

Appendix 5

Getting through alcohol withdrawal: A guide for patients and carers

What is alcohol withdrawal? How can treatment help?

Alcohol withdrawal is the process of your body readjusting to not having alcohol in your system after a long period of heavy drinking.

Most common symptoms are tremor (shakes), sweating, hot and cold flushes, nausea and vomiting, diarrhoea, stomach cramps, anxiety, poor sleep, mood swings, and cravings.

Some people get severe problems (complications) during withdrawal such as severe anxiety and agitation, seizures (fits), delirium (severe confusion), or hallucinations (seeing, feeling or hearing things that are not there).

Withdrawal usually starts 6 to 24 hours after the last drink, peaks in severity over days 2 to 3, and generally settles down within a week, although some symptoms, such as poor sleep, mood swings and cravings, can take several weeks to improve.

The aims of treatment for alcohol withdrawal are:

- to increase the likelihood that you will complete withdrawal
- to prevent or reduce the severity of complications during withdrawal
- to connect you with ongoing help to abstain from or reduce alcohol use in the future, and with services to help with any other social or health problems.

Getting through alcohol withdrawal

Part of getting through withdrawal successfully is being prepared. Talk to your health worker about what to expect, your history of withdrawal, current medical and social circumstances, and things that can help you get through withdrawal safely.

Some things you need to consider include being in a safe environment, having support people, and perhaps taking appropriate medication and vitamins. As well, you need to concentrate on improving your diet and nutrition, getting enough sleep and relaxing.

A safe environment: Many people can safely withdraw at home if (a) their home is free from alcohol and other drugs, (b) the withdrawal is not expected to be too severe, and (c) there are people to help support through the first few days. Others may need a residential unit for several days, either a specialised detoxification unit, or a hospital.

Supports: People to help you during withdrawal, including monitoring how severe the symptoms, and how well you are coping, and helping with basic things, such as preparing meals, shopping, keeping drinking 'friends' away.

Medications: Not everyone needs medication to get through withdrawal, but some people do much better with medication. The most commonly used medication is diazepam (a sedative benzodiazepine drug), usually used for up to 5 days to help prevent or treat anxiety, fits and hallucinations. Diazepam should usually not be taken for more than this period of time, or in combination with alcohol. Talk to your doctor about the role of medication.

Vitamins: Many heavy drinkers have thiamine (Vitamin B1) deficiency, which if severe can cause confusion and unsteadiness (part of a condition called Wernicke's encephalopathy). Clinicians often recommend that people take thiamine supplements during withdrawal. If you have been eating well in the weeks leading up to withdrawal you can take thiamine orally as tablets. If you have not been eating well, it is more effective if you receive thiamine by injection.

Drink lots of fluids: It is important to drink at least 2 litres of fluids a day, more if you have diarrhoea, vomiting or are sweating a lot. Drink water, fruit juices and flat (non-fizzy) cordial throughout the day.

Avoid large heavy meals early in withdrawal: Eat small light meals or snacks (such as toast, salads, soups, yoghurt, vegetables, fruit) throughout the day and stay away from fried and fatty foods. If nausea, vomiting or diarrhoea is severe, stop eating solid foods and consume only liquids for a while. If you can keep fluids down for a few hours, try a small amount of light food (such as a piece of toast). If the problem continues talk to your doctor or pharmacist about taking medications to control the symptoms.

Sleep: Most people experience poor sleep patterns during withdrawal. Medication such as diazepam can help during the first few days, but it only delays the return of normal sleep, and other non-drug approaches are more important in the long-term. Ask your health worker for advice about better sleep, or visit:

- <http://www.sleepcouncil.com/SleepAdvice/sleep_tips_2.cfm>
- <<http://www.bbc.co.uk/science/humanbody/sleep/articles/advicetips.shtml>>
- <http://www.beyondblue.org.au/index.aspx?link_id=7.980>
- <http://www.beyondblue.org.au/index.aspx?link_id=6.1068&tmp=FileDownload&file_id=1143>.

Relaxation: Anxiety and irritability are common during withdrawal, so it is important to do things that will help you relax. Everyone has simple ways to relax – watching television, videos, listening to music, warm baths, light exercise, reading – do whatever works for you. Ask your counsellor or health worker about information on more sophisticated relaxation approaches such as relaxation tapes, muscle relaxation and breathing exercises. For relaxation tips visit:

- <http://www.ptsd.org.uk/relaxation_tips.htm> and <<http://confident1.com/10-top-tips-for-relaxation>>.

Coping with cravings

Everyone gets the urge to drink alcohol during withdrawal. But cravings come and go, and are usually severe for short periods (usually less than 1 hour), then settle down to a level that is easier to deal with. Your goal is to see through this severe period. A useful approach for dealing with cravings might be to:

- Delay the decision for 1 hour as to whether you drink – you may or may not, but accept that you will not make the decision now.

- Distract yourself with some activity during this hour.
- After an hour, ask yourself 'What have I got to lose if I get back into drinking?' Make a list of these reasons at the beginning of withdrawal and keep them handy, to help remind you why you are trying to stop drinking.

High-risk situations

Everyone has triggers that make them feel like drinking. These are often linked to previous drinking patterns (people, places, times of day) or emotional states (after an argument with a partner). Not being able to cope with these triggers is a common reason for people to start drinking again, so be prepared – think about your high risk situations and triggers and how to best deal with them. This may include:

- Avoiding the situation wherever possible: stay away from certain people, places or events.
- Having a plan ready in case you do find yourself in a high-risk situation – what will you say or do? Having support people with you during vulnerable periods can help.
- Remembering the coping strategies you used before – coping with cravings, how to relax.

Coping with emergencies

Things can go 'wrong' during withdrawal, and it is important to be prepared. Your preparedness might include:

- Having someone to talk to if you feel as though you are not coping. This can include support people, health workers or 24-hour telephone counselling or crisis line.
- Having contact numbers for health workers, doctor, or emergency services readily available to use straight away.
- Dealing with a lapse. Many people attempting withdrawal lapse and have a drink. This does not mean the entire withdrawal has been a waste of time, and most people can get back on track. Talk to your support people and health workers.

After withdrawal: what next

Unfortunately, most people relapse to drinking unless they continue in some form of treatment. Options include counselling, self-help support groups (such as Alcoholics Anonymous, Smart Recovery®), medication (naltrexone, acamprosate, disulfiram), or residential rehabilitation programs. Talk to your health worker about options that will best suit you.