Guidance For The Detoxification Of Alcohol Dependent Patients In Community Or Outpatient Settings

<table>
<thead>
<tr>
<th>Co-ordinators:</th>
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<tbody>
<tr>
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<thead>
<tr>
<th>Signature:</th>
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<tr>
<td>Raeburn</td>
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Lead Author/Coordinator: Substance Misuse Pharmacist

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Purpose: This guidance provides best practice guidance to clinicians undertaking outpatient or community based alcohol detoxification in alcohol dependent patients.

Responsibilities for implementation:

Organisational: Operational Management Teams

Sector: General managers, medical leads and nursing leads

Departmental: Clinical Leads

Area: Line managers

Policy statement: It is the responsibility of individual health care professionals and their line managers to ensure that they work within the terms laid down in this guidance and to ensure that staff are working to the most up to date version. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced.

Review: This policy will be reviewed at least every two years or sooner if current treatment recommendations change.
This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

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Guidance for the Detoxification of Alcohol Dependent Patients in Community Setting

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Guidance for the Detoxification of Alcohol Dependent Patients in Community Settings

1. Introduction

This guidance aims to provide consistency of practice across Grampian for services undertaking outpatient or community based detoxification of alcohol dependent patients (adult). Medically supported withdrawal from alcohol should not be considered a treatment in isolation, but merely one component of a more involved process. Referral to specialist clinical services within the NHS and/or local voluntary sector services is the preferred model of care. Where this is not a feasible option, the relevant specialist service may be contacted to provide support for clinicians who wish to undertake detoxification in primary care settings.

Primary Care clinicians can access specialist advice and support on all of the available treatment options from the following services:

- Integrated Alcohol Service, Aberdeen Telephone: 01224 557845
- Kessock Clinic, Fraserburgh Telephone: 01346 585160
- Moray Integrated Drug and Alcohol Service, Elgin Telephone: 01343 552211

NICE Clinical Knowledge Summaries provide a good reference source for those seeking more information on problem alcohol use (http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary).

2. Supplementation With Thiamine

Alcohol dependent patients are at high risk of developing Wernicke's encephalopathy during detoxification, especially in those who are malnourished, at risk of malnourishment or who have decompensated liver disease. Clinical features of Wernicke's encephalopathy include confusion, ataxia (loss of coordination), ophthalmoplegia (eye paralysis), nystagmus, memory disturbance, hypothermia, hypotension, and coma. Where suspected or considered a risk, administration of parenteral thiamine is required and these patients should be referred for inpatient treatment.

In community settings oral thiamine is recommended at a dose of 100mg three times a day. Where compliance may be an issue a single dose of 300mg daily is acceptable. It should be continued on completion of detoxification until abstinence and a healthy diet are well re-established. Where indicated, this should be initiated by primary care prior to referral to a specialist service. There is no compelling evidence to support the prescription of vitamin B compound strong and it is not recommended.[1][2][4].
3. **Assessment And Preparation For Detoxification**

Pharmacological detoxification is unlikely to be successful as a solitary intervention. A comprehensive plan for ongoing support should be in place before commencing the course. Recurrent prescribing of short courses of a benzodiazepine is not appropriate in the management of alcohol dependent patients.

Detoxification regimens are not necessary for the majority of patients who are diagnosed with milder dependence, approximated as a reported daily consumption of less than 15 units for males and 8 units for females. A commitment to maintaining abstinence, at least in the medium term (3 -6 months), is required prior to considering detoxification.

Clinicians should determine the degree of alcohol problem using the (Alcohol Use Disorders Identification Test (AUDIT) scale ([Appendix 1](#)). Alcohol dependence is more likely where a score of 20 or more is achieved. The Severity of Alcohol Dependence Questionnaire (SADQ) will give a measure of the severity of alcohol dependence:

- **Mild dependence** - a score of 15 or less
- **Moderate dependence** - a score of 15 - 30
- **Severe dependence** - a score of 31 or more

The patient’s level of motivation to change, and their personal goals for their drinking behaviour should also be ascertained. Readiness to change would be evidenced by regular attendance at, and engagement with the service, completion of a drink diary (NHS Health Scotland “Cutting down your drinking: Drink Diary” leaflet is available from Health Information Resources [http://www.nhsghpcat.org/HPAC/Index.jsp](http://www.nhsghpcat.org/HPAC/Index.jsp)) and ideally a reduction in alcohol consumption from baseline. Many patients are able to reach their goal, whether controlled drinking or abstinence, by gradual reduction with support. Medical detoxification may be indicated for alcohol dependent patients who are unable to do so.

4. **Cautions To Undertaking Alcohol Detoxification In The Community**

Where detoxification is indicated, inpatient management is advised if the patient:

- Is confused or has hallucinations
- Has a history of previous complicated withdrawal
- Has epilepsy or a history of fits
- Is undernourished
- Has severe vomiting or diarrhoea
- Is at risk of suicide
- Has severe dependence and is unwilling to be seen daily
- Has a previously failed home-assisted withdrawal
- Has uncontrollable withdrawal symptoms
- Has an acute physical or psychiatric illness
- Has multiple substance misuse issues
- Has a home environment unsupportive of abstinence
• Is pregnant
• Needs concurrent withdrawal from alcohol and benzodiazepines

In vulnerable groups, such as homeless and older people it may be appropriate to consider inpatient or residential assisted withdrawal. Necessity will be dependent on the individual's personal circumstances.

