

## **Psychological and sociological research on alcohol dependence that strongly affects ALD**

### **Overview of ALD and the impact of alcohol dependence on ALD**

Alcohol is a psychoactive substance. The use of alcohol is very common in many cultural environments, and the harmful use of alcohol leads to huge diseases, social and economic burdens.(Seitz et al., 2018) According to the 2014 World Health Organization (WHO) Global State of Alcohol and Health Report, about 3.3 million people died from alcohol use in 2012, accounting for 5.9% of global deaths. The situation of alcohol use in China is not optimistic, and China's per capita alcohol consumption With the increase year by year, the health problems caused by alcohol are also becoming more serious.(Osna, Donohue, & Kharbanda, 2017)

According to data from current medical institutions, alcoholic liver disease and many current liver cirrhosis diseases are caused by the habit of drinking alcohol.(Fuster & Samet, 2018) With the rapid development of China's alcohol industry in recent years, this also indicates that China's current More people start to drink alcohol, which has a very serious impact on people's health, and even lays a certain hidden danger to the health of some people. Moreover, according to the current medical institution data, medical institutions treat patients with alcoholic liver disease, the number of patients is also increasing, so patients with alcoholic liver disease have also received extensive attention from the current society. As the awareness of patients with alcoholic liver disease on their own diseases continues to increase, they also begin to realize the importance of abstaining from alcohol.(Schuckit, 2009) However, patients who can cause the disease have the habit of long-term alcoholism. As a long-term alcoholics, it is often difficult to quit drinking.(Li et al., 2019)

### **Chinese wine table culture and excessive drinking under pressure**

## The origin and development of wine table culture

In China, the history of wine is almost as old as human history. Long before the Chinese characters matured, the Chinese had already mastered winemaking techniques. There are records about wine and drinking culture in many ancient books. The wine culture goes deep into the blood of Chinese people and has a profound influence. In the Book of Songs, wine is mentioned in more than 20 places. Wine is given the meaning of etiquette, social interaction, and leisure, which reflects a specific patriarchal order and human relations. There are also many classics that specifically talk about wine, such as "Jiu Gao" in the Western Zhou Dynasty, "Jiu Fu" and "Jiu Zhen" in the Western Han Dynasty, "Jiu Jie" in the Eastern Jin Dynasty, and "Jiu Jing" and "Jiu Pu" in the early Tang Dynasty. It can be seen that wine has long become an important element of Chinese culture.

Due to the high degree of monopoly of the state power over wine, early drinking was also included as one of the contents of political activities, not the food culture in the modern sense. Wine is a luxury, a scarce resource, and only the royal family and aristocrats can enjoy it. The feasting behaviors of the royal family and aristocrats were mostly covered in political cloak. The nature of wine determines that it is not a consumer product of ordinary people's daily life, so wine culture merged with politics from the beginning. The solemnity of drinking etiquette, the elegance of the form, and the solemnity of the scene have all become political props. It can be seen from the later evolved wine vessels that the shapes and sizes all symbolize authority.

The expansion of wine culture has a gradual process. With technological progress and economic development, it slowly penetrates from top to bottom. The political wine culture formed by the ruling group slowly spread to all classes of society, with far-reaching influence. From the initial political ruling props to the consumer goods of the general public, wine and wine culture have undergone a long process of development and have penetrated into the hearts of Chinese people. It can be said that contemporary wine culture evolved from ancient political culture and has a shadow of political compulsion. This is the most fundamental difference between Chinese wine culture and wine culture of other countries.

### Social gatherings: pressure under power

What is the relationship between the dining table and power? In the book "The Dining Table of Power" written by French historian Marc Albert, from the

public banquet in ancient Greece to the luxurious dining table of Louis XIV, to the first place in the Elysee Palace. For the dinner of the Five Republics, the change of the table is regarded as a process of power control and tame—"Dishes" is not just a dish, "Eating" is not a personal matter, because behind the "rules" and "meanings" of eating, There are always goals to be achieved. Corresponding to our current situation, it can also be said that at the official wine table, "wine" is not just wine, and "drinking" is not a personal matter.

