

## Office-based management of alcohol withdrawal

|                                   |  |
|-----------------------------------|--|
| Indications                       | <ul style="list-style-type: none"> <li>• Reports frequent withdrawal symptoms</li> <li>• Committed to abstinence</li> </ul>  |
| Contraindications and precautions | <ul style="list-style-type: none"> <li>• History of seizures, delirium tremens, severe withdrawal, or ED visits or hospitalizations owing to withdrawal</li> <li>• Taking opioids or sedating medications</li> <li>• Liver dysfunction</li> <li>• Cognitive impairment</li> <li>• Substantial mental health problems</li> <li>• Risk factors for electrolyte imbalance or arrhythmias (eg, diuretics, heart disease, diabetes)</li> <li>• Other serious health conditions</li> <li>• No supports at home</li> <li>• Likely to drink on discharge</li> <li>• No follow-up treatment plan in place</li> <li>• Older than age 60 y (relative contraindication)</li> </ul> |
| Withdrawal severity scales        | <p>CIWA</p> <ul style="list-style-type: none"> <li>• Standard monitoring scale</li> <li>• Strong evidence of validity</li> </ul> <p>SHOT</p> <ul style="list-style-type: none"> <li>• Simple scale validated in the ED</li> </ul>  |
| Before the appointment            | <ul style="list-style-type: none"> <li>• Advise patients to have their last drink the night before their scheduled morning appointment</li> <li>• If the patient shows up intoxicated, reschedule or admit to a local withdrawal management centre</li> </ul>  |
| Monitoring                        | <ul style="list-style-type: none"> <li>• Administer CIWA or SHOT every 1-2 h</li> <li>• CIWA score of 10 or more or SHOT score of 2 or more indicates need for treatment</li> <li>• Transfer to ED if patient is having hallucinations, marked tremor, vomiting, or signs of autonomic instability, or if the patient is disoriented</li> </ul>  |
| Lorazepam vs diazepam             | <p>Diazepam is first line because of rapid onset and very long duration of action</p> <p>Use lorazepam instead if patient</p> <ul style="list-style-type: none"> <li>• is 60 y or older</li> <li>• is taking opioids or other sedating medications</li> <li>• has low serum albumin from any cause</li> <li>• has liver dysfunction</li> </ul> <p>Lorazepam should only be used in an acute care or hospital setting</p>   |
| Dose                              | <ul style="list-style-type: none"> <li>• Diazepam 10-20 mg or lorazepam 2-4 mg for CIWA score <math>\geq 10</math> or SHOT score <math>\geq 2</math></li> </ul>  |
| Treatment completion              | <ul style="list-style-type: none"> <li>• Discharge home if CIWA score is <math>\leq 8</math> or SHOT score is <math>\leq 1</math> on 2 consecutive occasions at least 1 h apart</li> <li>• Also ensure patient has minimal or no tremor before discharge</li> <li>• Transfer to ED if patient requires 80 mg of diazepam and still scores <math>&gt; 8</math> on CIWA</li> <li>• Transfer to ED if patient appears sedated or unable to manage at home</li> </ul>  |
| Before discharge                  | <ul style="list-style-type: none"> <li>• Initiate AUD medications</li> <li>• Advise the patient to attend treatment (counseling, support groups, day or residential treatment programs)</li> <li>• Arrange follow-up in a few days</li> <li>• The patient should leave accompanied by a friend or relative</li> </ul>  |
| Take-home doses                   | <p>Consider prescribing diazepam to take home (particularly if you are uncertain whether withdrawal has resolved)</p> <ul style="list-style-type: none"> <li>• Diazepam 10 mg, 1 tablet every 4 h for tremor (to be dispensed by the spouse or partner if possible)</li> <li>• Mitte: 3-5 tablets</li> </ul>   |

AUD—alcohol use disorder, CIWA—Clinical Institute Withdrawal Assessment for Alcohol, ED—emergency department, SHOT—sweating, hallucinations, orientation, tremor.

**SHOT scale:** *Sweating, hallucinations, orientation, tremor.*

| CRITERIA  | SCORING*  |
|---|---|
| Sweating  | 0 - No sweating visible<br>1 - Palms moderately moist<br>2 - Beads of sweat visible on forehead   |
| Hallucinations†: "Are you feeling, seeing, or hearing anything that is disturbing to you? Are you seeing or hearing things you know are not there?" | 0 - No hallucinations<br>1 - Tactile hallucinations only<br>2 - Visual or auditory hallucinations |
| Orientation‡: "What is the date, month, and year? Where are you? Who am I?"   | 0 - Oriented<br>1 - Disoriented for date by 1 month or more<br>2 - Disoriented to place or person |
| Tremor: Arms extended. Reach for object.<br>Optional: walk across hall  | 0 - No tremor<br>1 - Minimally visible tremor<br>2 - Mild<br>3 - Moderate<br>4 - Severe           |

\*False positives: Interpret the SHOT with caution if the patient has a febrile illness, cerebellar disease or benign essential tremor, psychosis, dementia, impaired consciousness, or delirium not related to alcohol.

†Hallucinations and orientation: Discontinue assessment of hallucinations and orientation if 0 at baseline. If either is greater than 0, assess and refer to ED for treatment of delirium, encephalopathy, or psychosis.

Data from: Gray S, Borgundvaag B, Srivastava A, Randall I, Kahan M. Feasibility and reliability of the SHOT: a short scale for measuring pre-treatment severity of alcohol withdrawal in the ED. *Acad Emerg Med* 2010;17(10):1048-54.