

Alcohol Withdrawal Guidelines

Version: 2

Summary:	Identification, assessment and management of alcohol dependence and harmful alcohol use in people presenting for assessment or treatment to any service within SHFT.	
Keywords:	Alcohol, Alcohol misuse, Alcohol dependence, Alcohol withdrawal, detoxification, chlordiazepoxide, pabrinex, vitamin B, Vitamins, CIWA-Ar, Delirium Tremens	
Target Audience:	All staff within SHFT	
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Version Control

Change Record

Date	Author	Version	Page	Reason for Change
Nov 2016	Rebecca Henry	1		New guideline
Dec 2017	Rebecca Henry Shez Khan	2	Title page	Keywords added, CIWA-Ar, Delerium Tremens, Vitamins. Correct some spelling errors throughout.
			2	Remove section 1.1 and 1.4. DSM iv changed to DSM V
			6	Change order investigations Indent 'The dose may need to be increased or reduced' Change oximetry to Oxygen saturation
			7	Change signs to signs/symptoms, change anaphylaxis policy to medical emergencies policy.
			13	JAC guide added
Jan 2018	MMC	2	7 6 8	Change give fluids to ensure adequate hydration Add elearning to references Add max 4mls per site to Pabrinex
22/6/18		2	5	changed date of reference to CG100 to April 2017

Reviewers/contributors

Name	Position	Version Reviewed & Date

Contents

Section	Title	Page
1.	Introduction	4
2.	Who does this guideline apply to?	4
3.	Definitions	4
4.	Duties and responsibilities	5
5.	Main Guideline content	5
6.	Training requirements	5
7.	Guideline review	5
8.	Associated Trust documents	5
9.	Supporting references	5
Appendix 1	Alcohol Withdrawal Management Guideline	6
Appendix 2	Vitamin supplementation	7
Appendix 3	Prescription chart, increased	8
Appendix 4	Monitoring form	9
Appendix 5	Prescription chart, standard	10
Appendix 6	Monitoring form	11
Appendix 7	Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar)	12
Appendix 8	JAC guide	13
Appendix 9	Patient information leaflet	14

Alcohol withdrawal guidelines

1. Introduction

- 1.1. Alcohol-use disorders cover a wide range of mental health problems as recognised within the international disease classification systems (ICD-10, DSM-5). These include hazardous and harmful drinking and alcohol dependence. (NICE) ^{1,2,3}. Alcohol dependence and harmful alcohol use are recognised as mental health disorders by the World Health Organization (WHO, 1992).
- 1.2. Alcohol causes numerous physical health problems. Alcohol also causes changes in coordination which increase the risk of accidents and injuries, particularly when driving a vehicle or operating machinery, and when combined with other sedative drugs (for example, benzodiazepines). Its adverse effects on mood and judgment can increase the risk of violence and violent crime. Heavy chronic alcohol consumption increases the risk of mental health disorders including depression, anxiety, psychosis, impairments of memory and learning, alcohol dependence and an increased risk of suicide. Both acute and chronic heavy drinking can contribute to a wide range of social problems including domestic violence and marital breakdown, child abuse and neglect, absenteeism and job loss (Drummond, 1990; Velleman & Orford, 1999; Head et al., 2002).
- 1.3. Although a smaller proportion of the population who consume alcohol become dependent than is the case with some illegal drugs such as cocaine, it is nevertheless a significant problem due to much the larger number of people who consume alcohol (Kandel et al., 1997).
- 1.4. Patients should complete an AUDIT screening tool and if the score exceeds 15 they should undergo further assessment with the SADQ and CIWA-Ar tools.

2. Who does this guideline apply to?

- 2.1. All patients referred to any inpatient and place of safety SHFT service should be assessed for harmful alcohol use.
- 2.2. Patients with harmful alcohol misuse but no mental health needs should be referred back to their GP or to your local substance misuse service for further management.

