1.2 Chlordiazepoxide drug of choice for medication-assisted alcohol withdrawal

Findings The American Society of Addiction Medicine has produced guidelines on managing alcohol withdrawal based on a literature review and meta-analysis (▶ *Glossary*). This did *not* cover patients already demonstrating delirium or seizures.

The strongest finding was that during the three to five days of alcohol withdrawal, benzodiazepines ameliorate symptoms and prevent delirium and seizures. Long-acting varieties are most effective; evidence is strongest for chlordiazepoxide (Librium). As well as being less safe, non-benzodiazepine drugs are less effective or unproven against delirium or seizures. Medicating only when symptoms exceed a threshold is as effective as a fixed-dose schedule, shortens treatment, and in one study required doses less than a quarter as large.

In context This study's focus is on the pharmacological management of withdrawal and, with respect to the choice of drug to manage symptoms, its conclusions are convincing and widely accepted. However, this is just one aspect of managing withdrawal and the medical sequelae of alcohol dependence, which in the severest cases can be life-threatening. Other crucial elements, such as vitamin therapy and nutrition, are barely mentioned. Drug-free reassurance is also effective for many, probably by curbing anxiety and expectations about symptoms, though monitoring is essential as there is no reliable way to predict withdrawal severity.

Practice implications These relate only to the implications of this study for the prescribing of drugs to manage withdrawal symptoms rather than to the complete management of withdrawal from alcohol, which should be conducted under experienced medical supervision drawing on accepted practice guides, some of which are listed under *Secondary sources*.

LINKS *Nuggets* **1.1**

Each patient should be treated individually. Patients should be monitored (initially several times a day) by medically qualified staff. Ideally these will be trained to assess withdrawal severity and to initiate or titrate medication in response to symptoms, using a scale such as the CIWA-Ar (copy free from *Detoxification from alcohol and other drugs* ▶ *Secondary sources*). Moderate scores or a history of severe withdrawals indicate medication; chlordiazepoxide is usually the best and safest option. In the absence of staff able to titrate the dose, a fixed schedule (supplemented if need be) is effective but will entail considerable over-medication of some patients and unnecessary expenditure of resources.

Main sources Mayo-Smith M.F. "Pharmacological management of alcohol withdrawal. A meta-analysis and evidence-based practice guideline." *Journal of the American Medical Association*: 1997, 278(2), p. 144–151. Copies: apply Alcohol Concern.

Secondary sources ❶ Williams D., McBride A.J. "The drug treatment of alcohol withdrawal symptoms: a systematic review." *Alcohol and Alcoholism*: 1998, 33(2), p. 103–115. UK review of the evidence. Copies: apply Alcohol Concern ❷ CRAG Working Group on Mental Illness. *The management of alcohol withdrawal and delirium tremens. A good practice statement.* Scottish Office, 1998 ❸ Morgan M.Y., Ritson B. *Medical students' handbook on alcohol and health.* Medical Council on Alcoholism. Copies: apply Medical Council on Alcoholism, 3 St Andrew's Place, London NW1 4LB ❹ Wesson D.R. *Detoxification from alcohol and other drugs.* Treatment Improvement Protocol (TIP) Series no. 19. US Department of Health and Human Services, 1995. Copies: apply Center for Substance Abuse Treatment, Rockwall II, 5600 Fishers Lane, Rockville, MD 20857, USA.

We are grateful to **Dr Peter Abraham** *of the Medical Council on Alcoholism for his contribution to this entry.*