CONDITION

Alcohol use disorder

Learn how alcohol use disorder affects health, how it is diagnosed, and how counseling, medicines, and ongoing support can help recovery.

WHAT IT IS
Medical condition causing difficult-to-control alcohol use

BODY SYSTEM
Brain and behavior

MAIN SYMPTOMS
Inability to cut down, cravings, missed responsibilities, withdrawal

WHAT CAUSES IT
Biological, psychological, social and environmental factors

HOW IT IS DIAGNOSED
Clinical assessment of symptoms over 12 months

MAIN TREATMENT
Counseling, medicines and ongoing support

CAN IT BE CURED?
Sometimes, treatment and support help recovery

IS IT AN EMERGENCY?
Sometimes, seizures, severe confusion or slow breathing

LONG-TERM OUTLOOK
Treatable, but often needs ongoing care

Overview

Alcohol use disorder, often shortened to AUD, is a medical condition in which alcohol use becomes difficult to control despite harmful effects. It can affect health, relationships, work, school, finances, and safety.

AUD exists on a spectrum from mild to severe. It is not defined only by how often someone drinks or by a particular number of drinks. A person may have AUD if alcohol repeatedly causes problems, takes priority over other activities, or leads to physical dependence.

Physical dependence means the body has adapted to regular alcohol exposure. A person may develop tolerance, meaning they need more alcohol to feel the same effect. They may also have withdrawal symptoms when alcohol use stops or drops sharply. Dependence can occur as part of AUD, but the two terms do not mean exactly the same thing.

AUD is treatable. Care may include counseling, medication, peer support, treatment of withdrawal, and help with related medical or mental health conditions. Some people aim to stop drinking completely. Others begin by reducing alcohol-related harm. The safest and most realistic goal depends on the person's health, circumstances, and preferences.

Suddenly stopping alcohol can be dangerous for someone who drinks heavily or has had withdrawal before. A clinician can help determine whether withdrawal needs medical monitoring.

Symptoms

Clinicians diagnose AUD by looking for a pattern of symptoms over a 12-month period. Having one concern does not by itself establish a diagnosis.

Possible symptoms include:

Alcohol withdrawal can begin after a person who has become physically dependent reduces or stops drinking. Early symptoms may include shaking, sweating, nausea, anxiety, headache, trouble sleeping, a fast pulse, or increased blood pressure.

More severe withdrawal can cause seizures, hallucinations, or delirium. Delirium involves severe confusion, agitation, and difficulty understanding what is happening. It requires emergency medical care.

Alcohol intoxication can also become an emergency. Warning signs include inability to wake, slow or irregular breathing, repeated vomiting, seizures, severe confusion, or pale or bluish skin.

- Drinking more alcohol or for longer than intended
- Wanting to cut down but being unable to do so
- Spending a great deal of time drinking, obtaining alcohol, or recovering from its effects
- Having strong urges or cravings for alcohol
- Missing responsibilities at work, school, or home because of drinking
- Continuing to drink despite repeated conflict with family or friends
- Giving up important social, work, or recreational activities
- Drinking in situations where it is physically unsafe, such as before driving
- Continuing to drink despite knowing that it is worsening a physical or mental health problem

- Developing tolerance to alcohol
- Experiencing withdrawal or drinking to prevent withdrawal symptoms

Causes and risk factors

AUD does not have a single cause. It develops through a combination of biological, psychological, social, and environmental factors. It is not a lack of willpower.

Genes can influence how the brain responds to alcohol and how likely someone is to develop AUD. Having a parent or other close relative with alcohol problems can increase risk, but it does not mean a person will develop the condition.

Other factors that may raise risk include:

Alcohol can briefly reduce tension or emotional distress, but its effects wear off. Over time, using alcohol to cope may worsen anxiety, depression, sleep, and stress. This can create a cycle in which distress leads to drinking and drinking adds to the distress.

- Starting to drink at a young age
- Frequent heavy drinking or repeated binge drinking
- Depression, anxiety, post-traumatic stress, or another mental health condition
- Using alcohol to cope with stress, pain, trauma, loneliness, or sleep problems
- A home, work, or social environment where heavy drinking is common
- Easy access to alcohol
- Major life stress, unstable housing, or limited social support
- Use of other substances

Diagnosis

AUD is diagnosed through a private conversation with a healthcare professional. The clinician asks about drinking patterns, attempts to cut down, cravings, withdrawal, and the effects of alcohol on daily life.

The standard diagnostic criteria include 11 possible symptoms. In general, two or more symptoms within 12 months may support a diagnosis. The number of symptoms helps classify AUD as mild, moderate, or severe. A clinician must also consider the person's full medical and social situation.

A primary care professional may begin with a brief screening questionnaire. Examples include the AUDIT-C and questions about how often and how much a person drinks. Screening identifies people who may benefit from a more detailed assessment; it does not provide a diagnosis by itself.

There is no blood test that confirms AUD. Tests may still be used to check for alcohol-related effects, such as liver injury, anemia, electrolyte changes, or nutritional problems. Normal test results do not rule out AUD.

An evaluation may also cover:

Honest information helps the clinician plan safer care. Medical conversations are generally confidential, with limited exceptions involving immediate safety or legal requirements.

