Alcohol Withdrawal Syndrome: Outpatient Management

TABLE 5

Oral Medications Used to Treat Mild to Moderate AWS

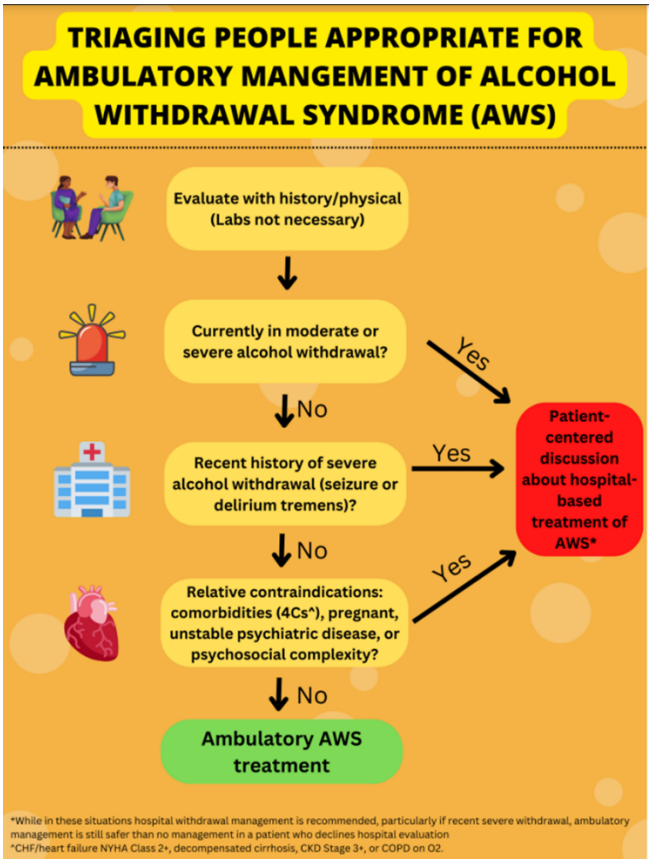
Medications	Typical dosing	Comments
Nonbenzodiazepine anticonvulsants		Appropriate monotherapy in mild AWS
Carbamazepine (Tegretol)	600 mg to 800 mg	600 mg to 800 mg per day tapered to 200 mg to 400 mg per day over 4 to 9 days
Gabapentin (Neurontin)	Loading dose: 1,200 mg Days 1 through 3: 600 mg to 1,200 mg per day Days 4 through 7: taper to 300 mg to 600 mg per day	Adjunctive therapy dosing: 300 mg to 500 mg every 6 to 8 hours Consider in those with continuing treatment for AUD (1,200 mg per day)
Benzodiazepines		First-line treatment for moderate AWS. Longer-acting types are preferred; if concern for liver disease, use benzodiazepines with less hepatic metabolism
Chlordiazepoxide (Librium)	50 mg to 100 mg	Single dose of 50 mg to 100 mg or symptom-triggered dose every 4 to 6 hours
Diazepam (Valium)	10 mg to 20 mg	10 mg to 20 mg every 6 to 12 hours for the first 24 hours, then reduce to 5 mg to 10 mg every 6 to 12 hours for the next 3 to 5 days Alternative front-loading regimen of 20 mg every 1 to 2 hours for 3 doses, then proceed to symptom-triggered regimen
Lorazepam (Ativan)	0.5 mg to 2 mg	0.5 mg to 1 mg every 6 to 8 hours on a scheduled basis, plus 1 mg every 4 hours if needed for mild symptoms or plus 2 mg every 2 hours if needed for moderate symptoms
Oxazepam (Serax)	15 mg to 30 mg	15 mg to 30 mg every 6 to 8 hours
Phenobarbital	60 mg to 260 mg*	Narrow therapeutic window, should be used by physicians with extensive experience or in Level 2 Withdrawal Management facility
Adjunctive therapy with benzodiazepines		Used if symptoms persist despite adequate benzodiazepine use
Beta blockers	Atenolol: 25 mg to 50 mg daily Metoprolol: 25 mg to 50 mg every 12 hours	For persistent hypertension and tachycardia
Carbamazepine	200 mg every 8 hours or 400 mg every 12 hours	For additional control; reduces craving
Clonidine	0.2 mg	For autonomic hyperactivity or anxiety
Gabapentin	400 mg every 6 to 8 hours	For additional control; reduces craving
Valproate (Depacon)	300 mg to 500 mg every 6 hours	Contraindicated in pregnancy and in patients with liver disease; should not be used as monotherapy for withdrawal

AUD = alcohol use disorder; AWS = alcohol withdrawal syndrome.

*—Can also be given intramuscularly.

Information from references 8 and 14.

[The Curbsiders' addiction medicine Podcast: Get in the Spirit of Ambulatory Alcohol Withdrawal]



Benzodiazepine Tapering Flow Sheet, Oregon Pain guidance

RAPID TAPER

1. Pre-medicate two weeks prior to taper with valproate 500mg BID or carbamazepine 200mg every AM and 400mg every HS. Continue this medication for four weeks post-benzodiazepines. Follow the usual safeguards (lab testing and blood levels) when prescribing these medications.
2. Utilize concomitant behavioral supports.
3. Discontinue current benzodiazepine treatment and switch to diazepam 2mg BID for two days, followed by 2mg every day for two days, then stop. For high doses, begin with 5mg BID for two days and then continue as described.
4. Use adjuvant medications as mentioned above for rebound anxiety and other symptoms.

Benzodiazepine Equivalency Chart

Drug	Half-life (hrs)	Dose Equivalent
Chlordiazepoxide (Librium)	5–30 h	25mg
Diazepam (Valium)	20–50 h	10mg
Alprazolam (Xanax)	6–20 h	0.5mg
Clonazepam (Klonopin)	18–39 h	0.5mg
Lorazepam (Ativan)	10–20 h	1mg
Oxazepam (Serax)	3–21 h	15mg
Triazolam (Halcion)	1.6–5.5 h	0.5mg
Phenobarbital (barbituate)	53 – 118 h	30 mg

Article Comparing Designer Benzodiazepines

Alternative Buprenorphine Initiations Strategies:

High dose start Bridge to Treatment

Low-dose overlapping starts Bridge to Treatment

Same day XRBUP start in the ED