At the wine table of power, drinking is not only a pleasure, but a test. Whether you can handle things depends on how much you drink and how you drink; whether you can be promoted depends more on how much you drink and how you drink. For some people, a large amount of alcohol may mean a bright future. A wine table that is in danger of death certainly has the catalytic effect of traditional wine table culture, but fundamentally, the problem stems from the power culture. What kind of wine to drink, how to toast, and even how to stop the wine, are all power cultures that have to be fine-tuned. This kind of culture, in the final analysis, is just an extension of the order of power, which constitutes a footnote supporting the reality of power, and in a subtle way, shows the presence of power.

Most business success still depends on job performance. But when alcoholics have not stopped drinking, they may think that the key to success in business is charm, wit, and optimistic character. These qualities undoubtedly help people who drink in moderation, but not for alcoholics, who tend to overemphasize the importance of these qualities when drinking.

Without removing the power gene in the wine table culture, reflecting on the so-called wine table culture can only scratch the surface, and changing customs and customs can only be a fantasy. Only when power is constrained can all kinds of "evil customs" be ruled out, but there is no other way.

## Gathering of family and friends: pressure under the relationship

Wine culture originated from political culture and was a prop of traditional social political rule, and later moved down to the lives of ordinary people. This process is extremely long, but it also has a profound impact, and ultimately highly alienated the Chinese people's interpersonal emotions. In China, in addition to the royal legal system, the ethics and etiquette of society and family are also highly mandatory. In a patriarchal society, everyone has his own place in the family and in society, distinguished by hierarchy, and there is no equal majority in society. Most of the relationships between people are

unequal. Once all unequal relationships interact, compulsion will occur. Family ethics and social ethics are like this.

Drinking persuasion is different. Drinking persuading is generally passive, and many of them are negative. The wine persuading you to drink is not voluntarily, but others are forcing you to drink. Because you are embarrassed to refuse, and refusal may hurt people, so there is the saying "I would rather hurt your body than your feelings".

## Mandatory toast culture

Toasts and fines in the current sense are less politically compulsory, but they are internalized into Chinese values, customs and habits. Toasting has become a respect for others, not accepting it is to look down on others, and not responding is a manifestation of lack of education. Now that it has become a custom, people have become accustomed to it, and when they become accustomed it has become a social rule. Even if many people cannot drink, due to the so-called customs and habits, they have to bite the bullet.

## Influence of Stress Associated with Chronic Alcohol Exposure on Drinking

Stress is commonly regarded as an important trigger for relapse and a significant factor that promotes increased motivation to drink in some individuals. However, the relationship between stress and alcohol is complex, likely changing in form during the transition from early moderated alcohol use to more heavy uncontrolled alcohol intake. A growing body of evidence indicates that prolonged excessive alcohol consumption serves as a potent stressor, producing persistent dysregulation of brain reward and stress systems beyond normal homeostatic limits. This progressive dysfunctional (allostatic) state is characterized by changes in neuroendocrine and brain stress pathways that underlie expression of withdrawal symptoms that reflect a negative affective state (dysphoria, anxiety), as well as increased motivation to self-administer alcohol.(Becker, 2017)

Alcohol can alleviate stress while at the same time provoke a stress response. The dynamic interplay between numerous biological and environmental variables along with experiential factors plays a critical role in defining subjective aspects of stress (i.e., perception and appraisal of a stressful event) as well as how response to stress impacts decisions about

alcohol drinking and the manner in which alcohol consumption alters stress responsiveness. Recently, greater attention has focused on examining how a history of chronic alcohol exposure and withdrawal influences the capacity of stress to modulate alcohol consumption. Indeed, stress contributes to dynamic changes underlying transition to alcohol addiction and influences drinking at all stages of the addiction process.(Becker, 2012) The mechanism has been discussed in detail.

## **Dilemma and change**

With the progress of society, the dark side of wine table culture is gradually being valued by more people. Through political propaganda and strict enforcement of laws and regulations surrounding alcohol (including bribery, drunk driving, etc.), the atmosphere has been curbed to a certain extent.

But we should clearly understand that the wine table culture has had such a profound impact on the Chinese people, and the change cannot happen instantaneously. This requires the awakening of the whole society.