3. Definitions

- 3.1. Hazardous drinking: A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by WHO to describe this pattern of alcohol consumption. It is not a diagnostic term.
- 3.2. Harmful drinking: A pattern of alcohol consumption that is causing mental or physical damage.
- 3.3. Alcohol dependence: A cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations.
- 3.4. SADQ Severity of Alcohol Dependence Questionnaire: a short, self-administered, 20-item questionnaire designed by the WHO to measure severity of dependence on alcohol. http://www.alcohollearningcentre.org.uk/_library/SADQ.doc

3.5. AUDIT: Alcohol Use Disorder Identification Test, developed by the World Health Organization in 1982 as a simple way to screen and identify people who are at risk of developing alcohol problems. <http://www.alcohollearningcentre.org.uk/library/AUDIT.doc>

3.6. CIWAS: Clinical Institute Withdrawal Assessment for Alcohol
https://umem.org/files/uploads/1104212257_CIWA-Ar.pdf

4. Duties and responsibilities

SHFT staff to assess all patients referred into the inpatient and place of safety services for harmful alcohol use.

SHFT staff to follow guideline with regards identification, assessment and treatment.

SHFT to refer patients when necessary, as per guideline.

5. Main Guideline content

A guide to aid the safe withdrawal from alcohol. See appendices

6. Training requirements

SHFT Medicines management eLearning Harmful Use of Alcohol

8. Guideline review

3 years

9. Associated Trust documents

Physical health monitoring SH CP 149

10. Supporting references

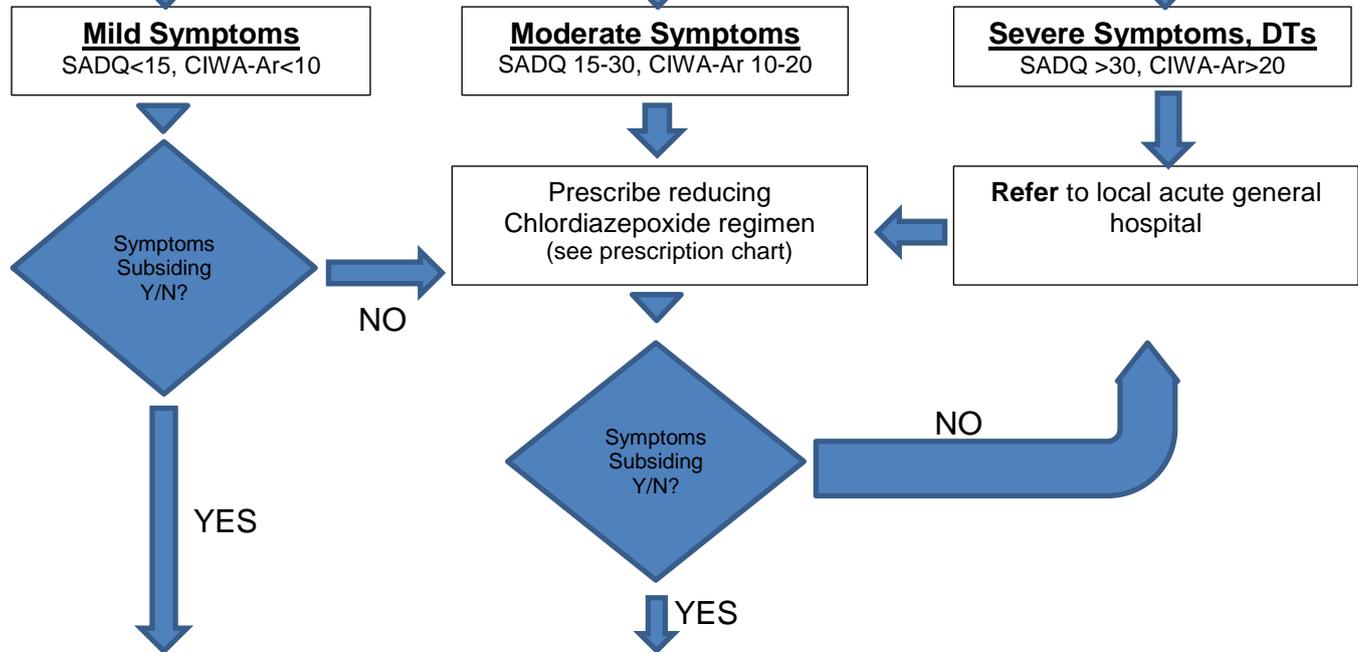
- NICE pathway, Alcohol Use Disorders, Clinical Guideline 100
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (2011) NICE guideline CG115
- Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications (April 2017) NICE guideline CG100
- Summaries of Product Characteristics (SPCs): available via: www.medicines.org.uk
- British National Formulary: Sept 2017
- Assessment of alcohol withdrawal: the revised Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar). Br J Addict 1989;84:1353-7
- <http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=4615>
- POMH-UK Quality improvement programme Topic 14b, prescribing for substance misuse: alcohol detoxification.
- Maudsley prescribing guidelines in psychiatry, 12th Edition
- Guideline for assessment and management of alcohol misuse, UHS, August 2013
- SHFT Medicines management eLearning Harmful Use of Alcohol

Appendix 1

Alcohol Withdrawal: Management Guideline

All patients need the following investigations: FBC (with MCV), LFTs (with albumin and GGT), clotting screen, U&Es, Calcium, Folate/B12, Magnesium, Phosphate, and Blood Glucose.