- Current medicines and other substance use
- Previous withdrawal symptoms, seizures, or treatment
- Depression, anxiety, trauma, sleep problems, or suicidal thoughts
- Liver, heart, digestive, or nerve symptoms
- Pregnancy or the possibility of pregnancy
- Safety at home and access to reliable support
- Personal treatment goals

Treatment and management

Treatment is based on the severity of alcohol use, withdrawal risk, overall health, personal goals, and available support. Care may take place in primary care, an addiction clinic, a mental health setting, a residential program, or a hospital.

Managing withdrawal

Withdrawal treatment and long-term AUD treatment are related but separate. Withdrawal care helps a person stop alcohol safely, but it does not by itself prevent a return to drinking.

A clinician may recommend outpatient monitoring for lower-risk withdrawal. People with a history of severe withdrawal, seizures, serious medical illness, limited support, or significant current symptoms may need care in a hospital or another supervised setting.

Medicines are often used to prevent or treat severe withdrawal. Clinicians may also assess hydration, nutrition, and thiamine needs. Thiamine is vitamin B1, which can become deficient with long-term heavy alcohol use.

A person who may be physically dependent should seek medical advice before abruptly

stopping alcohol.

Counseling and behavioral treatment

Behavioral treatments help people understand their drinking patterns and build practical ways to respond to cravings, stress, and high-risk situations.

Options include:

Treatment may also address housing, transportation, employment, trauma, or family stress. These issues can strongly affect recovery.

Medicines for AUD

Several medicines can support treatment. They are not addictive, and they work best as part of a broader care plan.

Naltrexone blocks opioid receptors in the brain. It can reduce alcohol's rewarding effects and may help reduce heavy drinking or cravings. It is available in oral and long-acting injectable forms. Because it also blocks opioid medicines, clinicians must review opioid use before treatment. Liver health may also need assessment.

Acamprosate may help a person maintain abstinence after stopping alcohol. Kidney function affects whether it is appropriate. It does not treat withdrawal and does not cause illness if alcohol is consumed.

Disulfiram causes an unpleasant and potentially serious reaction when alcohol is consumed. It may be useful for selected people who understand the reaction and can reliably avoid alcohol, including alcohol in some products. Supervised use may improve adherence.

A clinician can explain the benefits, limitations, monitoring, and possible side effects of each option. Treatment during pregnancy or while breastfeeding requires an individualized discussion of risks and benefits.

Recovery goals and daily support

For some people, not drinking is the safest goal, especially if alcohol has caused serious health effects or if moderation has not worked. Others may initially focus on reducing heavy drinking and related harm. Goals can change over time.

Helpful strategies may include removing alcohol from the home, planning alcohol-free activities, identifying triggers, and asking trusted people for support. Sleep care, regular meals, physical activity, and treatment of pain or mental health symptoms can also support recovery.

A return to drinking does not mean treatment has failed. It is a reason to review triggers, safety, medication, and the level of support.

- Cognitive behavioral therapy, which focuses on thoughts, feelings, and behaviors linked to drinking
- Motivational enhancement, which helps a person explore reasons for change and set goals
- Couples or family counseling when relationships can support recovery
- Contingency management, which uses structured rewards for meeting treatment goals
- Mutual-support groups, including both 12-step and non-12-step programs

Complications

Long-term or heavy alcohol use can affect nearly every organ. Possible complications include liver inflammation and scarring, high blood pressure, abnormal heart rhythms, stroke, digestive bleeding, pancreatitis, nerve damage, sexual problems, and weakened immune function.

Alcohol can contribute to memory and thinking problems. Severe thiamine deficiency can damage the brain. Alcohol also increases the risk of several cancers, including cancers of the mouth, throat, esophagus, liver, breast, and colon.

AUD may worsen depression, anxiety, sleep disorders, and the risk of self-harm. Intoxication raises the risk of falls, burns, drowning, violence, and motor vehicle crashes.

Drinking during pregnancy can harm fetal development. No known amount of alcohol during pregnancy has been established as safe.

Combining alcohol with opioids like oxycodone or morphine , sleep medicines, benzodiazepines like diazepam or lorazepam , or other sedating substances can suppress breathing and increase overdose risk.

Follow up

AUD often benefits from ongoing care rather than a single visit. Early follow-up may focus on withdrawal safety, cravings, medication effects, sleep, mood, and progress toward treatment goals. Later visits can review what is working and whether the treatment plan needs to change.

Routine follow-up may include liver or kidney tests when clinically appropriate, medication monitoring, and screening for depression or anxiety. A clinician may also help connect the person with counseling, addiction specialists, or community resources.

Contact a healthcare professional promptly if withdrawal symptoms appear after reducing

alcohol, especially worsening shaking, sweating, vomiting, agitation, or a racing heartbeat. Prompt advice is also appropriate for increasing alcohol use, new medication side effects, worsening mood, or difficulty staying safe.

Seek emergency care for:

If someone may have alcohol poisoning, do not leave them alone or assume they can "sleep it off." Call local emergency services. In the United States, people in a suicidal crisis can call or text 988 for immediate support.

- A seizure, hallucinations, severe confusion, or extreme agitation during possible withdrawal
- Inability to wake, slow or irregular breathing, repeated vomiting, or suspected alcohol poisoning
- Vomiting blood, black stools, severe abdominal pain, chest pain, or sudden weakness
- Thoughts of suicide, a suicide plan, or an immediate risk of self-harm

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