## **Selling point: alcohol advertising market and supervision**

On October 27, 2017, the State Administration for Industry and Commerce announced the "Decision on Repealing and Modifying Certain Rules" (Order No. 92), and the "Administrative Measures for Alcohol Advertising" and other regulations will be repealed immediately. In order to help advertising companies and media units to correctly understand the advertising laws and regulations, and carry out advertising review in accordance with the law, the following tips are hereby given to the review of alcohol advertising:

Minors: Article 40 of the "Advertising Law" stipulates that it is not allowed to publish alcohol advertisements on mass media targeted at minors. Article 37 of the "Minors Protection Law" clearly prohibits the sale of cigarettes to minors. Therefore, the image of minors should be used cautiously in alcohol advertisements, alcohol products should not be introduced or recommended to minors, alcohol products should not be introduced in the name or image of minors, or minors should purchase or consume alcohol. The content of the category product.

Regarding the understanding of alcohol advertising attributing success to drinking, etc.: Article 7 of the original "Administrative Measures on Alcohol Advertising" stipulates that the following content shall not appear in alcohol advertising: (6) Personal, business, social, sports, Success in sex or other aspects is attributed to the explicit or implicit indication of drinking. The success of personal, business, social, sports, sexual life, etc. is not necessarily related to drinking, but to a certain extent reflects the intention to induce and encourage drinking. Such advertising content is suspected of being false and also suspected of violating the "Advertising Law" section. The provisions of Article 23.

Regarding the understanding of the content of wine advertising, evaluation, awards, evaluation of famous brands, recommendations, etc.: Article 7 of the original "Administrative Measures for Alcohol Advertising" stipulates that the following content shall not appear in alcohol advertisements: (7) All aspects of alcohol products The results of the category evaluation, awards, brand evaluation, recommendation, etc. After the "Administrative Measures on Alcohol Advertising" is repealed, the results of appraisal, appraisal, appraisal of famous brands, and recommendations of alcoholic products are no longer prohibited in alcohol advertisements. Relevant advertising content should be reviewed in accordance with the provisions of Article 11 of the "Advertising Law"; evaluation activities should be true and legal, award expressions should be accurate and clear, indicating the awarding unit, the scope of the award and the time of the award; no illegal use of absolute language in award expressions .

Regarding the understanding of the use of alcoholic products as prizes or gifts in advertisements: After the "Administrative Measures on Alcohol Advertising" is repealed, advertisements no longer prohibit alcohol products as prizes or gifts. According to Article 8 of the Advertising Law, it should be Indicate the types, specifications, quantities, deadlines and methods of the gifts. Although the promotion of alcoholic products or the use of alcoholic products as prizes and gifts is not the same as promoting unrestrained drinking, companies should still correctly grasp the scale and encourage the labeling of "moderate drinking" and other related prompts in alcohol advertisements to promote health Lifestyle.

Regarding the restrictions on the quantity and time of alcohol products released by the mass media: Article 25 of the "Administrative Measures on Broadcasting of Radio and Television Advertisements" stipulates that broadcasting agencies shall strictly control alcohol commercial advertisements and may not use minors as the main target of communication.

Broadcast in the frequency, channel, section (column) of The number of strong alcohol commercial advertisements broadcast by radio stations per hour per program shall not exceed 2; the number of strong alcohol commercial advertisements broadcast by television stations per program per day shall not exceed 12, of which between 19:00 and 21:00 No more than 2.

## **Alcohol withdrawal syndrome**

According to statistics, about 12 million patients are hospitalized due to excessive drinking every year, and 80% of patients may have alcohol withdrawal syndrome (AWS) due to stopping drinking during hospitalization.(Eloma, Tucciarone, Hayes, & Bronson, 2018)

There are a certain number of people who drink alcohol in our country, and they have the characteristics of being mostly male and long-term sustainability. With the deepening of health concepts, people began to pay attention to consciously control their daily drinking or choose to abstain from alcohol. However, the accompanying alcohol withdrawal syndrome has caused some interference. According to statistics, the incidence of AWS in people with reduced alcohol intake can reach 30%, and the incidence in Northeast China can reach 56.23%.(Vergis et al., 2017)

