

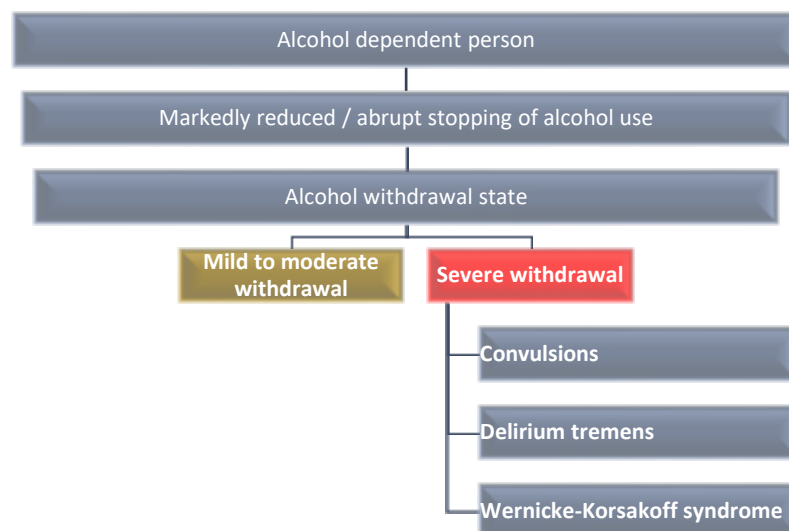


Lockdown and Alcohol Withdrawal

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The unprecedented COVID19 pandemic demands an extraordinary response. Hence, along with various other measures to deal with this pandemic, India has instituted a countrywide 'lockdown'. During the lockdown, barring the essential goods and services, availability of almost everything else is curtailed. This includes availability of alcohol.

Those who use alcohol in a non-dependent pattern will experience mild or no discomfort in this situation. However, for those affected by alcohol dependence (i.e. their bodies have become physically dependent upon alcohol), the situation could have grave consequences. They might have to deal with a challenging medical condition known as alcohol withdrawal syndrome.



Upon trying to reduce the daily drinking amount or upon stopping drinking completely a person with dependence is likely to experience the **mild-moderate alcohol withdrawal**, the symptoms which may include:

- Difficulty in sleeping
- Tremors
- Increased sweating
- Palpitations
- Headache
- Stomach upset, poor appetite
- Anxiety, irritability, restlessness
- Severe craving i.e. an irresistible urge to consume alcohol

These symptoms are quite distressing. To avoid discomfort, some may resort to purchasing alcohol from the grey market or might end up consuming adulterated liquor. In most cases (85-90%), these symptoms will resolve within a span of few days to two weeks (depending on the severity) without any lasting consequences.

However, the symptoms of alcohol withdrawal listed above are those experienced by most patients with alcohol dependence (who would experience mild-moderate symptoms). If alcohol or specific treatment for alcohol withdrawal is not available, a significant proportion of patients (10-15%) are at the risk of experiencing **severe alcohol withdrawal** features. These features include (over and above the symptoms of severe alcohol withdrawal):

- Seizures (convulsions)
- Delirium Tremens (comprised of confusion, disturbed level of consciousness, impaired awareness of surroundings, hallucinations and abnormal behaviour)
- Wernicke-Korsakoff syndrome (a variety of neurological and cognitive symptoms) especially common in malnourished patients

The severe alcohol withdrawal features listed above are not exclusive of each other. They may be life-threatening and carry the risk of mortality (5%), if not treated timely. In some cases, there may be long lasting adverse neurological sequelae as well. Some of the risk factors for developing severe alcohol withdrawal include:

- A history of sustained drinking
- A past episode of severe alcohol withdrawal
- Age greater than 30
- The presence of other medical disorders

A **public health response to the risk of alcohol withdrawals** precipitated by non-availability of alcohol would include:

1. Spreading awareness about the symptoms of alcohol withdrawal and need for seeking treatment
2. Ensuring that treatment and care services are available for people suffering from alcohol withdrawal
3. Ensuring the general readiness and preparedness of health facilities to deal with alcohol withdrawal and its sequelae

Treatment of mild-moderate alcohol withdrawal: In most cases, mild-moderate alcohol withdrawal can be managed in the primary health care settings, on outpatient basis. Majority of patients DO NOT require hospitalization. The treatment involves, a quiet and comfortable environment, adequate fluid and nutritional supplementation and prescription of medicines of benzodiazepine group (such as diazepam or lorazepam) which can be taken orally. High doses of vitamin B (particularly Thiamine, Vit B1) are an essential part of treatment and these too can be taken orally. It is important to keep a check for symptoms suggesting severe alcohol withdrawal in which case urgent medical attention is required. The treatment lasts for 1-2 weeks and benzodiazepenes are gradually tapered off by the end of this period.

Treatment of severe alcohol withdrawal: Severe alcohol withdrawal is a potentially life-threatening situation and requires emergency medical care and hospitalization. The

pharmacological treatment is similar to that of mild-moderate alcohol withdrawal but with a higher intensity (i.e. higher dose of benzodiazepines and vitamin B1 is required, which may have to be given by injecting route). Patients suffering from severe alcohol withdrawal require to be closely monitored for vital signs, oxygen saturation, fluid and electrolyte status and neurological impairment.

An important point to note is that the mainstay of treatment for alcohol withdrawal symptoms – benzodiazepine medications – belong to the group of controlled psychotropic medications. Hence, under the existing legal framework these can only be available with the prescription of a registered medical practitioner. The medical professionals must remember that most seizures as a part of severe alcohol withdrawal can be managed with benzodiazepines alone and anti-convulsant therapy is not advisable.

Irrespective of the severity of alcohol withdrawal symptoms, just provision of treatment for withdrawal symptoms does not ensure long lasting abstinence. In fact, in the absence of any specific long-term treatment, most patients would relapse after a period, when alcohol is available again. Thus, a host of pharmacological and psycho-social interventions will be required to prevent relapse and ensure complete rehabilitation and reintegration of affected individuals.

A lockdown situation, which entails non-availability of alcohol may be a blessing in disguise for some people who may utilize this opportunity to quit drinking altogether. However, it is also a significant challenge for a certain proportion of people with alcohol dependence who are at risk of experiencing severe alcohol withdrawal and its consequences. There are indications that various health facilities across the country have started getting patients presenting with severe alcohol withdrawal symptoms, since the lockdown has been instituted. The health services need to be prepared to deal with such cases and provide them with appropriate and timely care. In current circumstances, tele-medicine services, if used in a timely fashion, could prevent the problem from escalating.

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