MANAGEMENT OF PROBLEMATIC ALCOHOL USE (INCLUDING ALCOHOL WITHDRAWAL)

Consider individual patient including presence of comorbid medical and psychiatric diagnoses before commencing treatment. Alcohol withdrawal score is measured using CIWA-Ar.

Administer parenteral thiamine 100mg then oral 100mg TDS to all alcohol dependent patients.

ASSESS ALCOHOL DEPENDENT?

YES

DAILY ALCOHOL INTAKE
>80GRAMS (>60 grams for women)
i.e. daily drinking for ≥ 2 weeks
and age ≥ 30 years

NO

Brief intervention
Self-help material
Follow-up:
- GP
- Other e.g. counselling (DASSA/other)
- Advice 1300 13 1340

NO

Support abstinence
Self-help material
Follow-up:
- Early review
- Counselling (GP/other)
- Consider AA
- Consider prescribing acamprosate &/or naltrexone
- Advice 1300 13 1340

YES

SIGNIFICANT OR COMPLICATED WITHDRAWAL PRESENT/LIKELY
- Withdrawal score ≥15 or
- Previous significant withdrawal
- Other medical/psych problems
- History of withdrawal seizures

NO

YES

Refer for inpatient management
- Public hospital
- DASSA – Alcohol Unit: 8363 8600
- Local hospital

NO

INPATIENT SYMPTOM TRIGGERED REGIME
Diazepam 20mg 2 hourly oral until CIWA-Ar score <10
Recommence if score ≥ 10
Medical review if total dose needed in 24 hours >120mg
Paracetamol 500–1000mg QID prn – for headache
Metoclopramide 10mg TDS prn for nausea
Temazepam 10–20mg nocte prn x 4 nights
Thiamine 100mg IM then 100mg TDS oral
Multivitamins daily

FOLLOW-UP
- Early review
- Counselling (GP/other)
- Consider AA
- Consider prescribing acamprosate &/or naltrexone
- Advice 1300 13 1340