

Alcohol withdrawal syndrome treatment

Mild EtOH withdrawal is managed with a quiet, supportive environment, reorientation and one- to-one contact. If symptoms progress, institute pharmacologic treatment.

Benzodiazepines

see [Benzodiazepine for alcohol withdrawal syndrome](#).

Adjunctive medications

Associated conditions commonly seen in patients experiencing alcohol withdrawal syndrome include dehydration, fluid and electrolyte disturbances, infection, pancreatitis, and alcoholic ketoacidosis, and should be treated accordingly.

Other medications used for EtOH withdrawal itself include:

1. drugs useful for controlling HTN (caution: these agents should not be used alone because they do not prevent progression to more severe levels of withdrawal, and they may mask symptoms of withdrawal)

a) β -blockers: also treat most associated tachyarrhythmias

- atenolol (Tenormin®): reduces length of withdrawal and BDZ requirement

- ✗ avoid propranolol (psychotoxic reactions) b) α -agonists: do not use together with β -blockers

2. phenobarbital: an alternative to BDZs. Long-acting, and helps prophylaxis against seizures

3. baclofen: a small study ¹⁾

found 10 mg PO q d X 30 days resulted in a rapid reduction of symptoms after the initial dose and continued abstinence

4. "supportive" medications

a) thiamine: 100 mg IM QD x 3 d (can be given IV if needed, but there is a risk of adverse reaction). Rationale: high-concentration glucose may precipitate acute Wernicke's encephalopathy in patients with thiamine deficiency

b) folate 1 mg IM, IV or PO qd x 3 d

c) MgSO₄ 1 gm x 1 on admission: helpful only if magnesium levels are low, reduces seizure risk.

Be sure renal function is normal before administering

d) vitamin B12 for macrocytic anemia: 100 mcg IM (do not give before folate)

e) multivitamins: of benefit only if the patient is malnourished

5. seizures:

a) **phenytoin** (Dilantin®): load with 18 mg/kg = 1200 mg/70 kg

b) continued seizures may sometimes be effectively treated with paraldehyde if available

6. ethanol drip: not widely used. 5% EtOH in D5 W, start at 20 cc/hr and titrate to a blood level of 100–150 mg/dl

References

¹⁾
Addolorato G, Caputo F, Capristo E, et al. Rapid suppression of alcohol withdrawal syndrome by baclofen. Am J Med. 2002; 112:226–229

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