

Alcohol withdrawal syndrome

General information

Compensation for the CNS depressant effects of EtOH occurs in [chronic alcoholism](#). Consequently, rebound CNS [hyperactivity](#) may result from falling EtOH levels. Clinical signs of EtOH withdrawal are classified as major or minor (the degree of [autonomic hyperactivity](#) and the presence/absence of DTs differentiates these), as well as early (24–48 hrs) or late (> 48 hrs).

Signs/symptoms include tremulousness, hyperreflexia, [insomnia](#), N/V, autonomic hyperactivity (tachycardia, systolic HTN), agitation, myalgias, and mild confusion. If [Alcohol withdrawal seizures](#) occur, they tend to be early. Perceptual disturbances or frank [hallucinosis](#) may also occur early. Hallucinosis consists of visual and/or auditory hallucinations with an otherwise clear sensorium (which distinguishes this from the hallucinations of [delirium tremens](#)). DTs can occur 3–4 days after cessation of drinking.

Suppressed by [benzodiazepines](#), resumption of drinking, β -adrenergic antagonists, or α 2-agonists.

Prevention of and treatment for alcohol withdrawal syndrome

see [Alcohol withdrawal syndrome treatment](#)

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