Withdrawal Symptoms – what do they look like?

Withdrawal from alcohol is a **stressful** experience at best, and a **dangerous** experience at worst.

Withdrawal symptoms tend to be worse with the following: age, repeated withdrawal episodes, kidney and/or liver compromise, concurrent abuse of other substances, higher levels of alcohol intake, longer duration of alcoholism.

Withdrawal symptoms constitute a predictable set of effects that can begin within hours after the patient has had their last drink or have markedly decreased their alcohol intake. The signs and symptoms of withdrawal can be described in terms of progressive levels of increasing stimulation:

As the stimulation affect on the body begins in the first 2 to 5 hours, anxiety and irritation are the initial symptoms. At this juncture the mind and body race, exhibited by patient reports of **internal** shakes and tremors. Patients generally feel very alert and are in an acute state of hyper arousal.

A change in mentation occurs: agitation, mild confusion, insomnia—yet there is a craving for rest and at times, impaired judgment.

Anxiety progressively increases and physical symptoms compound the clinical picture: a loss of appetite, nausea and vomiting, increasing sensitivity to light and sounds, diaphoresis, increased heart rate, and respiratory rate, increased blood pressure, and acute cravings for alcohol.

**Why is progression to external tremors a sign of impending trouble for the withdrawing patient?**

Internal shakes and jitters will progress to **external** tremors 12 to 72 hours after the last drink and can last up to 5 days. Peak intensity of symptoms usually occurs at 24 to 48 hours. Manifestations vary in intensity and will depend on the severity of the alcohol abuse and the overall physical condition of the patient.
Nervousness occurs next. When coupled with vivid auditory and visual hallucinations that can include nightmarish, gruesome dreams, there is a definite risk of self-harm or injury to you at this point. Patients can’t “hear” you at this stage though they are fully conscious and may have awareness of their surroundings. Keep patients from reaching or going beyond the nervousness stage!!

Remember, all of the previously mentioned symptoms continue---this is an additive experience that is also reflected in the vital signs and electrolytes. At this point, there is a high concentration of resources and time devoted to this patient on the unit. One in four alcoholics will then continue on to have more extreme withdrawal symptoms.

Alcohol withdrawal seizures are most likely to occur 24 to 48 hours after the last drink. DT’s (a combination of delirium and external tremors) can occur 30 hours to 4 days after the last drink. If untreated 5-15% of patients that suffer from DT’s will die.

Delirium Tremens – what are they and why worry about this occurring?

What makes DT’s (delirium plus external tremors) something that we want so desperately to prevent in withdrawing patients?

Delirium tremens occur when the body is in an extreme physiologically stressed state---that can be fatal if not caught early. There is an overwhelming, erratic adrenaline flow during DT’s, causing vasoconstriction, cardiac irregularities, acute dehydration, and hyperactivity. There is an additive effect that includes an increase in the severity of symptoms from all the previous phases. The dangerous increase in pulse, respirations and blood pressure can lead to stroke, heart attack, shock and death.

If treated EARLY, all of the above can be prevented.
How can patients be prevented from experiencing DT’s? What is the Safety Zone?

Levels of CNS stimulation are depicted in the “Levels of CNS Stimulation” graphic. With death being the result of over stimulation (withdrawal) or over sedation (alcohol or medications). Management of these patients is focused upon keeping patients in the narrow window of the “Safety Zone of CNS Stimulation”.

Frequent monitoring and progressive doses of Lorazepam/Ativan may be needed for successful management of the over-stimulated withdrawing patient.

DO NOT allow the patient in withdrawal to come near or pass the NERVOUSNESS stage.

The management and treatment of the withdrawing patient must be accomplished 

**early** and **aggressively** so patients do not exceed the safety zone and progress beyond the NERVOUSNESS stage.