Triaging Patients Appropriate for Outpatient Management of Alcohol Withdrawal Syndrome (AWS)

Evaluate with history/physical
(Labs not necessary)

↓

Currently in moderate or severe alcohol withdrawal? → Yes → **Patient-centered discussion about hospital-based treatment of AWS*****

↓ No

PAWSS

Prediction of **A**lcohol **W**ithdrawal **S**everity **S**core greater than 4* → Yes → **Patient-centered discussion about hospital-based treatment of AWS*****

↓ No

Relative contraindications: comorbidities (4Cs**), pregnant, unstable psychiatric disease, or psychosocial complexity? → Yes → **Patient-centered discussion about hospital-based treatment of AWS*****

↓ No

Ambulatory AWS treatment

* Maldonado JR et al. Alcohol. 2015

** CHF/heart failure NYHA Class 2+, decompensated cirrhosis, CKD Stage 3+, or COPD on 02.

*** While in these situations hospital withdrawal management is recommended, particularly if recent severe withdrawal, ambulatory management is still safer than no management in a patient who declines hospital evaluation.

Adapted from Shawn Cohen, Yale University. Used with permission.

Outpatient Alcohol Withdrawal Treatment

Best Practices

1. Start in the morning and don't stop alcohol before
2. Check in every other day, can use telehealth (video preferred) to make more accessible
3. Recommend hospitalization if: seizures, altered mental status, using more PRNs than prescribed
4. Don't forget to address and treat alcohol use disorder

Medication Regimens*

	Diazepam based**	Gabapentin based
Day 1	10mg q6hrs***	300mg q6hrs***
Day 2	10mg TID	300mg TID
Day 3	10mg BID	300mg BID
Day 4	10mg once	300mg once
Additional PRNs	5 x 10mg pills	5 x 300mg pills

* Up To Date: has gabapentin taper outlined.

Cohen SM, Alexander RS, Holt SR. The Spectrum of Alcohol Use: Epidemiology, Diagnosis, and Treatment. Med Clin North Am. 2022;106(1):43-60. doi:10.1016/j.mcna.2021.08.003

** Can substitute chlordiazepoxide 50mg for diazepam 10mg

*** If >10 drinks per day double dose on first day

Screening for Risky Alcohol Use

Is it okay if I ask you a few questions about your use of alcohol?

1. Do you sometimes drink beer, wine, or other alcoholic beverages? ***If yes, continue to question 2.***

2. How many times in the past year have you had [**X**] or more drinks in one day? ***X is 4 for women and 5 for men.***

★ If the answer is "never", give positive reinforcement. If the answer is "one or more times", consider further assessment* and conduct Brief Negotiated Interview.

**AUDIT (Alcohol Use Disorder Identification Test)*

A Standard Drink*

12 fl oz of regular beer

(about 5% alcohol)

=

5 fl oz of table wine

(about 12% alcohol)

=

1.5 fl oz shot of distilled spirits

(about 40% alcohol)

*** For more information on "What Counts as a Drink?" visit https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx*

Lower Risk Drinking Guidelines

	No more than	
	Per Day	Per Week
Men	4	14
Women	3	7
Pregnant or Planning Pregnancy	0	0

Adapted from NIAAA

Brief Negotiated Interview After a Positive Screen

Build Rapport	● I would like to learn a little more about you. ● What are some important things in your life? **OR** What is a typical day like for you? ● How does your use of alcohol fit in?
Explore Pros and Cons Ask Key Question	● What do you like about drinking alcohol? What else? ● What do you like less about drinking alcohol, or what are some of the drawbacks for you? What else? ● So on the one hand [PROS] **and** on the other [CONS]. ● **Where does that leave you with your alcohol use?**
Provide Feedback Elicit-Provide-Elicit	● Elicit: What do you already know about some risks of drinking alcohol? Would it be okay if I share some additional information with you? ● Provide: **Share 1-2 relevant facts e.g. NIAAA Drinking Guidelines.** ● Elicit: What are your thoughts about that?
Use Readiness Ruler	● Given what we have talked about, on a scale of 0-10, how ready are you to change any aspect of your use of alcohol? ● Why did you chose a ____ and not a lower number like a ____? **If 0:** What would need to happen for you to consider making a change?
Negotiate Action Plan	● If you decided to make a change, what would it look like for you? ● **If making suggestions use Elicit-Provide-Elicit technique.** ● **Summarize conversation and any next steps.** ● Thank you for speaking with me today about your alcohol use.

Medications for Alcohol Use Disorder

There are 3 FDA approved medications for alcohol use disorder (MAUD), acamprosate, disulfiram and naltrexone. Labs are not imperative for starting medication but rather clinical history and patient preference can help guide choices.

	Acamprosate	Naltrexone	Disulfiram
Frequency of Administration	Three times per day	Daily (oral) Monthly (injectable)	Daily
Dosage	Two 333 mg delayed-release tablets three times per day Moderate renal impairment (CCl 30-50 ml/min) decrease to one tablet three times per day	Oral; 50 to 100 mg per day Intramuscular Injectable: 380 mg once every four weeks	Begin with 250 mg once per day; if not effective, increase to 500 mg once per day
Principal Action	Mechanism not well defined. Decreases glutamatergic transmission and modulates neuronal hyperexcitability during alcohol withdrawal	Blocks mu-opioid receptors that are involved in the rewarding effects of drinking and craving alcohol. Monthly injectable formulation produces more consistent blood levels because the depot injection bypasses first-pass metabolism. It also improves adherence compared to daily oral ingestion.	Irreversible inhibition of aldehyde dehydrogenase increasing acetaldehyde levels after alcohol consumption. Taken in combination with alcohol causes significant physical reaction involving nausea, vomiting, flushing and heart palpitations. This reaction acts as a negative reinforcement and deterrent to drinking.
Clinical Uses/Ideal Candidates	Most effective for patients who are able to abstain before the initiation of treatment	Most effective for patients who are able to abstain before the initiation of treatment. Useful for patients with both alcohol and opioid use disorders	Patients who have completed alcohol withdrawal (last alcohol use > 48 hours ago) and are committed to abstinence

		Acamprosate	Naltrexone	Disulfiram
Adverse Effects		Diarrhea (most common, dose related, mostly transient), insomnia, anxiety, depression, suicidal ideation, anorexia, dizziness, dry mouth	Nausea, vomiting, headache, dizziness, fatigue, somnolence	Drowsiness (most common), optic neuritis, peripheral neuritis, polyneuritis, peripheral neuropathy, hepatitis, headache
Contraindication/ Warnings		Contraindicated in patients with severe renal impairment (CrCl <30 ml/min). For patients with moderate renal impairment (CrCl 30–50 ml/min), a reduced dose of acamprosate (one 333 mg tablet 3 times a day) is recommended.	Contraindicated in patients receiving long-term opioid therapy or anticipating a need for opioids; should be avoided in patients with acute hepatitis or hepatic failure.	Contraindicated in the presence of severe myocardial disease or coronary occlusion, psychoses, pregnancy, and in those with high levels of impulsivity, suicidality. Patients who are taking or have recently taken metronidazole, alcohol, or alcohol-containing preparations (e.g., cough syrups, cold medicines, mouth wash) should not be given disulfiram.
Treatment Efficacy (Number Needed to Treat (NNT))				
	Reduce heavy drinking	9	12	__
	Abstinence	12	20	__