

SUMMARY

Everybody has different needs when it comes to treating their Alcohol Use Disorder (a term used for problematic drinking). Between you and your clinician from the Alcohol and Drug team you can together formulate a plan to assist you to stop drinking alcohol.

When you suddenly stop drinking alcohol you may be at risk of withdrawal symptoms ranging from mild to severe. These symptoms can be uncomfortable and become severe if not supervised and treated appropriately. Consequently, a supervised withdrawal is usually recommended.

Once assessed the withdrawal treatment can be facilitated as an inpatient (where you stay in hospital) or as an outpatient (where you are able to stay in your own home) and attend daily appointments.

If you and your clinician decide on an outpatient withdrawal management the aims are:

- To provide education about withdrawal symptoms and realistic time frame of these symptoms
- To manage the symptoms of withdrawal in a supportive environment
- To provide close supervision that enables early intervention should adverse symptoms arise
- To monitor your mood throughout the process
- To provide daily pharmaceutical treatment
- To maintain commitment and motivation
- To plan and co-ordinate follow up care and relapse prevention

WITHDRAWAL SYMPTOMS

The onset of alcohol withdrawal symptoms typically begins between 6-24 hours after your last drink. In some patients it is possible for these symptoms to occur when your alcohol level is decreasing however not yet reached baseline.

Symptoms may include:

- Sweating
- Anxiety
- Irritability
- Tremor (shakes)
- Tachycardia (fast heart rate)
- Sleeping difficulties

Sometimes, (however uncommonly) withdrawal can become complicated and may include confusion, hallucinations or seizures. We will review symptoms regularly and refer for inpatient treatment if necessary.

TREATMENT

There are several medications that will most likely be used in your outpatient withdrawal treatment. These medications are to either treat the uncomfortable symptoms or to prevent further complications from alcohol use and/or withdrawal.

THIAMINE

People who drink alcohol are often deficient in Thiamine (vitamin B1). This is due to two reasons. The first is that people who drink excessively often have a diet lacking in essential nutrients.

The other is that alcohol reduces the body's ability to absorb and use Thiamine.

Depending on your nutritional state and clinical presentation you will be prescribed either Thiamine tablets or injection to be given intramuscularly by nursing staff.

DIAZEPAM

Diazepam (sometimes known as Valium) is a benzodiazepine and is the recommended treatment for alcohol withdrawal. It is well absorbed, works quickly and has prolonged duration. It acts by calming down the part of your nervous system that can become hyper excitable when ceasing alcohol. Your clinician will suggest a tailored dosing regimen to treat your individual symptoms. This dosing schedule will usually range between 5-7 days and then completely cease. Diazepam should not be a continuing or long term medication.

ADVICE

If you are unable to cease drinking alcohol or lapse into drinking again it is important that you discontinue the diazepam. Taking diazepam and continuing alcohol can be extremely harmful and result in over sedation. If this occurs still attend your follow up appointment.

In the event that you have followed the recommended medication dosing and withdrawal symptoms are becoming worse, please present to your closest emergency department and bring this information with you.

Patient Diazepam Dose Record					
	Breakfast	Lunch	Dinner	Bedtime	Date
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					

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