

Treatment of alcohol dependence

Early intervention

- Detecting harmful use, patient to highlight health risks - short intervention
- When the person still has the opportunity to interrupt or reduce drinking
- There has not been a loss of free check
- Short intervention (5–30 min) - elaborated for general practitioners

Detoxification

- Correction of Electrolyte Balance, Hydration and Pharmacotherapy
- Substitution treatment on the principle of crossed tolerance of pharmac with alcohol
- mainly Benzodiazepines with a middle biological half -life
- for convulsions - MGSO₄ i.m. or carbamazepine
- [[vitamins

Sensitization

- Administration of preparations increasing the perception of the body to alcohol
- After ingestion of alcohol, a significant vegetative reaction - increases blood pressure, tachycardia, redness of the face, headaches, nausea, vomiting, difficult breathing
- Cause - block acetaldehydehydrogenase → intoxication → antabus
- Usually served outpatiently twice a week
- *Antabus reaction* 'evokes various other medicines - therefore some should not be combined with alcohol
- *Avere therapy* - Injection Emetics, Creation of Conditional Reflex (no longer used)

Treatment of dual diagnoses

- Needlessly, we need to take into account possible recurrence, so do not give drugs that are hated with alcohol (TCA), not preparations on which can be crossed tolerance
- Benzodiazepines, opioids, barbiturates are unsuitable
- SSRI are good, as they have an anticraving effect

Treatment of Craving

- Reducing Craving in non -depressive alcoholics - two substances:
 - Akamprosate - *similar to Gaba*
 - *Naltrexon* (opioid - especially in opioid dependent)
- Prevention of relapse

Links

related articles

- mental disorders caused by alcohol use
- Withdrawal state in alcohol dependence and its treatment

Source

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

[Category: Psychiatry] [Category: Addictology]