Ensure adequate hydration, Vitamins, Observe and complete a CIWA-Ar and SADQ



Consider medications to maintain abstinence, Acamprostate / Naltrexone, and referral to specialist alcohol services.

Chlordiazepoxide

- REVIEW PATIENT AFTER TWO DOSES OF CHLORDIAZEPOXIDE AND THEN TWICE DAILY
 - The dose may need to be increased or reduced
- Signs of major toxic side effects of benzodiazepines include: respiratory depression and reduced GCS. Monitor pulse, oximetry, and respiratory rate. Chlordiazepoxide is a benzodiazepine.
- Patients should NOT be discharged on chlordiazepoxide, except on consultant advice.
- CAUTION: Reduce dose, as clinically indicated, in the young, older people, liver disease, respiratory failure, renal failure
- In severe liver disease consider lorazepam 500 micrograms to 1mg 6 hourly (max 4 mg/24hours) as an ALTERNATIVE to chlordiazepoxide (seek advice from liver team)

Chlordiazepoxide PRN 10 – 20mg in addition to reducing regimen.

- Maximum TOTAL daily dose = 250mg (higher on expert advice only), including regular with the prn
- Adjust and titrate both regular and PRN doses according to response
- If more than two doses are given PRN in a 24 hour period refer to doctor to reassess reducing regime.

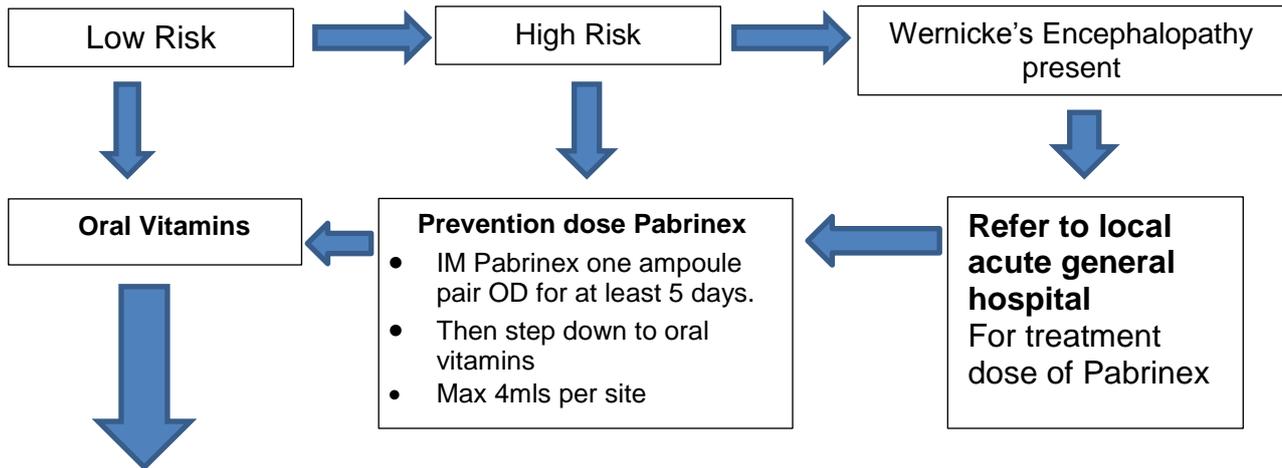
Alcohol Withdrawal Symptoms

- Mild** - tense, irritable, poor concentration
- Moderate** - tachycardia, nausea, tremor, sweats, anxious, headache, irritable, flu-like symptoms.
- Severe** - confusion, hallucinations, irrational thoughts/fears, bizarre, aggressive or uncooperative behaviour, ataxia, seizures, altered consciousness

Alcohol Withdrawal: Vitamin Supplementation

Initial Assessment

- Assess patient for signs/symptoms or risks of Wernicke's Encephalopathy (WE)
- Correct electrolyte imbalances.
- Always give Pabrinex before glucose, otherwise glucose load may precipitate WE in thiamine deficient patients.



