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Primary Care Management of Alcohol Withdrawal

Julie Connor

Clinical Site: Hardwick Area Health Center, Hardwick, VT

Family Medicine Rotation 3: July - August 2022

Project Mentors: Mckalyn Leclerc, MD; Sarah Morgan, MD;
Martha Whitfield, FNP; Brook Marcotte, RN

2A. Problem Identification: Alcohol use disorder

Alcohol use disorder is prevalent in VT

- ▶ In 2020, an estimated 12.4% of Vermonters met the DSM criteria for alcohol use disorder (AUD) compared to 10.2% nationally.¹
- ▶ An analysis of 2020 Vermont Medicaid claims shows that:
 - ▶ Alcohol was the most frequently diagnosed substance use disorder.²

AUD is undertreated.

- ▶ Less than 10% of Americans seek treatment for alcohol use disorder.³
- ▶ Less than 4% of people with alcohol use disorder are prescribed a medication to treat their disorder.³
- ▶ In Caledonia County (where Hardwick is located), 33% of those diagnosed with AUD in 2020 initiated treatment within 14 days of diagnosis and 16% stayed engaged with treatment within the next month.² Rates are similar for neighboring counties.

AHEC Focus Areas

Medical Practice Transformation: quality improvement, care coordination, cost containment, rural health care, primary care, care for underserved, disadvantaged populations, patient-centered care
Current and Emerging Health Issues: substance use disorders

2B. Problem Identification: Alcohol withdrawal

- ▶ Approximately half of patients with AUD experience alcohol withdrawal when they reduce or stop drinking.⁴
- ▶ Alcohol withdrawal includes:
 - ▶ Mild symptoms: anxiety, nausea, vomiting, tremor, agitation, insomnia
 - ▶ Severe symptoms: seizures, hallucinations, extreme confusion
 - ▶ Symptoms usually start between 6 to 24 hours after last drink and can last up to 1 week
- ▶ Untreated symptoms of alcohol withdrawal may lead to recurrence of alcohol use.
- ▶ Management of alcohol withdrawal is key in supporting patients with alcohol use disorder
- ▶ Management of alcohol withdrawal is often done in inpatient or intensive outpatient settings.
 - ▶ Many are reluctant or unable to pursue inpatient or intensive outpatient programs.
 - ▶ Vermont has one inpatient facility, which is over 1 hour from Hardwick.

Primary care management of alcohol withdrawal is safe, cost effective and has potential to improve long-term outcomes for patients with alcohol use disorder.

3. Public Health Costs

- ▶ More than 140,000 Americans die yearly due to effects of excessive drinking including:⁵
 - ▶ Effects of excessive drinking over time: various cancers, liver disease and heart disease
 - ▶ Effects of short-term excessive drinking: motor vehicle accidents, alcohol poisoning and suicides.
- ▶ Excessive alcohol use cost the United States \$249 billion or \$807 per person in 2010.⁵
 - ▶ In Vermont in 2010, excessive alcohol use cost \$513 million or \$820 per capita.⁵
 - ▶ These costs are largely due to losses in workplace productivity, health care expenses, criminal justice expenses, motor vehicle crash costs, and property damage.⁵
- ▶ The COVID-19 pandemic has increased alcohol use in the US, which will likely increase the incidence of alcohol use disorder and alcohol related health problems in the coming years.⁶

4. Community Perspective: Gaps in AUD treatment in rural Vermont

“During the pandemic, many people went from casual, social drinkers to heavy drinkers”

Barriers to accessing treatment:

- ▶ “There are not enough beds [in inpatient or intensive outpatient programs] for medically managed alcohol withdrawal.”
- ▶ “Many patients cannot be gone for weeks [at a treatment facility]; they still have jobs, bills, children, etc.”
- ▶ There is a group of patients who “fall in the cracks”; they are not admitted to inpatient programs because they are not as high risk but may be perceived as too complex for some outpatient programs.

Potential for primary care management

- ▶ “Offset the burden of the emergency department [ED]”
- ▶ “Provide medical management while [patients] await placement in a treatment facility.”

Hopes for the future:

- ▶ Improved care coordination between ED, primary care, treatment facilities, and community resources

- Brook Marcotte, RN; Medication Assisted Treatment Nurse, Hardwick Area Health Center

Barriers to treating alcohol use disorder:

- ▶ Many patients do not have transportation to treatment facilities or recovery centers.
- ▶ Copley can’t medically “detox” patients.
- ▶ Many people leave the hospital against medical advice without referral to services.

Hopes for the future:

- ▶ Improved care coordination: peer recovery coaches in the ED has helped with referrals to recovery center

How healthcare providers can support those with AUD:

- ▶ “The medical environment is very stressful, and bedside manner for [patients with AUD] can be lacking.”
- ▶ Knowing about community resources, impacting stigma surrounding AUD, substance use education surrounding language and ways to support individuals

- Shannon Carchidi; Executive Director, North Central Vermont Recovery Center, Morrisville, VT

The North Central Vermont Recovery Center is one of 12 recovery centers in Vermont. They provide a safe, substance-free environment with many paths to recovery including peer recovery coaches, group meetings, health and wellness resources, and support finding employment. People present to the recovery center through ED referral, walk-in, word of mouth, and community partners.

