MANAGING ALCOHOL WITHDRWALS: AN FDA-APPROVED APPROACH

Evidence-Based Guidelines For Safe And Effective Care

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OVERVIEW OF ALCOHOL WITHDRAWAL SYNDROME

KEY POINTS:



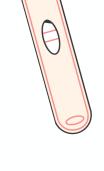
A set of symptoms occurring when a person abruptly reduces or stops heavy and prolonged alcohol use.

Symptoms:

Tremors, anxiety, sweating, hallucinations, seizures, delirium tremens (DTs).

Severity:

Ranges from mild to severe, with DTs as a life-threatening complication.







FDA-APPROVED PHARMACOLOGIC ALTREATMENTS



Benzodiazepines:

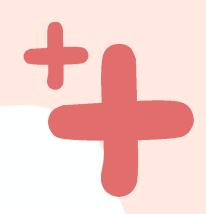
- Diazepam, Lorazepam, Chlordiazepoxide
- Purpose: To reduce withdrawal symptoms, prevent seizures, and manage agitation.

Anticonvulsants:

- Carbamazepine, Valproate
- Purpose: For seizure prevention in certain cases



- Clonidine: To manage autonomic hyperactivity
- Antiphychotics: For Hallucinations



NON-PHARMACOLOGIC MANAGEMENT

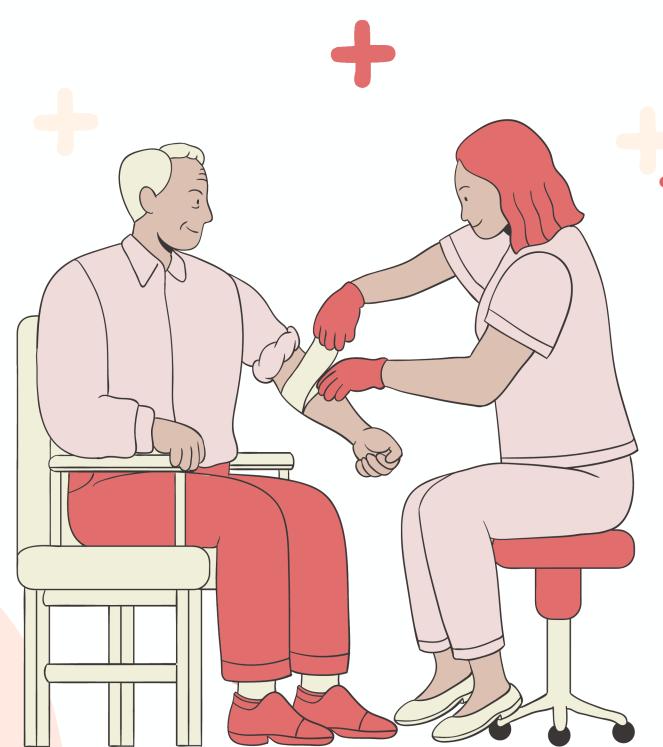
Supportive Care:

 Hydration, electrolyte correction, and monitoring vital signs.

Nutrition:

 Thiamine and folate supplementation to prevent Wernicke's encephalopathy.



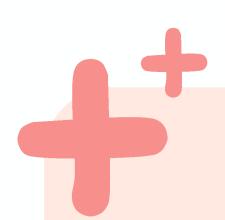


Environment:

• Quiet, well-lit, and low-stimulus setting to reduce agitation.

Monitoring:

 Use of the CIWA-Ar (Clinical Institute Withdrawal Assessment for Alcohol) scale for symptom tracking.



Prevention Of Relapse:

FDA Approved Options:

- Naltrexone
- Acamprosate
- Disulfiram

Psychosocial Support:

- Counseling
- Group Therapy
- Referral To Long Term Care

Complications:

 Early Recognition And Management Of DTs And Seizures





CONCLUSION



Key Points:

- Early recognition and prompt treatment of AWS are critical for patient safety.
- Benzodiazepines remain the cornerstone of treatment, with adjunctive care as needed.
- Monitoring, supportive care, and relapse prevention are essential for comprehensive management.
- Collaboration among healthcare teams ensures optimal outcomes.

