Stefani Morscher References

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AUDIT (Alcohol Use Disorders Identification Test)

* 10 question Alcohol Harm screening tool developed by WHO

Scoring:

8 to 15 indicates increasing risk

6 to 19 indicates higher risk,

20 or more indicates possible dependence

* 4 questions (Cut down, Annoyed, Guilty, Eye opener)

Multiple "yes" answers indicative of alcohol related problems

(Stanford Integrated Psychosocial Assessment for Transplant)

* assesses knowledge, motivation, comorbid psychiatric symptoms, lifestyle factors/modifications & social support availability. Important to determine patient's risk for relapsing post transplant.

Excellent Candidate: 0-6, Good candidate: 7-20, Minimally Acceptable Candidate: 21–39, High-Risk candidate: 40–68

(Sustained alcohol use post liver transplant)

* Assesses probability of brief and sustained alcohol relapses in patient's undergoing transplant evaluation due to severe alcohol associated hepatitis

Score below 5 : Low Risk

Score of 5 or higher: High Risk

is a minor metabolite of ethanol, a phospholipid that is synthesized, stored in membranes of red blood cells (RBCs), and measured in whole blood samples. A unique feature of its pharmacokinestics in RBCs is the lack of a critical catabolic enzyme, which is unlike all other cell types studied. The elimination half-life of PEth is 4–7 days, which provides a window of detection up to 28 days during abstinence.

•Phosphatidylethanol has almost 100% specificity and high sensitivity to individuals who consume moderate to heavy amounts of alcohol (50 g of alcohol or more per day for 2 or 3 weeks. Phosphatidylethanol is a superior biomarker compared to traditional alcohol biomarkers such as GGT, MCV.

Nonspecific testing can include measurements of aspartate aminotransferase (AST) assessing hepatic inflammation, gamma-glutamyl transferase (GGT), which is more specific for alcohol-related hepatotoxicity, and mean corpuscular volume (MCV) for .

More specific tests include urine (EtG) which can be detected 5 days after use and serum carbohydrate deficient-transferrin (CDT) which can be used to detect heavy alcohol use from the prior 2 weeks. Both tests can be limited by false positives particularly in the setting of liver disease. Phosphatidylethanol (PEth) has shown utility in patients with liver disease but the optimal cutoff point is unclear.