

Recognising alcohol withdrawals

Recognising alcohol withdrawals is important when supporting dependent drinkers so that you are aware of the risks. This information sheet is a grab sheet providing information on alcohol withdrawals and how staff can help to reduce risks.

Individuals do not want to be alcohol dependent. They become alcohol dependent as a result of adverse childhood experiences and the trauma they've experienced. This [video](#) from Gabor Maté explains how addictions are a response to suffering. A compassionate non-judgemental approach will be useful while working with anyone suffering from alcohol dependency.

Alcohol withdrawals will be experienced by dependent drinkers if they reduce/stop their alcohol intake. Withdrawals symptoms will range from mild to severe (see table 1), starting from 8 hours from last drink, with life threatening symptoms usually 48-72 hours after the last drink. **Severe withdrawals are a medical emergency and requires immediate medical intervention as can be life threatening.**

MINOR <i>6-36 hrs from last drink</i>	SEIZURE <i>6-48 hrs (as early as 2 hrs)</i>	HALLUCINATIONS <i>12-48 hrs</i>	DELIRIUM TREMENS <i>48-96 hrs</i>
<ul style="list-style-type: none"> • Normal mental status • Tremor • Mild anxiety • Headache • Diaphoresis • Palpitation • Anorexia • GI upset • Insomnia 	<ul style="list-style-type: none"> • Generalized tonic clonic • Usually singular • May be series over short amount of time • If recurrent seizures think about other cause, get CT scan • Treat with benzos • If untreated, 1/3 can lead to delirium tremens 	<ul style="list-style-type: none"> • Normal mental status • Vital signs normal • Usually visual • Can be auditory, or tactile • Resolves in <48hrs, before DTs start 	<ul style="list-style-type: none"> • Disorientation, Disorientation • Agitation, irritability • Trembling, sweating • Hallucinations • Lasts 5-7 days
			<ul style="list-style-type: none"> • Increased risk of DT: • Previous DT • Age >30 • Sustained drinking

Table 1: Spectrum of Alcohol withdrawal symptoms

Seizures

You can watch a video on seizures [here](#).

If a dependent drinker has a seizure you need to:

- Protect the person (clear dangerous objects)
- Don't restrain/move
- Make a note of time- how long lasts.
- Make a note of whether they were incontinent
- When seizure stopped check airway and if breathing put in recovery position.
- If not breathing prepare to treat someone unresponsive/not breathing.
- Call 999



Hallucinations

You may witness hallucinations when the individual is seen trying to grab at things in the air. They may see flies, things crawling on their skin. They could be auditory/tactile hallucinations but these are not as common and visual.

Delirium tremens

Here is a [video](#) you can watch on delirium tremens (DTs). DTs generally start 48-96 hours after consumption of the last drink.

How to assess whether someone is high risk?

Dependent drinkers will score 30 or more on the [Severe Alcohol Dependence Questionnaire](#).

Here are some questions you can ask to help with assessing:

- Do you need an eye opener/leveller in the morning?
- Ask how strong the alcohol is. If it's over 9% then it is probably not a social drink.
- Ask them how much money they are spending, or how many cans/ bottles.
- Ask them if they have experience withdrawal symptoms

Harm minimisation

Due to the risk of withdrawals dependent drinkers should not stop drinking suddenly. If they want to reduce their alcohol consumption, they need to do this very carefully and will need to get advice (e.g., CGL, details in [HHCP Substance Use Services directory](#)) and be supported in reducing their alcohol.

- Eat food – if it's not possible to eat 3 meals a day, make sure you eat at least one, or snack throughout the day.
- Drink water
- Take prescribed medication – thiamine is particularly important for drinkers. ARBD network has a factsheet on [Thiamine, Alcohol and ARBD](#) for anyone who would like to learn more.
- Marmite is high in thiamine, easy to spread on toast to increase thiamine intake.
- If the client struggles to leave some alcohol for the morning, advise them to keep a drink they don't particularly like for the morning.
- If the client has an appointment – advise them to have a leveller - don't drink too much, but enough so that you can function in an appointment.
- Pabrinex should be offered to a dependent drinker. An [pabrinex easy read document](#) has been created to help explain the benefits to clients. CGL will offer if the client is linked in with them, but if they aren't linked in CLCH Homeless Health Service offer this. Email clcht.homeless@nhs.net.