Alcohol Use Markers

Indications for Ordering

- Urine immunoassay screen to rule out acute alcohol ingestion
- Useful for general screening in the assessment of ethanol exposure in the contexts of compliance and/or abuse
- Aid in monitoring alcohol abstinence

Test Description

Ethyl Glucuronide Screen with Reflex to Confirmation, Urine
- Qualitative enzyme immunoassay/quantitative liquid chromatography-tandem mass spectrometry (LC-MS/MS)
- Positive screen result is confirmed by LC-MS/MS

Ethyl Glucuronide and Ethyl Sulfate Confirmation, Urine
- Quantitative LC-MS/MS

Carbohydrate Deficient Transferrin for Alcohol Use
- Quantitative electrophoresis

Tests to Consider

Primary Tests

Ethyl Glucuronide Screen with Reflex to Confirmation, Urine 2007912
- Screen with reflex testing is preferred method for ruling out ethanol exposure
- Identifies recent ethanol exposure within 1-4 days after ingestion
- Results do not accurately correlate with amount or frequency of ethanol use

Ethyl Glucuronide and Ethyl Sulfate, Urine, Quantitative 2007909
- May be useful in the assessment of ethanol exposure in the contexts of compliance and/or abuse
- Identifies recent ethanol exposure within 1-4 days after ingestion
- Results do not accurately correlate with amount or frequency of ethanol use

Carbohydrate Deficient Transferrin for Alcohol Use 0070412
- Identify alcohol abuse or abuse relapse; will detect chronic ethanol use (≥40 g/day for 2 weeks)

Related Tests

Tests for acute ethanol use
- Ethyl Glucuronide Screen Only, Urine 2012695
- Ethanol, Serum or Plasma – Medical 0090120
- Drugs of Abuse Test, Alcohol, Urine – Screen with Reflex to Confirmation/Quantitation 0092280
- Alcohols 0090131
- Alcohol, Urine, Quantitative 2010136

Disease Overview

Clinical issues
- Acute ethanol intoxication beyond the first 24 hours is not reliably predicted by serum testing
- Ethyl glucuronide and ethyl sulfate
  - Direct metabolites of ethanol
  - Can be detected up to 80 hours in urine after ethanol ingestion
  - Good marker of acute alcohol ingestion
  - May be useful in short-term monitoring for abstinence
- Carbohydrate deficient transferrin (CDT)
  - Transferrin (plasma iron transport protein) contains 2 N-linked glycan chains that differ in their degree of branching, showing bi-, tri-, and tetra-antennary structures
  - Each N-glycan chain branch terminates with a sialic acid molecule
  - The level of disialo-, monosialo-, and asialo-transferrin isoforms is normally low or undetectable
  - Level of these CDTs is markedly increased by alcohol abuse
  - This test is most useful for long-term abstinence monitoring (up to 2 weeks)

Test Interpretation

Analytical sensitivity

Ethyl Glucuronide and Ethyl Sulfate, Urine, Quantitative
- Limit of quantification is 100 ng/mL

Results

Ethyl Glucuronide Screen with Reflex to Confirmation, Urine
- Cutoff for positive screen is set at 500 ng/mL

Ethyl Glucuronide and Ethyl Sulfate, Urine, Quantitative
- Reported as a concentration
- Analytical range is 100-10,000 ng/mL
Carbohydrate Deficient Transferrin for Alcohol Use
• Reported as percent
  o Result ≥1.7% supports alcohol use >40g/day
  o Result <1.4% does not support alcohol use >40g/day over the prior 2 weeks
  o Inconclusive – 1.4-1.6% reported as inconclusive

Limitations
Ethyl Glucuronide and Ethyl Sulfate, Urine, Quantitative
• Incidental exposure from ethanol-containing products may be detected

Ethyl Glucuronide Screen with Reflex to Confirmation, Urine
• False positive results may be caused by microbial formation or fermentation, ethanol-containing products (eg, hand sanitizer, mouthwash)
• False negative results may be caused by bacterial degradation, >4 days since ethanol ingestion

Carbohydrate Deficient Transferrin for Alcohol Use
• Cannot be used in individuals suspected of having congenital glycosylation disorders
• Advanced liver damage (including severe chronic viral hepatitis) and antiepileptic drug therapy can increase CDT levels
• Interference in quantitation may be caused by
  o Severe icterus
  o Genetic variants of transferrin
  o Excess monoclonal or polyclonal immunoglobulins