- Oral B vitamins should only be continued on discharge if there is known poor diet, cognitive impairment or continued high risk drinking behaviour.
- Review need for Multivitamins on discharge.
- Advise GP of treatment duration for B vitamins.

Wernicke's Encephalopathy Risks

- LOW RISK - Uncomplicated heavy drinkers, adequate diet, no neuropsychiatric complications
- HIGH RISK - Delirium Tremens, alcohol-related seizure, poor nutritional state, concurrent illness, diarrhoea and/or vomiting, suspected WE

SIGNS/SYMPTOMS OF WERNICKE'S ENCEPHALOPATHY including – Ataxia, acute confusion, ophthalmoplegia, hypothermia, hypotension, coma.

Consider treatment dose if one or more signs of encephalopathy present or alcohol related withdrawal seizures.

Untreated WE leads to Korsakoffs, characterized by permanent memory impairment, confabulation, confusion and personality changes.

Anaphylaxis risk of IM Pabrinex is 1 per 5 million pairs.

See anaphylaxis guidelines.

The following can be prescribed on the prescription chart/JAC

Pain- Paracetamol

Nausea and vomiting- cyclizine

Diarrhoea- Loperamide

Skin itching- Antihistamine, chlorphenamine

Seizures- refer to guidelines for Midazolam Oromuscosal

Appendix 3

Alcohol detoxification prescription chart, **Increased Regime, Severe symptoms**

Patients name	Allergies/sensitivities
DOB	On admission AUDIT SADQ.....CIWA-Ar.....
NHS number	Lying BP.....standing BP..... Pulse.....Temp.....Respiration.....

REGULAR MEDICATIONS

Chlordiazepoxide		Day	One	Two	Three	Four	Five	Six	Seven
PO	QDS	Date							
Prescriber Signature		0800	30mg	20mg	15mg	10mg	10mg	5mg	5mg
		1200	30mg	20mg	15mg	10mg	5mg	5mg	
Date	Pharm	1700	30mg	20mg	15mg	10mg	5mg	5mg	
		2200	30mg	20mg	15mg	10mg	10mg	5mg	5mg

Pabrinex [®] IM HP		Day	One	Two	Three	Four	Five
One Pair	OD	Date					
Prescriber Signature		Time					
Date	Pharm						

Then change to oral vitamins for 6 weeks post detox;

Thiamine 100mg po TDS
Vitamin B Co Strong po one TDS
Multivitamins po one OD

WHEN REQUIRED MEDICATIONS

Chlordiazepoxide	PO	10mg - 20mg	Date						
Min time interval		Max extra 100mg/24hrs	Time						
Signature	Date	Pharm	CIWA-Ar						
			Dose						
			Sign						

Appendix 4

Alcohol Care Pathway Inpatient alcohol detoxification monitoring form

Patients name	NHS number
DOB	Allergies/sensitivities

On admission
 AUDIT SADQ.....CIWA-Ar.....BAL(blood alcohol level)..... if more than 100 seek medical advice.
 Lying BP.....Standing BP.....Pulse.....Temp.....Respiration rate.....LFT, FBC and RFT.....

Observations to be carried out prior to a dose of chlordiazepoxide, unless otherwise stated. If asleep do not wake but record that they were asleep.

Day	Base line													
Date														
Time														
C I W A - A r	Nausea/vomiting (0-7)													
	Tremor (0-7)													
	Sweats (0-7)													
	Anxiety (0-7)													
	Agitation (0-7)													
	Tactile disturbance (0-7)													
	Auditory disturbances (0-7)													
	Visual disturbances (0-7)													
	Headache (0-7)													
	Orientation (0-4)													
Total CIWA-Ar Score, Treat If more than 10														
BP sitting / lying														
BP standing														
Pulse														
Respiratory Rate, if <10 inform medical team														
Signature														

Post detoxification review completed
 Need for relapse prevention prescription Y/N

Signed

date

Appendix 5

Alcohol detoxification prescription chart, **Standard Regime, Moderate Symptoms**

Patients name	Allergies/sensitivities
DOB	On admission AUDIT SADQ.....CIWA-Ar.....
NHS number	Lying BP.....Standing BP..... Pulse.....Temp.....Respiration.....