5. Pharmacological Interventions

In most cases, patients with a mild dependence will not require pharmacological detoxification (Section 3). Chlordiazepoxide is the recommended benzodiazepine for use in community settings as it is less toxic in overdose and has lower street value, thus less potential for diversion than diazepam.

5.1. Chlordiazepoxide reducing regimens

A tapering regimen is recommended with a maximum daily dose of 120mg chlordiazepoxide prescribed in divided doses. A sample reducing regimen is included (Appendix 2). Further information and sample regimens can be found in the NICE document “Alcohol use disorders: sample chlordiazepoxide dosing regimens for use in managing alcohol withdrawal”. Available from the following link: http://www.nice.org.uk/nicemedia/live/13337/53105/53105.pdf.

For elderly patients with physical illness there may be an increased risk of delirium, but otherwise there is no difference between alcohol withdrawal symptoms in the elderly, or the amount of benzodiazepine required for detoxification, as compared to younger patients. Accumulation of drug should be considered but patients should generally be managed in the same way.

5.2. Monitoring during medically supported withdrawal from alcohol

To assess progress and provide adequate support, the patient should ideally be reviewed daily by a healthcare professional for the first 5 days. Daily instalment dispensing of medication is recommended where local circumstances allow.

Prior to commencing a detoxification programme:

• Check the patient’s medical history, especially; hepatic function, history of seizures/hallucinations, medication, allergies and social support.

At each consultation the following parameters should be recorded or completed:

• Current alcohol intake, breathalyser, Short Alcohol Withdrawal Scale (SAWS) or similar symptom scoring scale (Appendix 3), signs of over-sedation, blood pressure (BP) and pulse.

While the above data can be helpful to clinicians for gauging any adjustment of dose required by a particular patient, this should not be seen as a substitute for the healthcare professional’s clinical judgement.
6.  Relapse Prevention

When undertaking detoxification consideration should be given to interventions aimed at maintaining abstinence and preventing relapse. This may include prescription of acamprosate or disulfiram in primary care settings. Referral to specialist services is required where these treatments are unsuitable or have failed.

7.  Consultation

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NHS Grampian Mental Health Operational Medicines Management Group

8.  References

## Appendix 1. AUDIT Alcohol Screening Tool

**This is one unit of alcohol...**

...and each of these is more than one unit

### AUDIT

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 - 4 times per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 - 3 times per week</td>
<td>4+ times per week</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 -2</td>
<td>3 - 4</td>
<td>5 - 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 - 9</td>
<td>10+</td>
</tr>
<tr>
<td>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
</tr>
</tbody>
</table>

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence
Appendix 2  Sample Chlordiazepoxide Reducing Regimen

### CHLORDIAZEPoxide DOSING SCHEDULE

<table>
<thead>
<tr>
<th>Detox Day</th>
<th>Morning</th>
<th>Lunchtime</th>
<th>Evening</th>
<th>Bedtime</th>
<th>Daily total Tablets/caps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30mg</td>
<td>30mg</td>
<td>30mg</td>
<td>30mg</td>
<td>12 x 10mg</td>
</tr>
<tr>
<td>2</td>
<td>30mg</td>
<td>30mg</td>
<td>30mg</td>
<td>30mg</td>
<td>12 x 10mg</td>
</tr>
<tr>
<td>3</td>
<td>20mg</td>
<td>20mg</td>
<td>20mg</td>
<td>20mg</td>
<td>8 x 10mg</td>
</tr>
<tr>
<td>4</td>
<td>15mg</td>
<td>15mg</td>
<td>15mg</td>
<td>15mg</td>
<td>12 x 5mg</td>
</tr>
<tr>
<td>5</td>
<td>10mg</td>
<td>10mg</td>
<td>10mg</td>
<td>10mg</td>
<td>8 x 5mg</td>
</tr>
<tr>
<td>6</td>
<td>5mg</td>
<td>5mg</td>
<td>5mg</td>
<td>5mg</td>
<td>4 x 5mg</td>
</tr>
<tr>
<td>7</td>
<td>5mg</td>
<td></td>
<td></td>
<td></td>
<td>2 x 5mg</td>
</tr>
</tbody>
</table>

NB: This is a sample 7 day reduction and dosing should be adjusted to meet individual patient requirements. Specific points of note are as follows.

1. It may not be necessary to start all patients on a daily dose of 120mg. Starting dose will be determined by clinical assessment of level of dependence.
2. Symptoms of withdrawal generally peak in the first 48 hours of abstinence. For this reason day 2 has been repeated in this sample reducing regimen. The daily dose should be tailored according to individual patient response.
## Appendix 3  Short Alcohol Withdrawal Scale

### SHORT ALCOHOL WITHDRAWAL SCALE

<table>
<thead>
<tr>
<th>Symptom</th>
<th>NONE</th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>Anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with memory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restlessness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tremor (Shake)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling Confused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miserable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Pounding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>

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