Management of Alcohol Withdrawal in Primary Care

Patient presents at practice with problem drinking or suspected problem drinking or through opportunistic assessment during GP appointment.

Ask first FAST question, if score ≥ 3 complete FAST questionnaire (Appendix X).

Score 3-8**

ROUTINE
- Deliver Alcohol Brief Intervention (ABI)
- Refer or signpost to Alcohol Support Services if required
- Hazardous Levels**

Refer to Community Tier 2 Services
**Hazardous Levels (See service list for local details)

Score ≥ 9 consider more problematic alcohol use*

URGENT
Patient showing signs of severe alcohol withdrawal (severe agitation, confusion, hallucinations).

YES

Consider referral to the ED as a medical emergency

Score ≥ 9 consider more problematic alcohol use*

If daily or almost daily alcohol use, person should not stop their alcohol use abruptly. Alcohol use can be maintained or slowly reduced prior to attending service.

Consider urgent referral if...
- The patient is a repeat attendee at practice and/or ED
- The patient is requesting unsupported detoxification through prescribing
- The patient is displaying mild signs of alcohol withdrawal
- The patient has markers of liver disease

*Refer to community Tier 3 services (ADRS/CATs). 72 working hour response.

*Harmful and/or dependent levels

Women: **Hazardous - More than 14 but under 35 units per week. *Harmful – Regularly consuming over 35 units per week.
Men: **Hazardous - More than 14 but under 50 units per week. *Harmful - regularly consuming over 50 units per week.

*Dependence - a cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use.

Alcohol consumption guidelines are no more than 14 units a week for men and women and spread evenly over 3 or more days with at least 2 alcohol free days per week.

Provide patient with a copy of the Patient Information Leaflet in all cases.

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