ABC of Alcohol

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HELP: DRUGS

20 mg qds chlordiazepoxide
or 2 mg qds lorazepam
or 5 mg qds diazepam
or 3 capsules qds chlormethiazole

Detoxification	
Daily check	
Pulse	
Temperature	
Blood pressure	
Level of consciousness	
Orientation	
Dehydration	
Evidence of continued drinking	

The previous article emphasised the importance of gaining the patient's trust and ensuring that regular contact is retained while he endeavours to change his lifestyle. Drugs have very little place in the long-term management of alcohol problems. They have three principal indications.

Detoxification

Detoxification for the patient who is physically dependent on alcohol may be achieved at home if the patient is willing to stay off work for five days and has a reasonably supportive family. A suitable regimen is shown. Benzodiazepines may be given in a dose that reduces over one week and then stops. Chlormethiazole in a similar regimen may be used, but dependence is a danger if treatment is prolonged, and severe reactions with alcohol may occur. The dose prescribed and the rate of reduction should be related to the clinical state of the patient, but it is not necessary to continue tranquillisers beyond one week. Tranquillisers must not be given on a long-term basis, and the patient should not take them when he is drinking.

Vitamins—Multivitamin preparations are helpful and are best given intramuscularly because impaired absorption is common: dose 7 ml

Parentrovite daily for 6 days. Thereafter oral vitamins should be given for one month. If there is evidence of organic brain damage or vitamin depletion this course should be prolonged.

Anticonvulsants—Phenytoin 50 mg three times a day may be given prophylactically over one week to patients with a history of withdrawal seizures.

Alcohol sensitisation

Disulfiram (Antabuse) 200 mg daily or citrated calcium carbimide (Abstem) 100 mg daily is used to sensitise the body to alcohol. The patient who takes one of these drugs and drinks experiences flushing, headache, palpitations, nausea, faintness, and collapse. The reaction may be severe and patients who have established heart disease should not take these drugs; neither should those who are very impulsive or suicidal. All patients should carry a warning card explaining the dangers of taking alcohol with these drugs. Patients who can establish the habit of taking Antabuse or Abstem find it a useful aid to abstinence.

Psychiatric disorders

Alcohol abuse is sometimes a symptom of an underlying and treatable psychiatric disorder. Depressive illness is a common precipitant in women and responds to appropriate antidepressants. Alcohol dependence is itself a depressing condition, however, and symptoms of depression usually recede when the drinking stops.

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