

Standard Pharmacological Treatment of Alcohol Withdrawal

Guideline for ED & Medical Staff

When to treat

1. Obvious withdrawal: i.e. CIWA –Ar Score > 10; autonomic hyperactivity (e.g., sweating or pulse rate greater than 100); increased hand tremor; psychomotor agitation;
2. Not in withdrawal but a clear history (ie drinking >10 units per day, previous withdrawal)
3. Patient in main ED awaiting medical admission or medical inpatient
4. Patients in CDU/awaiting CDU who are not suitable for symptom-triggered detoxification (see CDU Symptom-triggered detoxification guideline).

How to treat

Benzodiazepines orally in reducing doses over five days.

Day		Chlordiazepoxide dose
1	Regular	10-40 mg qds
	Prn	10-40 mg 2 hourly
	Daily max	250 mg in 24 hours
2		10-40 mg qds +/- prn
3		10-30 mg qds +/- prn
4		10 mg qds
5		10 mg BD

- Base initial benzodiazepine dose on severity of withdrawal symptoms in previous 24 hours, or severity of alcohol dependence. Adjust the dose daily according to response
- Reduce dose in elderly, frail subjects or adjusted according to body mass.
- *Liver disease:* Patients with abnormal liver enzymes but no clinical evidence of liver failure and normal serum bilirubin, albumin and prothrombin time are suitable for Chlordiazepoxide. Consider lorazepam if liver failure.
- *See ‘Symptom-triggered’ guideline for front loaded detoxification used in CDU only*

Adjunctive Treatment

1. Wernicke-Korsakoff Syndrome

Prevention: Pabrinex 1 pair Amps I and II IV daily for 3-5 days followed by oral thiamine 300mg OD; *Treatment* (ie any unexplained confusion): Pabrinex 2 pairs Amps I and II IV TID for 3 days and continue 1 pair Amps I and II daily if improving. **Note:** Pabrinex carries a CSM warning – rare anaphylaxis risk

2. Psychotic symptoms (occurs in Delirium Tremens)

Adjust Chlordiazepoxide dose; add Haloperidol 0.5-5mg PO QID/prn

3. Acutely Disturbed/Violent Behaviour

Follow guideline for Acutely disturbed/violent behaviour see

Monitoring

1) Vital Signs; 2) Level of Arousal; 3) Severity of withdrawal (e.g using CIWA-Ar scale);

- Be wary of dehydration, hypoglycaemia, delirium due to infection, head injury
- **DROWSINESS IS NOT A FEATURE OF ALCOHOL WITHDRAWAL.** Nursing staff should omit dose of chlordiazepoxide if patient is drowsy and look for other causes.