## **Medical treatment**

### **Medication for withdrawal symptoms**

Benzodiazepines (BZDs) are the drugs of choice for the treatment of alcohol withdrawal syndrome recommended by various guidelines. BZDs acts on the allosteric effect of GABA-A receptors and has cross tolerance with alcohol. Multiple placebo-controlled studies support the clinical efficacy of BZDs, which can effectively reduce the main symptoms of alcohol withdrawal syndrome, such as anxiety and autonomic hyperactivity symptoms (such as sweating, tremor, and palpitations), and reduce the severity of overall withdrawal symptoms , Reduce the incidence of delirium and epilepsy. APA recommends that BZDs should only be used in the treatment of alcohol withdrawal syndrome, or comorbidities that meet the drug indications. The World Federation of Biological Psychiatry mentioned that the most commonly used BZDs are diazepam, chlordiazepoxide, oxazepam, lorazepam, alprazolam, etc. Domestic guidelines also mention that benzodiazepines are currently recognized as effective, safe, and well-studied drugs, but the specific

selection needs to consider many factors, such as pharmacokinetic parameters, time of onset, addiction potential, and the patient's body Health and tolerance, etc. There is currently no evidence to show the pros and cons of long-acting or short-acting drugs, but clinicians are more inclined to use long-acting drugs because they are administered less frequently, have better compliance, and patients have more stable symptoms. Under normal circumstances, oral administration is preferred, but for patients with severe confusion or physical discomfort, especially patients with delirium tremor, intravenous diazepam is more suitable.

APZ belongs to the BDZ class of drugs. After entering the body, it will have an effect on the  $\beta$ -adrenergic receptors in the brain. It can effectively alleviate the symptoms of mental disorders in AWS patients, and produce anti-anxiety, anti-depression, sedation, hypnosis, anti-convulsions and muscles. Relaxation and other effects. It should be noted that a small number of patients taking the drug will experience fatigue, dizziness, dry mouth, nausea, constipation, blurred vision, lack of concentration and other adverse reactions, and withdrawal symptoms after stopping the drug for a long time, so long-term use should be avoided. If you need to stop taking it, you need to gradually reduce the dose instead of interrupting it immediately.

The results of data analysis show that AWS patients will experience discomfort in mental state and gastrointestinal tract, the main forms are delirium, depression, irritability, diarrhea, nausea and vomiting. In many clinical manifestations, the incidence of delirium symptoms is higher. Delirium is also known as acute brain syndrome. The main clinical manifestations of the disease are consciousness disorder, unclear purpose of action, and inability to concentrate. The disease usually has a rapid onset with significant fluctuations. At present, relevant psychotropic drugs (such as haloperidol) are usually given to the mental symptoms of such patients. In order to prevent the use of drugs from deepening the disorder of consciousness, low-dose, short-term treatment should be preferred.(Vuittonet et al., 2014)

## **Drug treatment of alcohol use disorder**

### *Naltrexone or Acamprosate*

Naltrexone, as an opioid receptor antagonist, has a blocking effect on  $\mu$ -,  $\delta$ -, and  $\kappa$ -opioid receptors, which can reduce the activation of the reward circuit caused by alcohol and reduce dopamine in the nucleus accumbens Release, thereby reducing the rewarding effect of alcohol and drinking cravings. The APA guidelines recommend that naltrexone or acamprosate (grade 1B) is suitable for moderate to severe alcohol with the goal of reducing



alcohol use or abstinence, more inclined to drug treatment, or ineffective to non-drug treatment, and no contraindications to the drug. Patients with use disorders. Acamprosate is a GABA receptor agonist, which can effectively reduce the alcohol cravings of patients. However, its disadvantage is that the bioavailability of oral administration is low, and higher drug doses are often required. It is contraindicated in patients with severe renal impairment. . The FAS/EUFAS guidelines recommend that naltrexone treatment can effectively reduce alcohol consumption and re-drinking. Compared with acamprosate, naltrexone is more effective in reducing alcohol cravings and reducing the number of days of high-level drinking, but it is more effective in maintaining a longer period of abstinence. The effect of alcohol is poor (Grade C). Domestic guidelines also mention that the efficacy of acamprosate may be mainly to maintain the effect of abstinence rather than reducing the amount of alcohol consumed by those who have not abstained from alcohol. (Leggio & Lee, 2017)

