

Diagnosis of Alcohol Withdrawal Syndrome

Patient's History

- Alcohol quantity
- Frequency
- Duration of alcohol use
- Presence of withdrawal symptoms in the past

Physical Examination

- Mandatory
- Focus on pallor, icterus, vital signs, hydration status, presence of any external injuries, signs of nutritional deficiencies, and systemic examination.

Laboratory investigations

- Complete blood counts
- Liver and kidney function tests Serum electrolytes
- Blood glucose

Imaging

- ECG
- Chest X-ray (in patients with seizures or delirium due to the risk of aspiration and cardiac rhythm abnormalities).
- Brain imaging studies (CT or MRI) can be done if needed.

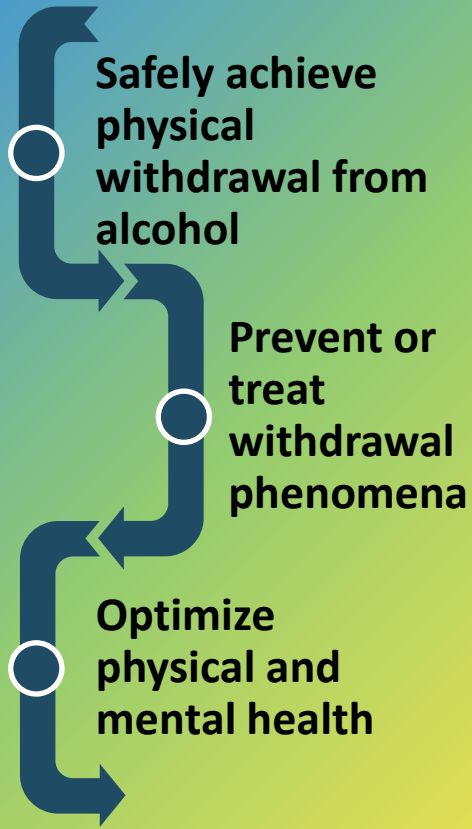
Biomarkers

- Breath or blood alcohol levels
- Ethyl glucuronide (EtG) (useful in cases where clinical history is unavailable/unreliable.)

The CIWA-Ar scale is the most commonly used instrument to assess the severity of AWS.

Clinical management of alcohol withdrawal

Major goals



Considerations before commencing medical management

- Patient's history of usual level of drinking (quantity and /or frequency) and time of last alcoholic drink.
- Knowledge about past attempts to stop and use of other psychoactive substances.
- History of delirium tremens and baseline systolic blood pressure (140 mmHg or higher increases likelihood of DT or seizure).
- Knowledge of CIWA-Ar score for categorizing the severity of AWS according to the ASAM guidelines.
- Prediction of Alcohol Withdrawal Severity Scale (PAWSS) and/or Luebeck Alcohol-Withdrawal Risk Scale (LARS) can be further used for assessing risk of severe AWS.

Benzodiazepine dosing regimens

Monitoring level	Dosing method	Preferred agents for front loading
Level 2-WM** (short-term observational settings with continuous monitoring)	<ul style="list-style-type: none"> • Symptom-triggered treatment conducted by trained staff. • Front loading while under clinical supervision 	Chlordiazepoxide and Diazepam
Level 1-WM* (settings without extended on-site monitoring)	<ul style="list-style-type: none"> • Symptom-triggered dosing if patients or a caregiver can reliably monitor signs and symptoms with a withdrawal severity scale and follow dosing guidance. • Front loading while under clinical supervision 	Chlordiazepoxide and Diazepam
Severe Alcohol Withdrawal (CIWA-Ar ≥ 19)	<ul style="list-style-type: none"> • Front loading. • Fixed dosing with additional as-needed medication 	Chlordiazepoxide and Diazepam
Fixed-dose regimen with a gradual taper	<ul style="list-style-type: none"> • Prescribing a shorter-acting benzodiazepine. • To reduce the likelihood of breakthrough and rebound signs and symptoms, patient should be monitored, and a follow-up should be arranged the following day to modify the dose if needed. 	

*Level 1- WM- This is an organized outpatient service, which may be delivered in an office setting, health care or addiction treatment facility, or in an individual's home by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. These services should be provided through regularly scheduled sessions and should be delivered under a defined set of policies and procedures or medical protocols

**Level 2-WM- This level is an organized service that can be delivered in an office setting, a general health care or mental health care facility by medical and nursing professionals that provide evaluation, withdrawal management and referral services. Services are provided in regularly scheduled sessions or under a defined set of physician approved policies or clinical protocols.