

Withdrawal state in alcohol addiction and its treatment

Alcohol **withdrawal state** or withdrawal syndrome, occurs mainly in people with long-term and intensive abuse of alcohol. It can range from uncomplicated withdrawal symptoms to a life-threatening condition – delirium tremens. It develops within "6-48 hours" after stopping or substantially reducing alcohol intake.

Symptoms of uncomplicated alcohol withdrawal

- Tremor (most often hands), increased sweating, tachycardia, increased blood pressure, anxiety, inner restlessness, irritability, malaise or weakness, paresthesia of limbs, nausea, vomiting, sleep disorders, terrifying dreams, fleeting hallucinations.
- Wears off within 3-5 days.

Alcohol withdrawal therapy

- mode measures – rest mode, removal of redundant stimuli, quiet semi-dark room, blood pressure and pulse monitoring,
- benzodiazepines, tiapride, clomethiazole in capsules for severe courses (only during hospitalization), thiamin, magnesium,
- sufficient hydration and ensuring electrolyte balance.

Complications of alcohol withdrawal

- *Epileptic seizures* – the drug of choice is benzodiazepines, especially diazepam; then MgSO₄ 10% or 20% in intravenous or intramuscular administration.
- Progression to delirium.

Delirium tremens

This is the most severe form of withdrawal syndrome. It develops in 5-6 % of alcohol addicts, typically in the 2.-3. day of abstinence. Sometimes it starts already when intoxication is fading, rarely even during a drinking binge (intoxication delirium). Mortality was previously reported to be 5-10 %, according to more recent studies it does not exceed 1 %.

Set of symptoms of a delirious state

1. **Mental:** great psychomotor restlessness with agitation, disorders of consciousness with confusion, temporal and spatial disorientation, visual or tactile hallucinations, sleep disorders (often inversion), incoherent thinking, emotional detachment, fear, anxiety.
2. **Somatic and vegetative:** tachycardia, increased blood pressure, fever, rapid breathing, disorders of the internal environment (dehydration, electrolyte imbalance), dilated pupils, conjunctival congestion, incontinence.
3. **Neurological:** tremors (fingers, sometimes even entire limb, head), ataxia, hyperkinesia, hyperreflexia, epileptic paroxysms.

Therapy of the delirious state

Soothing of acute restlessness: clomethiazole (Heminevrin), in doses up to 4,8 g/day, is contraindicated in bronchopulmonary involvement, in which case antipsychotics are recommended (risperidone, tiapride), then benzodiazepines.

Adjustment and maintenance of homeostasis of the internal environment: replenish fluids and minerals, administer MgSO₄, group B vitamins, glucose.

Prevention and treatment of somatic complications: most often liver function disorders, pneumonia, GIT bleeding, etc.

Links

Related articles

- Mental disorders caused by alcohol consumption
- Alcohol addiction treatment

Literature used

- RABOCH, Jiří, – PAVLOVSKÝ, Pavel,. *Psychiatrie*. 1.. edition. Karolinum Press, 2013. 468 pp. ISBN 9788024619859.

Source

- BENEŠ, Jiří. *Studijní materiály* [online]. [cit. 2010]. <<http://jirben.wz.cz>>.