

Alcohol Liaison Service: Supported Alcohol Withdrawal Treatment Information

Hospital Alcohol Liaison Service (HALS)

Patient Information Leaflet

What is alcohol withdrawal syndrome?

If you are dependent on alcohol and suddenly stop drinking, or you are admitted to hospital where you cannot drink, you may begin to experience Alcohol Withdrawal Syndrome.

Alcohol Withdrawal Syndrome is a series of symptoms which can include:

- **Tremors or shaking**
- **Sweating**
- **Nausea/ vomiting/ diarrhoea**
- **Irritability/ anxiety/ panic**
- **Hallucinations (seeing, hearing or feeling things which are not there)**
- **Confusion**
- **Fits**

Initially you may find you have some symptoms associated with stopping drinking.

While it varies from person to person, the symptoms usually occur within 4-12 hours of your last alcoholic drink and are often at their most severe within 48-72 hours. To understand how best to treat any withdrawal symptoms, various things need to be considered. These might include the severity of any symptoms, any illnesses, your age, the influence of any medication and your lifestyle, as well as the results of supporting tests that have been performed. We will use an assessment tool called CIWA (Clinical Institute Withdrawal Assessment) to monitor you for withdrawal symptoms while you are in hospital.

Treatment

Alcohol Withdrawal Syndrome is usually treated with two types of medication to prevent physical and mental health deterioration. Medication is not always necessary in all patients and is dependent on presenting symptoms and the severity of alcohol use.

- Benzodiazepines are the recommended drugs for management of alcohol withdrawal.

- These drugs help to prevent symptoms of alcohol withdrawal, therefore reducing the risks to you.
- Chlordiazepoxide is most commonly used here at University Hospitals of Morecambe Bay NHS Trust. This may be given in a reducing dose over your stay in hospital or given as needed according to the CIWA assessment.
- Other drugs such as Lorezapam may be used to help manage symptoms, such as agitation and seizures, which can affect some patients during the withdrawal process.
- Dosage of medication depends on factors including: level of alcohol dependence, age, sex, weight and current liver function and CIWA score.
- Smaller doses may be needed for mild dependence and larger doses for severe dependence.
- Patients at high risk of seizures or Delirium Tremens (confusion, hallucinations and severe agitation) may need a longer period of treatment.
- Thiamine deficiency is common in people who misuse alcohol as their diet is usually poor and they become malnourished. Stomach irritation caused by regular alcohol consumption can cause poor absorption of vitamins.
- This can lead to a condition called Wernickes Encephalopathy which affects the brain and nervous system (symptoms include loss of muscle control and mobility, memory loss, drowsiness and confusion).
- If left untreated, Wernickes Encephalopathy can lead to irreversible brain damage called Korsakoffs Syndrome where symptoms are permanent. This leaves patients unable to look after themselves in many cases.
- It is recommended that patients undergoing a managed withdrawal within the hospital are given high potency B complex vitamins via a drip. This may be given three times a day for three to five days.

- If a patient is healthy and well-nourished and their alcohol withdrawal is uncomplicated then oral doses of thiamine may be considered in divided doses.
- An ongoing prescription of thiamine will be provided for continued use on discharge, to help prevent any deficiency in the future.

Medication, discharge and follow up

It is important to note that medication is only given to prevent Alcohol Withdrawal Syndrome while you are in hospital; this is not a detox. Detox services are available through the community alcohol team, if you agree to work with them.

- When discharged from hospital, the Alcohol Liaison Nurse will encourage you to consider working with the community alcohol services to obtain counselling and ongoing treatment for your alcohol issues.
- The Alcohol Liaison Nurse can refer you to community alcohol services and you may be seen by a member of their team whilst you are on the ward.
- Counselling and support after a hospital-managed withdrawal is essential to enable you to maintain your alcohol reduction or abstinence achieved while in hospital.
- Involvement of your GP is encouraged for monitoring and support of your treatment.
- Medication can be used to help maintain abstinence or reduce the amount of alcohol you drink. This can be discussed with the Alcohol Liaison Nurse as part of your treatment plan in hospital, your GP or with the community alcohol services on discharge.

Finding out more

- Alcohol Concern: www.alcoholconcern.org.uk
- Alcohol Learning Centre: www.alcohollearningcentre.org.uk
- Drinkaware: www.drinkaware.co.uk

- Drinkaware for teenagers: www.truthaboutbooze.com
- Down your drink: www.downyourdrink.org.uk
- NHS: www.drinking.nhs.uk
- Young people: www.talktofrank.com

Need more support?

Further support can be obtained both in hospital and your local community.

Hospital Alcohol Liaison Nurse Service (Royal Lancaster Infirmary.)

01524 512282

Inspire (North Lancashire Alcohol Community Service)

Morecambe: 01524 834210

Lancaster: 01524 388493

Red Rose Recovery (North Lancashire Community Service)

01772 884745

Unity (Cumbria Alcohol Community Service)

01539 742780

N.Y Horizons (North Yorkshire Alcohol Community Service)

01723 330730

AA (National)

0845 7697555

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Other formats

If you would like to receive this information in an alternative format, then please contact : 01539 795497

Travelling to our hospitals

For the best way to plan your journey visit our website:
<http://www.uhmb.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 795497

Useful Contact Details

NHS 111 for 24 hour health advice: Telephone 111

Your Information

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website:
<http://www.uhmb.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 795497

References

Details of the references used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. Giving up smoking is the best thing you can do for your health.

Contact your local NHS stop smoking service:
NHS North Lancashire on 01524 845145
NHS Cumbria on 01900 324222

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