### *Disulfiram*

Disulfiram is the first drug used to treat alcohol use disorder, and it has been more than 60 years ago. Some metabolites of disulfiram irreversibly inhibit the acetaldehyde dehydrogenase in the cytoplasm and mitochondria, increasing the concentration of acetaldehyde in the blood of drinkers by several times, causing strong discomfort, and making alcoholics turn to Drinking produces aversion and fear, thus giving up alcoholism and achieving the goal of abstinence. It is precisely because of its potentially dangerous disulfiram-like reaction and poor compliance that disulfiram is considered to be a second-line drug to prevent recurrence (Grade B, RG3), but for severe AUD patients, treatment can be obtained under strict supervision. beneficial. The APA guidelines recommend that disulfiram be used for patients with moderate to severe alcohol use disorder who aim to abstain from alcohol, and it is recommended for those who have poor efficacy of naltrexone and acamprosate and understand the drinking risks of using this drug, and no Medication contraindications.

### *Nalmefene*

Nalmefene is a mu and delta opioid receptor antagonist and a partial  $\kappa$  receptor agonist. Compared with naltrexone, it has a longer action time and lower liver toxicity. In 2013, the European Medicines Agency approved nalmefene for the treatment of alcohol use disorders to reduce the amount of alcohol use in adult alcohol dependent patients, especially for patients with high-risk drinking levels, no physical withdrawal symptoms, and no immediate

detoxification treatment . The drug is suitable for reducing the amount of alcohol consumed by patients with alcohol dependence (Grade 1A). A study included 64 AUD outpatients who were given nalmefene 18 mg as needed for treatment for 24 weeks. The results showed that regardless of whether the patient has a comorbid mental disorder, nalmefene can significantly reduce the number of severe drinking days and total alcohol consumption. And alcohol cravings. Therefore, nalmefene is an effective therapeutic drug for AUD patients with comorbidities.

For severe alcohol addiction, medical intervention may be needed to oversee the potentially dangerous effects of AWS and DT. But, for those seeking long-term sobriety, withdrawals are just the beginning.(Vergis et al., 2017)

## **Psychotherapy**

Non-pharmacologic interventions are the first-line approach and, sometimes, the only approach required. They include frequent reassurance, reality orientation, and nursing care.

Because the patient is a long-term alcoholism that causes his physical condition, the patient's psychological and emotional fluctuations will change significantly during the long-term treatment, and some patients have been exposed to a lot before entering the hospital for treatment Other methods of treatment, so when receiving treatment in the hospital, many patients have little confidence in the success rate of the hospital's treatment. During the treatment process, some patients will have serious negative emotions. The most important thing is that in the process of receiving treatment, in addition to severe anxiety, some patients will also have some depressive emotions. During the process of receiving care and treatment, they will not actively communicate with the nursing staff and the attending doctor. . Some patients even have symptoms of autonomic dysfunction due to long-term alcoholism, and the treatment process will cause more troubles to the attending doctor. Therefore, as nursing staff, they must provide good routines while caring for the patients. Nursing work, to ensure the quality of nursing work, communicate with patients friendly, establish trust and contact with patients, and motivate patients. To ensure that patients have a good mental state, but also to explain to patients that they have a healthy mental state, adherence to treatment can provide more possibilities for the patient's own treatment and increase the success rate.

The prognostic care of AWS is also of great significance to the outcome of the disease. Therefore, it is advocated to combine mental health education and nursing on the basis of drug treatment. Some people who are commonly used at present choose to interrupt their abstinence behavior because they cannot bear a series of symptoms of AWS.

Psychosocial intervention is the most extensive treatment for alcohol use disorder. It can effectively reduce alcohol use, increase the rate of abstinence, and at the same time enhance the motivation of patients to give up alcohol, and improve patients' compliance with drug treatment. These interventions usually involve family, community, and employment resources, encourage patients to reduce alcohol use, participate in counseling programs and self-help groups, and increase time spent sober and participating in useful activities. There are many forms of psychosocial intervention, including motivational interviews, brief interventions, cognitive behavioral therapy, meditation, psychoanalysis, and anonymous alcohol abstinence associations. There is no clear evidence to prove that a certain method is superior to other forms. Existing research shows that the most evidence-based psychological interventions include motivational interviews, brief interventions and cognitive behavioral therapy.

