

# Alcohol withdrawal seizures

The withdrawal syndrome may begin hours after the EtOH peak;

Ethanol withdrawal seizures are classically seen in up to 33% (some say 75%) of habituated drinkers within 7–30 hours of cessation or reduction of ethanol intake. They typically consist of 1–6 tonic-clonic generalized seizures without focality within a 6 hour period. <sup>1)</sup>

Seizures usually occur before [delirium](#) develops. They may also occur during intoxication (without withdrawal).

The seizure risk persists for 48 hrs (risk of [delirium tremens](#) (DTs) continues beyond that); thus a single loading dose of PHT is frequently adequate for prophylaxis. However, since most EtOH withdrawal seizures are single, brief, and self-limited, PHT has not been shown to be of benefit in uncomplicated cases and is thus usually not indicated. Chlordiazepoxide (Librium®) or other benzodiazepines administered during detoxification reduces the risk of withdrawal seizures <sup>2)</sup>.

<sup>1)</sup>

Charness ME, Simon RP, Greenberg DA. Ethanol and the Nervous System. N Engl J Med. 1989; 321:442–454

<sup>2)</sup>

Lechtenberg R, Worner TM. Seizure Risk With Recurrent Alcohol Detoxification. Arch Neurol. 1990; 47:535–538

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