REGULAR MEDICATIONS

Chlordiazepoxide		Day	1	2	3	4	5	6
PO	QDS	Date						
Signature		0830	20mg	15mg	10mg	10mg	5mg	5mg
		1200	20mg	15mg	10mg	5mg	5mg	
Date	Pharm	1700	20mg	15mg	10mg	5mg	5mg	
		2200	20mg	15mg	10mg	10mg	5mg	5mg

Thiamine	PO	TDS	100mg	Date				
Signature		Date	Pharm	0830				
				1230				
				2200				

Vitamin B co Strong	PO	TDS	ONE	Date				
Signature		Date	Pharm	0830				
				1230				
				2200				

Multivitamins	PO	OD	ONE	Date				
Signature		Date	Pharm	0830				

WHEN REQUIRED MEDICATIONS

Chlordiazepoxide	PO	10mg-20mg	Date				
Min time interval		Max extra 100mg/24hrs	Time				
Signature		Date	Pharm	CIWA-Ar			
				Dose			
				Sign			

Appendix 6

Alcohol Care Pathway Inpatient alcohol detoxification monitoring form

Patients name	NHS number
DOB	Allergies/sensitivities

On admission
 AUDIT SADQ.....CIWA-Ar.....BAL(blood alcohol level)..... if more than 100 seek medical advice.
 Lying BP.....Standing BP.....Pulse.....Temp.....Respiration rate..... LFT, FBC and RFT.....

Observations to be carried out prior to a dose of chlordiazepoxide, unless otherwise stated. If asleep do not wake but record that they were asleep.

Day	Base line	1																		
Date																				
Time																				
	Nausea/vomiting (0-7)																			
	Tremor (0-7)																			
	Sweats (0-7)																			
	Anxiety (0-7)																			
	Agitation (0-7)																			
	Tactile disturbance (0-7)																			
	Auditory disturbances (0-7)																			
	Visual disturbances (0-7)																			
	Headache (0-7)																			
	Orientation (0-4)																			
Total CIWA-Ar Score, Treat if more than 10																				
BP sitting/ lying																				
BP standing																				
Pulse																				
Respiratory Rate, if <10 inform medical team																				
Signature																				