#### *Motivational Interviewing (MI)*

MI is centered on the target of intervention, aiming to explore and properly handle patients' ambivalence in behavior change, and strive to enhance the motivation of patients to change behavior. Its four core principles are expressing empathy, developing conflict, avoiding resistance, and supporting self-efficacy. According to Prochaska's behavioral change theory model, motivational interviews are divided into two stages: first, general counseling and motivational interview techniques are used to meet the basic psychological needs of patients, and to enhance the motivation to change subjectively; then gradually begin to change unhealthy behaviors and formulate The individualized change plan further strengthens the patient's commitment to implement the plan. A meta-analysis showed that in the short-term and mid-term follow-up, patients after MI intervention significantly reduced their alcohol consumption compared with untreated patients, but there was no significant difference compared with other treatments.

#### *Brief intervention*

FAS/EUFAS recommends in the guidelines that Brief Intervention should be used for individuals who abuse alcohol but have almost no signs of dependence, and provide healthcare services for individuals who have not yet

sought help due to alcohol use problems. Therefore, brief interventions can be used as part of public health to use simple methods to benefit as many people as possible before their alcohol use problems worsen. The domestic guidelines believe that brief interventions are mainly suitable for harmful drinking and high-risk drinkers. The goal is to make patients change their basic attitudes and be able to deal with various potential problems [6]. According to the recommendations of the National Institute of Alcohol Abuse and Alcoholism (NIAAA), the brief intervention measures are divided into 4 steps (4 "A"), namely asking about alcohol consumption (Ask), assessing the risk level of alcohol use (Assess), and recommendations (Advise) and continuous follow-up support (At follow-up continue support). Intervention programs to reduce drinking often involve strengthening motivation, developing self-control, encouraging alternative activities and improving social skills. One of the most effective methods may be to encourage patients to conduct self-assessment, such as using a diary, notebook, computer or mobile phone APP to monitor daily alcohol consumption.

### *Cognitive-behavior Therapy (CBT)*

CBT is a common and structured form of psychotherapy. Its purpose is to help patients change their thoughts and emotions and find new behaviors to adapt to the social environment by changing their behaviors based on conditioned learning. A meta-analysis of 12 studies found that compared with conventional treatment, combined CBT/MI treatment has a smaller effect but still has clinical significance, but there is no definite evidence that the combination of CBT and drugs can help relapse of alcohol dependence. prevention. Interestingly, a recent randomized clinical trial compared the effects of computerized and clinician-given CBT treatments in patients with substance use disorders. The results showed that patients who received computerized or traditional CBT treatment were more effective than those who received only ordinary CBT. The frequency of substance use in the treated patients was significantly reduced, and the treatment compliance of the computerized CBT group was significantly higher than that of the CBT group, and continued benefit during the 6-month follow-up. Therefore, computerized cognitive behavioral therapy can be regarded as a therapeutic method with development potential.

### *Neuromodulation therapy*

Neuromodulation therapy is currently under research, and there is evidence that it may reduce the psychological craving of patients with alcohol use disorder, increase cognitive control, and promote long-term withdrawal.

WFSBP proposes innovative electrophysiological treatment programs, namely deep brain stimulation (DBS) and repetitive transcranial magnetic stimulation (rTMS), both of which show therapeutic value by directly regulating the dysfunctional brain networks of AUD patients (level F). In addition to DBS and rTMS, recent studies have shown that transcranial direct current stimulation (tDCS) also shows great potential in the treatment of alcohol addiction.

