

Level of Evidence = LOE

A = Randomized prospective controlled trials (control and intervention group are enrolled prior to measured outcome)

B = Nonrandomized prospective trials

C = Retrospective analyses

E = Expert opinion, guideline, consensus statement, textbook summary, articles that summarize

M = Meta-analyses

Q = Economic analyses

1-Severity of symptoms:

a) Mild symptoms (CIWA-Ar scores under 8-10):

- Supportive care
- non pharmacological therapy and continued monitoring
- (level I evidence)

b) Moderate symptoms (CIWA-Ar scores between 8-15):

- Medication that will also reduce the risk of major complications

c) Severe symptoms (CIWA-Ar scores above 15):

- Those with severe symptoms have a significant risk of major complications if left untreated
- Patients with history of prior withdrawal seizures require medications regardless of the severity of withdrawal symptoms (level III evidence)
- Patients with co morbid medical illness require medications even with mild withdrawal

In addition patients who are using sedative hypnotics may exhibit tolerance to benzodiazepines requiring adjustment of dosage.

There is **no evidence that continuous infusion of short acting agents provides better outcome** than oral or intravenous bolus therapy with longer acting agents.

Six prospective trials demonstrated that **benzodiazepines are more effective than placebo in reducing signs and symptoms of alcohol withdrawal, seizures as well as delirium.**

Longer acting benzodiazepines

- are more effective in preventing seizures(level II evidence)
- They have a smoother withdrawal course, and less breakthrough rebound symptoms(level I evidence)
- However **short acting agents may have a lower risk of over sedation (level III evidence)**

Alcohol Withdrawal Order Set/ Adult

[1](LOE=M) Mayo-smith, Pharmacology management of alcohol withdrawal :A meta-Analysis and Evidence-Based practice Guideline .JAMA, july9 1997-vol 278, No.2,pp144-151.

[2](LOE=A) Saitz, Individualized treatment for Alcohol withdrawal A Randomized double blind controlled Trial, JAMA, Aug17,1994, vol272,no 7,pp519-523

[3](LOE=A) Daeppen J-B, ache P, Landry u, et al. Symptom-Triggered vs Fixed-Schedule Doses of Benzodiazepine for alcohol withdrawal: A randomized treatment trial. Arc Intern Med 2002;162:1117-21