Post detoxification review completed

Signed

date

Need for relapse prevention prescription Y/N

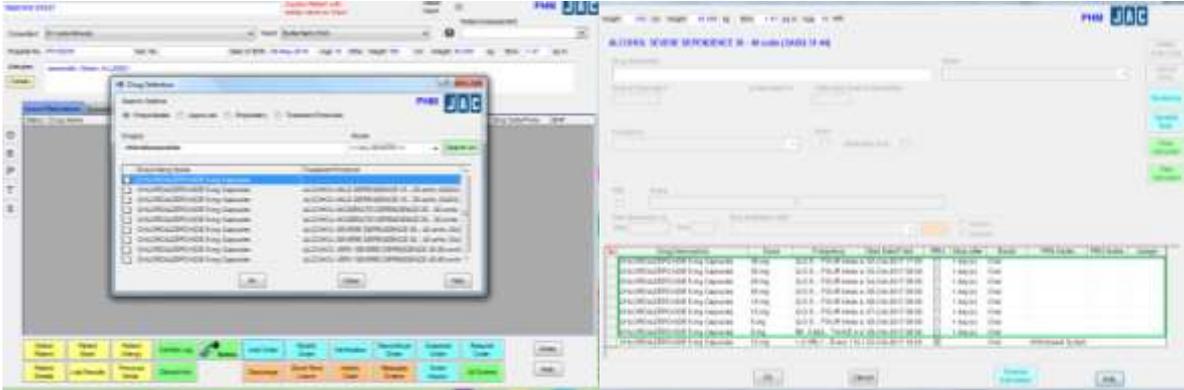
Appendix 7

Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)	
Pulse or heart rate, taken for one minute:	Blood pressure:
<p>NAUSEA AND VOMITING -- Ask "Do you feel sick to your stomach? Have you vomited?" Observation.</p> <p>0 no nausea and no vomiting 1 mild nausea with no vomiting 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves and vomiting</p>	<p>TACTILE DISTURBANCES -- Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.</p> <p>0 none 1 very mild itching, pins and needles, burning or numbness 2 mild itching, pins and needles, burning or numbness 3 moderate itching, pins and needles, burning or numbness 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>
<p>TREMOR -- Arms extended and fingers spread apart. Observation.</p> <p>0 no tremor 1 not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient's arms extended 5 6 7 severe, even with arms not extended</p>	<p>AUDITORY DISTURBANCES -- Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.</p> <p>0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3 moderate harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>
<p>PAROXYSMAL SWEATS -- Observation.</p> <p>0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 drenching sweats</p>	<p>VISUAL DISTURBANCES -- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.</p> <p>0 not present 1 very mild sensitivity 2 mild sensitivity 3 moderate sensitivity 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>
<p>ANXIETY -- Ask "Do you feel nervous?" Observation.</p> <p>0 no anxiety, at ease 1 mild anxious 2 3 4 moderately anxious, or guarded, so anxiety is inferred 5 6 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p>	<p>HEADACHE, FULLNESS IN HEAD -- Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.</p> <p>0 not present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe</p>
<p>AGITATION -- Observation.</p> <p>0 normal activity 1 somewhat more than normal activity 2 3 4 moderately fidgety and restless 5 6 7 paces back and forth during most of the interview, or constantly thrashes about</p>	<p>ORIENTATION AND CLOUDING OF SENSORIUM -- Ask "What day is this? Where are you? Who am I?"</p> <p>0 oriented and can do serial additions 1 cannot do serial additions or is uncertain about date 2 disoriented for date by no more than 2 calendar days 3 disoriented for date by more than 2 calendar days 4 disoriented for place/or person Total CIWA-Ar Score _____ Score >15 additional medication should be considered. Rater's Initials</p>

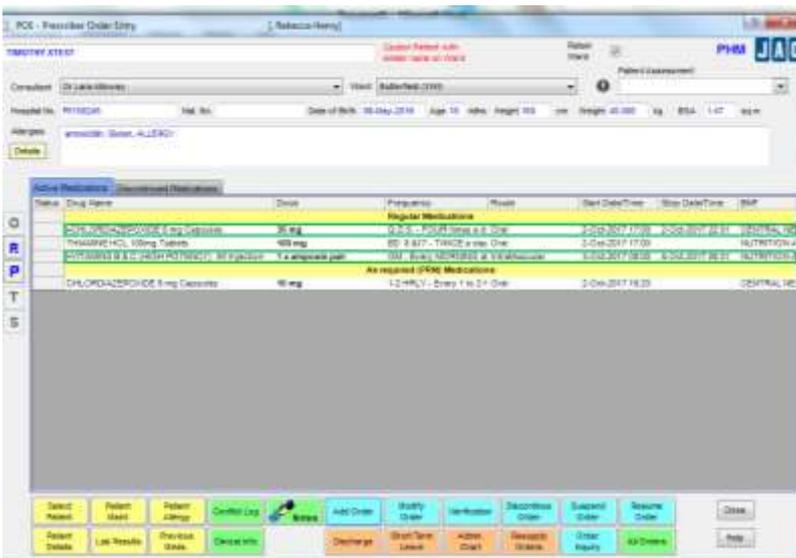
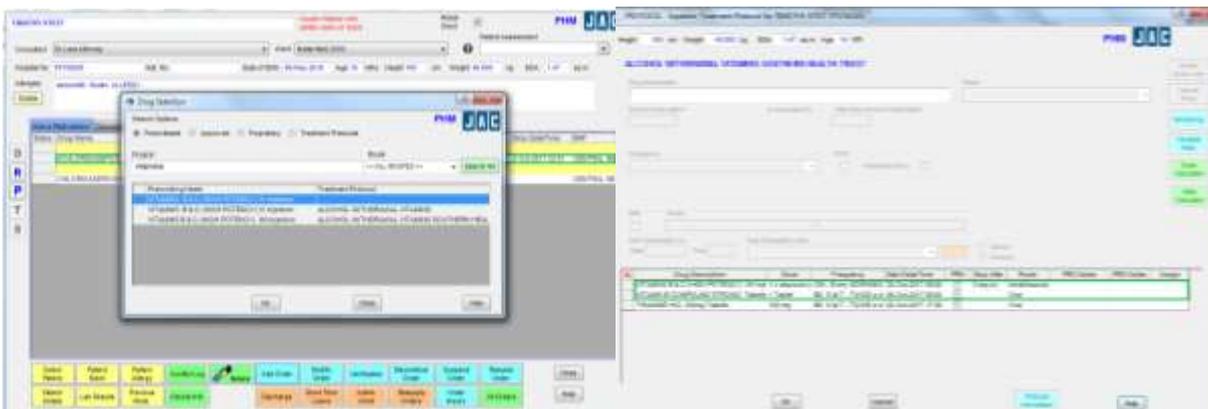
Appendix 8

