

Sobriety Planning Guide

Your team at UW Health is committed to helping people prevent problems that can occur from at-risk drinking or an alcohol use disorder.

About Alcohol Use Disorder

An alcohol use disorder is most often the inability to stop or control alcohol use despite negative effects. These negative effects may be social, health, or work-related. There may be concern for an alcohol use disorder if drinking:

- Males:
 - More than 4 drinks per day, or
 - 14 or more drinks in a week.
- Females:
 - More than 3 per day, or
 - 7 drinks or more in a week.

We understand the impact that drinking can have on all areas of your life. Take time to think about how your alcohol use may have led to this hospital stay. Your medical team can support you in making a plan for positive changes.

Please ask your medical team about how alcohol use impacts your health and well-being. We know that being in the hospital can cause worry and concern. We are here to help and answer any questions you may have.

Questions

Making a Plan for Recovery

Setting goals about your alcohol use can help you make a plan for your recovery.

Goals Here in the Hospital

Some options after leaving the hospital include:

- Residential program
- Intensive outpatient therapy (IOP)
- Counseling
- Peer support
- Self-help groups

Goals After Leaving the Hospital

Are there certain people, places, or things you should avoid when trying to make a change with your drinking?

Who can you call for support?

Medicines Used with Alcohol Use Disorder

Have you ever used anti-craving medicine for alcohol? Some examples may include:

- Gabapentin
- Naltrexone
- Acamprosate

Are you interested in learning more about these medicines? ☐ Yes ☐ No

Other Medicines Used

Thiamine

With long-term alcohol use, people are at risk of having low levels of a vitamin called thiamine (Vitamin B1). Low levels may cause symptoms such as loss of appetite, weakness, pain or tingling in your arms and legs. These problems can be permanent if thiamine levels stay low or if alcohol use continues.

After your hospital stay, a provider may suggest taking thiamine for at least 6 weeks. A daily multivitamin may also be needed to prevent other vitamin deficiencies.

Gabapentin

This medicine regulates the nerve signals associated with alcohol dependence. It can help people stop alcohol use, minimize cravings, and reduce insomnia and anxiety. This medicine is taken 3 times a day.

Naltrexone (Revia)

This medicine is used to help people with opiate use disorder who have stopped taking opiates and want to remain opiate free. It can also be used to help people with alcohol use disorder stay alcohol-free. This medicine minimizes the good feelings that may be felt with alcohol use. Cravings and motivation to drink are less. It may not be an option if your liver function tests are elevated. This medicine is taken once daily.

Acamprosate (Campral)

This medicine is used after the withdrawal. It helps to prevent future urges to drink. Alcohol does not cause a negative effect if taken with acamprosate, but it can make the medicine less effective. This medicine is taken 3 times daily.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 9/2021 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#8126.