### **Comprehensive approach**

The goal of treating alcohol use disorder is to improve the patient's quality of life. According to the patient's specific situation, treatment includes interventions in various aspects such as physical and mental health, interpersonal relationships, social and occupational adaptation, judicial status, and other addictive or dangerous behaviors. In order to truly improve the patient's condition, it is essential to completely change the pattern of alcohol use. (Keller et al., 2019) Everyone has always believed that abstinence is the best treatment target, especially for patients with severe alcohol dependence or abuse, and complicated by major physical or mental illness. However, alcohol is different from illegal substances such as opioids and amphetamines. It is controversial to treat alcohol as the only goal of treatment for all patients. Therefore, the guidelines of APA, NICE and FAS/EUFAS all put forward another alternative treatment goal, which is to reduce alcohol consumption and maintain a low-risk drinking pattern. Patients with limited risk of drinking patterns and not accompanied by major physical diseases can recommend this treatment goal. For patients with higher risk, major physical diseases or mental disorders who cannot accept the goal of complete abstinence, this can also be used as a feasible treatment aims. (Singal, Bataller, Ahn, Kamath, & Shah, 2018)

Treatment goals should be jointly decided by both the doctor and the patient. The American Psychiatric Association (APA) recommends that patients and clinicians clarify the preliminary goals of alcohol use disorder and reach an agreement. The goals include abstinence, reduction of alcohol use, or reduction of harm, etc. And it needs to be recorded in the medical record, and on this basis, a patient-centered personalized treatment plan, including evidence-based non-pharmaceutical treatment and drug treatment and other intervention methods, is in line with the domestic professors such as Li Jing. The "Guidelines for Clinical Diagnosis and Treatment of Alcohol Use Related Disorders" are the same.

Alcoholism has become one of the important characteristics of current drinking patients, so in the process of treatment of patients with alcoholic liver disease, in order to ensure the orderly progress of the treatment, it is

necessary to ensure that the patients stop drinking. Patients with alcoholic liver disease not only damage their own liver function to a certain extent, but also cause more serious effects on the patient's own nervous system. When receiving treatment, patients generally have symptoms such as rashes, anemia, and limb weakness. In the process of nursing work, carrying out psychological nursing, diet nursing including nursing of other conditions, can better ensure that patients have a stable mentality during the treatment process. In summary, during the development of nursing work, close observation of the patient's physical condition, including changes in the condition, and designing a scientific and reasonable care plan for the patient can promote the recovery of patients with alcoholic liver disease and alcohol withdrawal syndrome.

In summary, the treatment of AUD is aimed at abstaining from alcohol or reducing the risk of drinking and alcohol consumption, combined with a variety of treatment methods such as psychosocial therapy, drug therapy and other biological treatments. In the future, whether it is psychotherapy, drug therapy, or other biological treatments such as rTMS, further research is still needed to enable AUD patients to obtain greater benefits in many aspects such as physical health, mental health, and social function recovery. (Farooq & Bataller, 2016)

## **Social group: Alcoholics Anonymous**

Alcoholics Anonymous is a group where everyone is in the same boat. All members work together through communication, mutual support and mutual encouragement to solve their common problems and help more people get rid of alcoholism. AA has not been recognized in the scientific scope, but there is a part of the group that has not been re-drunked for a long time. This part is detailed in the interview.

## **The effect of this project on alcohol dependence syndrome**

So far, the cornerstone of alcoholic hepatitis treatment is still alcohol abstinence, nutritional support and corticosteroid therapy, but the results are not satisfactory. This project is aimed at people who are in the early and middle stages of alcoholic liver injury, have certain drinking habits and cannot accept the goal of complete abstinence, seek low-risk drinking patterns, and seek gradual measures to quit alcohol, and comprehensively improve mental

health problems and alcoholism caused by alcohol Liver damage and avoid people with severe alcohol withdrawal syndrome.

## **Social and cultural aspects**

We learned through literature research and interviews that completely abstaining from alcohol is not an acceptable option for many people, and reducing alcohol consumption and maintaining a low-risk drinking pattern are scientifically proven options. This alleviates the incompatibility of some people's complete abstinence and social drinking to a certain extent, alleviates the social pressure of some people in the current social atmosphere, and is an auxiliary treatment method that can be accepted by a large group.

## **Help reduce alcohol consumption and promote healthy eating**

At the same time, we strongly advocate the combination of our adjuvant therapy and psychotherapy to jointly reduce dependence on alcohol, reduce alcohol consumption, maintain a low-risk drinking pattern or gradual quitting to avoid serious alcohol withdrawal syndrome.

