
Managing Alcohol Withdrawal in Psychiatric Units

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Psychiatric patients often have comorbid alcohol use disorders. While mild to moderate alcohol withdrawal can be managed on the psychiatric unit, cases with severe autonomic instability, seizure history, or significant medical issues require transfer to the medical floor. This article provides practical guidance on the management of mild to moderate alcohol withdrawal on psych units.

Time Course:

Alcohol withdrawal symptoms typically appear 6-8 hours after the last drink and can persist for up to 72 hours. However, heavy drinkers may experience delayed onset (around 24 hours post-drinking) and their withdrawal symptoms may last a week or longer.

Symptoms:

- Insomnia, anxiety, tremors, sweating, palpitations, headache, gastrointestinal upset, irritability, elevated blood pressure, tachycardia, hyperthermia, diaphoresis, hyperarousal, and disorientation.
- Severe cases may lead to withdrawal seizures (6-48 hours post-last drink) or alcoholic hallucinosis (12-48 hours post-last drink).
- Delirium Tremens (DT) can occur 48-96 hours after the last drink and is characterized by disorientation, hallucinations, tremors, tachycardia, hypertension, hyperthermia, anxiety, and diaphoresis, and has a 5-8% mortality rate.

Symptom-Triggered Withdrawal Protocol (CIWA Protocol)

The CIWA Protocol is the primary method for managing inpatient alcohol withdrawal. It involves assessing withdrawal symptoms using the Clinical Institute Withdrawal Scale (CIWA) on admission and every two to six hours, dosing medications based on symptom severity:

1. Initial loading dose of benzodiazepine administered upon admission (e.g., Chlordiazepoxide 50 mg or Diazepam 20 mg PO; or Oxazepam 30 mg or Lorazepam 2 mg for patients with liver disease).
2. Medication dosing based on CIWA scores:
 - 0-4: No withdrawal, no medication.
 - 5-11: Mild withdrawal, Chlordiazepoxide 25 mg or Lorazepam 1 mg.
 - 12-20: Moderate withdrawal, Chlordiazepoxide 50 mg or Lorazepam 2 mg.
 - > 20: Severe withdrawal, Chlordiazepoxide 75-100 mg or Lorazepam 3-4 mg.
3. CIWA assessments are discontinued when the patient scores below 5 for 24 hours.
4. Typical detox duration is three to four days.

Scheduled Dosing and Comfort Medications for Alcohol Withdrawal

In some cases, scheduled tapers can be beneficial for certain inpatients, particularly those who may be exaggerating symptoms or have underlying anxiety disorders. Here's a typical five-day Chlordiazepoxide protocol (substitute diazepam, lorazepam, oxazepam or other benzodiazepines depending on your hospital's protocol and the needs of the patient):

- Day 1: Loading dose of Chlordiazepoxide 50 mg on admission.
- Day 1: Chlordiazepoxide 50 mg every six hours (QID).
- Days 2-3: Chlordiazepoxide 50 mg three times daily (TID).
- Day 4: Chlordiazepoxide 50 mg twice daily (BID).
- Day 5: Chlordiazepoxide 50 mg at bedtime (last day of Chlordiazepoxide).

Hybrid Management (Scheduled Plus CIWA): Initially use scheduled dosing but also order CIWA assessments. This approach allows for dose adjustments based on CIWA scores.

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