JAC

You will need to prescribe a standard protocol for the reducing dose of chlordiazepoxide, based on the number of alcohol units used



AND the vitamins



Appendix 9

Alcohol detoxification patient information leaflet

Questions and answers

Treatments for adults who misuse alcohol

Treatment may take place in hospital or at home. Treatments for adults (aged 18 or over) who misuse alcohol may include: Planned withdrawal from alcohol, which can help people to stop drinking safely, and psychological treatments and medication, which can help people to stay alcohol-free or reduce their drinking to a less harmful level.

Withdrawal symptoms

Alcohol withdrawal symptoms can vary from mild problems, such as sleeping badly and feeling shaky, sweaty and anxious, to much more serious problems, which can be life-threatening. Serious problems can include fits (sometimes called seizures) where a person may temporarily lose consciousness, and delirium tremens (sometimes called the DTs). Planned withdrawal from alcohol (also known as detoxification, or 'detox' for short) can help people to stop drinking safely and can reduce withdrawal symptoms. It takes about 3 to 7 days for the body to adjust to not having alcohol, symptoms are worse over the first 48hrs, and then gradually disappear.

Your withdrawal will be monitored by staff throughout your detoxification.

Medication

You may be given a medication called chlordiazepoxide. This is a benzodiazepine, also known as an anxiolytic. Chlordiazepoxide will help reduce the withdrawal symptoms, anxiety, and tension and will help your sleep. It is addictive and is therefore only prescribed for a short time usually up to 7 days. Common side effects include; drowsiness, unsteady on feet, headache, please refer to the medication leaflet for a full list. You must not drink alcohol whilst taking chlordiazepoxide.

You will also be given thiamine, also known as vitamin B, either as tablets, an injection or both. Vitamin B is needed in the body to help provide energy and the 'building blocks' for growth. They help brain, nerves and muscles to work properly and help produce red blood cells. Alcohol destroys vitamin B so we need to replace it. There are no side effects to the tablets but very rarely people have an allergic reaction to the injection. The staff will monitor you in case this happens

General advice

- You will be breathalysed and if there is evidence you have been drinking your treatment may be discontinued for safety reasons.
- You may get thirsty, drink more water or fruit juices, not more than 3 cups of coffee or 5 cups of tea.
- Avoid stress, go for relaxing walks, listen to music or take a bath.
- Eat even if you are not hungry, try to eat small amounts regularly, your appetite will return.
- You will have a post detox review where option to help you remain alcohol free will be discussed.

Sleep

Alcohol disrupts your sleep pattern. When you drink alcohol you fall asleep quickly but then wake several times in the night. You will probably not feel refreshed in the morning. When you stop drinking your sleep may remain disturbed for a while, it will usually settle down in a few weeks, if not see your GP.

Tips to help sleep

DO:

- Try to keep regular hours - routine is very important. Aim to go to bed and get up at the same times each day. This sets your body-clock.

- Create a restful sleeping environment with a room that is the right temperature and as quiet and dark as possible
- Ensure your bed is comfortable
- Regular exercise such as walking and swimming can relieve the day's stresses and improve restful sleep. If this is too close to bedtime however it may keep you awake
- Try to relax before going to bed - have a warm bath, milky drink, listen to calming music or a relaxation tape
- Be aware that watching TV or reading can make you more alert

DON'T:

- Eat late at night
- Fret over worries or a heavy workload – make a list of jobs you can tackle the next day.
- Have caffeine (in tea, coffee, cola and some painkillers) in the evening. Caffeine is a stimulant and can interfere with your sleep.
- Smoke! Cigarettes contain nicotine which is also a stimulant.
- Use the bedroom for anything other than sleeping and sex.
- Sleep in the day – this will only interfere with your sleeping at night.
- Force yourself to go to sleep as this only makes your mind and body more alert. If you can't sleep then get up and do something relaxing until you feel sleepy again

Useful links

Alcohol anonymous 08457 697 555

www.alcoholics-anonymous.org.uk