## **References**

- Becker, H. C. (2012). Effects of Alcohol Dependence and Withdrawal on Stress Responsiveness and Alcohol Consumption. *Alcohol Research : Current Reviews*, 34(4), 448–458.
- Becker, H. C. (2017). Influence of stress associated with chronic alcohol exposure on drinking. *Neuropharmacology*, 122, 115–126.  
<https://doi.org/10.1016/j.neuropharm.2017.04.028>
- Eloma, A. S., Tucciarone, J. M., Hayes, E. M., & Bronson, B. D. (2018). Evaluation of the appropriate use of a CIWA-Ar alcohol withdrawal protocol in the general hospital setting. *The American Journal of Drug and Alcohol Abuse*, 44(4), 418–425.  
<https://doi.org/10.1080/00952990.2017.1362418>
- Farooq, M. O., & Bataller, R. (2016). Pathogenesis and Management of Alcoholic Liver Disease. *Digestive Diseases (Basel, Switzerland)*, 34(4), 347–355.  
<https://doi.org/10.1159/000444545>
- Fuster, D., & Samet, J. H. (2018). Alcohol Use in Patients with Chronic Liver Disease. *The New*

- England Journal of Medicine*, 379(13), 1251–1261.  
<https://doi.org/10.1056/NEJMra1715733>
- Keller, J. M., Steinbach, T. C., Adamson, R., Carlbom, D. J., Johnson, N. J., Clark, J., . . . Çoruh, B. (2019). Icu Emergencies Simulation Curriculum for Critical Care Fellows: Neurologic Emergencies. *MedEdPORTAL : The Journal of Teaching and Learning Resources*, 15, 10813. [https://doi.org/10.15766/mep\\_2374-8265.10813](https://doi.org/10.15766/mep_2374-8265.10813)
- Leggio, L., & Lee, M. R. (2017). Treatment of Alcohol Use Disorder in Patients with Alcoholic Liver Disease. *The American Journal of Medicine*, 130(2), 124–134.  
<https://doi.org/10.1016/j.amjmed.2016.10.004>
- Li, S., Tan, H.-Y., Wang, N., Feng, Y. [Yigang], Wang, X., & Feng, Y. [Yibin] (2019). Recent Insights Into the Role of Immune Cells in Alcoholic Liver Disease. *Frontiers in Immunology*, 10, 1328. <https://doi.org/10.3389/fimmu.2019.01328>
- Oсна, N. A., Donohue, T. M., & Kharbanda, K. K. (2017). Alcoholic Liver Disease: Pathogenesis and Current Management. *Alcohol Research : Current Reviews*, 38(2), 147–161.
- Schuckit, M. A. (2009). Alcohol-use disorders. *The Lancet*, 373(9662), 492–501.  
[https://doi.org/10.1016/S0140-6736\(09\)60009-X](https://doi.org/10.1016/S0140-6736(09)60009-X)
- Seitz, H. K., Bataller, R., Cortez-Pinto, H., Gao, B., Gual, A., Lackner, C., . . . Tsukamoto, H. (2018). Alcoholic liver disease. *Nature Reviews. Disease Primers*, 4(1), 16.  
<https://doi.org/10.1038/s41572-018-0014-7>
- Singal, A. K., Bataller, R., Ahn, J., Kamath, P. S., & Shah, V. H. (2018). Acp Clinical Guideline: Alcoholic Liver Disease. *The American Journal of Gastroenterology*, 113(2), 175–194.  
<https://doi.org/10.1038/ajg.2017.469>
- Vergis, N., Atkinson, S. R., Knapp, S., Maurice, J., Allison, M., Austin, A., . . . Thursz, M. R. (2017). In Patients With Severe Alcoholic Hepatitis, Prednisolone Increases Susceptibility to Infection and Infection-Related Mortality, and Is Associated With High Circulating Levels of Bacterial DNA. *Gastroenterology*, 152(5), 1068–1077.e4.  
<https://doi.org/10.1053/j.gastro.2016.12.019>
- Vuittonet, C. L., Halse, M., Leggio, L., Fricchione, S. B., Brickley, M., Haass-Koffler, C. L., . . . Kenna, G. A. (2014). Pharmacotherapy for alcoholic patients with alcoholic liver disease. *American Journal of Health-System Pharmacy : AJHP : Official Journal of the American Society of Health-System Pharmacists*, 71(15), 1265–1276.  
<https://doi.org/10.2146/ajhp140028>