



## Ethanol withdrawal assessment

Sophie Gosselin

*Departments of Medicine and Emergency Medicine, McGill University Health Center, Montréal, Canada and Centre Antipoison du Québec, Québec, Canada*

Individuals consume a wide variety of daily amounts of ethanol beverages. Ethanol withdrawal is a common problem presenting to the emergency department or can occur after admission when patients are expected to stay in the hospital for several days, as ethanol consumption may be impossible, and, if they have become biologically tolerant, abrupt decline in ethanol blood concentration can result in classic withdrawal symptoms. It is important to recognize and quantify the risk for such situations ahead of time to organize a detection and monitoring approach.

Many scales were published to assess the risk of developing ethanol withdrawal. One of them is the Prediction of alcohol withdrawal severity scale (PAWSS) and will be reviewed in detail. More scales focus on the management of symptoms such as the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) and its many derivations and adaptations. The evidence of the reliability and the predictive values available from the literature for a range of assessment tools will be reviewed.

As patients receive sedation for the symptoms of ethanol withdrawal, oversedation can become an unfortunate adverse effect. Assessment of the risk of sedation also is possible with various scales. An integrated approach to the use of these different scales and the threshold for pharmacological intervention will be reviewed.

Integrating a systematic approach in patients questionnaire presenting to the ED with regards to their ethanol consumption as well as using standardized tools to assess the risk, evaluate the severity of symptoms of ethanol withdrawal can contribute to lower resources expenditures from early detection and prevention of ethanol withdrawal complications.