



TRANSFORMING TOXICOLOGY LANDSCAPE FOR SAFER AND SUSTAINABLE TOMORROW

POSTER PRESENTATIONS

[ID-P#119] Presentations of alcohol withdrawal state in patients admitted to medical wards

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Background: According to the Ministry of Social Justice and Empowerment, Government of India data in 2019, one in five current drinkers has alcohol dependence¹. We aim to assess withdrawal symptoms and their management that complicate other medical conditions of alcohol-dependent persons. Objective alcohol withdrawal scales are available to monitor such patients².

Methods: A retrospective study was conducted on the medical records of patients admitted in general medicine wards between January 2022 and January 2023 with a primary or secondary diagnosis of alcohol withdrawal syndrome which was diagnosed according to DSM 5 criteria.

Results: Of the 125 cases, all were males and the mean age(\pm SD) was 45.3 \pm 13.6 years. Primary presentation was due to withdrawal features in 30 patients (24%) and other medical illnesses in 95 patients (75.8%). Withdrawal seizures were seen in 37 patients (29.6%) of which 12 patients had seizures as primary presentation. Other features of withdrawal included anxiety (98.5%), confusion (60.3%), agitation (51.5%), tremors (75%), sweating (95%) hallucinations (6.1%), and reduced sleep (39.4%). All patients were treated with benzodiazepines and thiamine. 54.5% were given IV fluids. Other drugs required to manage delirium were haloperidol (13.6%), risperidone (10.4%), and quetiapine (6.4%). Total dose of Lorazepam required to control withdrawal during hospital admission varied widely with a mean of 28.2 \pm 29.1 mg with a maximum dose of 16 mg per day to a minimum dose of 4 mg/day. Median (IQR) days of admission was 6 (6) days. primary diagnosis for which hospital admission was sought included alcoholic liver disease, CVA, ACS, pancreatitis, and acute exacerbation of COPD.

Conclusion: Alcohol withdrawal state complicates acute medical emergencies. Benzodiazepine dose requirements to control withdrawal state vary widely. Close monitoring with frequent modification of dosage is required for adequate control of the withdrawal state in medical emergencies.