosis)
C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM ALCOHOL USE DISORDER AND/OR ITS TREATMENT

Section C medical conditions may result in whole or in part as a direct result of Alcohol Use Disorder, from the treatment of Alcohol Use Disorder or the combined effects of Alcohol Use Disorder and its treatment.

Conditions listed in Section C of the Entitlement Considerations are only granted entitlement if the individual merits and medical evidence of the case determines a consequential relationship exists. Consultation with Medical Advisory should be considered.

If it is claimed a medication required to treat Alcohol Use Disorder resulted in whole, or in part, in the clinical onset, or clinical worsening, of a medical condition the following must be established:

1. The individual was receiving the medication at the time of the clinical onset, or clinical worsening, of the medical condition.
2. The medication was used for the treatment of the Alcohol Use Disorder.
3. The medication is unlikely to be discontinued or the medication is known to have enduring effects after discontinuation.
4. The individual’s medical information and the current medical literature supports the medication can result in the clinical onset, or clinical worsening, of the medical condition.
5. Note: Individual medications may belong to a class, or grouping, of medications. The effects of a specific medication may vary from the grouping. The effects of the specific medication should be considered and not the effects of the group.

The list of Section C conditions is not all inclusive. Conditions, other than those listed in Section C, may be claimed to have a consequential relationship to Alcohol Use Disorder and/or its treatment. Other conditions may be considered for entitlement based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

- Chronic Gastritis / Peptic Ulcer Disease
- Gastroesophageal Reflux Disease
- Chronic Pancreatitis
- Chronic Hepatitis
- Cirrhosis of the Liver
- Chronic Cerebellar Degeneration
- Alcohol-Induced Persisting Amnestic Disorder (Korsakoff’s Syndrome)
• Alcohol-Induced Persisting Dementia
• Peripheral Neuropathy
• Hypertension
• Alcoholic Cardiomyopathy
• Bronchiectasis (as a result of aspiration pneumonia)
• Dupuytren's Contractures
• Chronic Alcohol-induced Sexual Dysfunction (e.g. Erectile Dysfunction)
• Obstructive Sleep Apnea

REFERENCES FOR ALCOHOL USE DISORDER