Alcohol withdrawal management and relapse prevention treatment

Alcohol withdrawal can be very uncomfortable and may be an obstacle for individuals who wish to change their drinking pattern. Alcohol withdrawal can result in life-threatening complications if unsupervised or inadequately managed.
Withdrawal severity can be difficult to predict. Moderate withdrawal may include nausea, sweating, tremor and disturbed sleep. More severe withdrawal is likely to have similar features with the addition of dysphoria, anxiety, agitation, confusion, disorientation, or seizures. Severe withdrawal may lead to the development of delirium tremens, a medical emergency requiring hospitalisation.

Typical alcohol use features of individuals with alcohol dependence:

- High intake of alcohol (more than a bottle of wine, six pack of beer or ½ a bottle of spirits per day)
- Few or no alcohol free days
- Drinking commences before noon
- Continued drinking despite significant associated medical features (cirrhosis, pancreatitis, peptic ulcer, peripheral neuropathy)
- Continued drinking despite significant psychosocial consequences e.g. relationship / employment problems, DUI charges (esp if multiple)

Assessment may include:

1. Alcohol use history with daily alcohol consumption, time of 1st drink, history of complicating features (including past of current other substance use problems or complex withdrawal experience such as seizures).
2. Focused examination – features of chronic liver disease or other health conditions related to overuse of alcohol.
3. Investigations e.g. FBP, LFT, U&E, liver ultrasound

Diazepam based withdrawal management

Day 1:	5mg to 10mg qid
Day 2:	5mg to 10mg qid
Day 3:	5mg to 10mg tds
Day 4:	5mg to 10mg bd
Day 5:	5mg and cease

<u>Important</u>

i. Cease diazepam after 5 to 7 days
ii. Review frequently (eg daily to 3rd daily)
iii. Give advice regarding when to present to ED

Safer use of diazepam:

1. A responsible (non-drinker) adult available to supervise the withdrawal and support the patient
2. Cease diazepam if drinking continues
3. Limit access to large quantities of diazepam – limit prescribing to small quantities of diazepam or daily pickup from pharmacy

Recommend thiamine: 100mg tds for 7 days, then 100mg daily until patient has ceased alcohol use.

Refer for specialist assessment and management when:

- Previous complex withdrawal (e.g. hallucinations, delirium, seizure)
- Multiple substance use issues, past history of substance dependence (especially benzodiazepine abuse or dependence)
- Significant physical illness e.g. cirrhosis
- Significant mental health problems e.g. uncontrolled anxiety, depression or psychosis
- Unsupportive home environment, previous failed home withdrawal attempt

Initiate anticraving therapy: aim for minimum 4 to 6 months duration

- Naltrexone: ½ tablet 4 days, then 1 tablet (50mg) daily,
- Acamprosate: 2 tablets tds.
- Disulfiram: 200mg daily, must be alcohol free minimum 5 days, is expensive, potentially higher risk if co-exisitng medical conditions present.
- Monitor LFT to ensure no evidence of deterioration in liver health
- Response is likely to be enhanced when patient also engages in counselling therapy therapy

Further action:

- Consider referral to the local Community Alcohol and Drug Service
- Consider involving the Drug and Alcohol Withdrawal Network (tel 9382 6049, metro only)

Resources:

Community Alcohol and Drug Services

https://www.mhc.wa.gov.au/getting-help/community-alcohol-and-drug-services/

Clinical Advisory Service (CAS) – 9442 5042 (clinicians only)

- Access to an Addiction Medicine Consultant, Clinical advice 24 hours daily

Parent and Family Support Line – 9442 5000

- For parents and other family members – support service

Alcohol and Other Drugs: a handbook for health professionals
http://www.health.gov.au/internet/main/publishing.nsf/content/phd-aodgp

Australian Guidelines to Reduce Health Risks from Drinking Alcohol

https://www.nhmrc.gov.au/health-topics/alcohol-guidelines

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