5. Intervention and Methodology

▶ Objectives

- ▶ Increase patient understanding of symptoms of alcohol withdrawal and treatment for alcohol use disorder
- ▶ Safely treat patients at risk for alcohol withdrawal in the outpatient setting
- ▶ Assist patients in connecting with local recovery resources and maintaining engagement with treatment

▶ Population: Patients who meet the criteria for primary care management of alcohol withdrawal (being determined by providers at the Hardwick Area Health Center)*

▶ Intervention:

- ▶ Patient receives instructions with symptoms of alcohol withdrawal, medications prescribed, follow-up information, tips, local recovery resources
- ▶ Patient uses daily self assessment adapted from the Short Alcohol Withdrawal Scale⁷ to determine level of withdrawal symptoms which may inform management

**This purpose of this project was to create patient materials to be used in a future pilot program. The eligibility criteria for primary care management of alcohol withdrawal, medication prescription protocol, staff responsibilities, and patient follow-up schedule are to be determined at this time.*

6A. Results: Patient Instructions

Primary Care Management of Alcohol Withdrawal – What to Expect

We're so glad you asked for help! You are receiving this information because you would benefit from medications to help you safely stop drinking alcohol. This document covers what to expect, the medications you have been prescribed, your follow-up schedule, the members of your team and symptoms of concern. We are here to help you through each step!

What is alcohol withdrawal?

Alcohol puts the brakes on your brain. Over time, your brain adjusts to alcohol and the brakes don't work as well. When you stop drinking, your brain becomes overactive, and you may experience some uncomfortable symptoms called **alcohol withdrawal**.

Mild symptoms can include:

- Anxiety
- Nausea
- Vomiting
- Tremor
- Trouble sleeping

Symptoms usually start between 6 to 24 hours after your last drink and can last up to 1 week or longer.

However, some people may experience *more severe symptoms* including:

- Seizures
- Hallucinations (seeing or hearing things that are not there)
- Extreme confusion
-

If you experience any of these severe symptoms, call 9-11 or go to the hospital.

Medications

You have been prescribed [**Gabapentin / diazepam / Librium**]: a short-term **medication to help with withdrawal symptoms**. Your provider will need to closely monitor your symptoms and adjust doses of this medication throughout the week.

Some people also benefit from **medications that reduce cravings alcohol and reduce the risk of recurrence of drinking**. You have been prescribed [**naltrexone / acamprosate / disulfiram**]

Alcohol can reduce levels of vitamins, which cause negative effects, so you have also been prescribed vitamins including **thiamine, folate and vitamin B12**.

Please take medications as prescribed and ask your primary care provider if you have any questions.

Self-Assessment

It will be helpful for your team to know how you are feeling.

*Please fill out the **self-assessment sheet** every day and bring this with you to follow-up appointments.*

Follow-up

We want to help you succeed by touching base frequently to monitor your symptoms and provide support.

- Your next follow-up visit is [redacted] with [redacted]

Tips

These are some tips to help keep you and your brain feeling your best.

- Try to limit stimuli (ex. dark and quiet environment)
- Make sure to drink lots of water!
- Try to eat a balanced diet with protein, whole grains, fruits, and vegetables
- Get plenty of sleep
- Keep in touch with your support system about how you're feeling

Your Team

- Your primary care provider
- MAT Nurse
- Behavioral Health
- Recovery Coach (see below)

We are here to support you! Feel free to contact us (802) 472-3300 with any questions or concerns between your follow-up appointments.

If you are experiencing severe symptoms, please call 9-11 or go to the hospital.

Local Recovery Resources

Recovery is an ongoing process. Many people benefit from connecting with a recovery center.

There are 12 recovery centers in Vermont that offer **free resources** including recovery coaching, group meetings and health and wellness resources. Local centers include:

- **North Central Recovery Center**, Morrisville
 - o 802-851-8120
 - o ncvr.com
- **Kingdom Recovery Center**, St. Johnsbury
 - o 802-751-8520
 - o krcstj.org
- Access the **VT HelpLink** for information about resources across the state:
 - o 802-565-LINK
 - o vthelplink.org

You may be able to get transportation to recovery services and medical appointments through the Recovery and Job Access program through Rural Community Transportation:

- Contact 802-748- 8170 for more information.

6B. Results: Self-Assessment

Date: _____ Time: _____ Time you took your medication for withdrawal: _____

Please fill out the table below with how you have been feeling in the last 24 hours

	None (0)	Mild (1)	Moderate (2)	Severe (3)
Anxious				
Feeling confused				
Restless				
Miserable				
Problems with memory				
Tremor (shakes)				
Nausea				
Heart pounding				
Sleep disturbance				
Sweating				

Total Score:

Adapted from: Bjarne Elholm, Klaus Larsen, Nete Hornnes, Finn Zierau, Ulrik Becker, A Psychometric Validation of the Short Alcohol Withdrawal Scale (SAWS), *Alcohol and Alcoholism*, Volume 45, Issue 4, July-August 2010, Pages 361–365, <https://doi.org/10.1093/alcalc/agq033>

7. Proposed evaluation of effectiveness and limitations

Proposed Evaluation

- ▶ Longitudinal study looking at effectiveness of outpatient management of alcohol withdrawal in:
 - ▶ Preventing moderate to severe withdrawal symptoms
 - ▶ Engagement with treatment for alcohol use disorder
 - ▶ Reducing rates of alcohol related health problems
- ▶ Qualitative interviews with patients about their experience with outpatient management of alcohol withdrawal focused on symptom management, level of support, and connection to long term treatment options

Limitations

- ▶ This project only addresses those who present to primary care and are interested in treatment, which may not reach all those affected by alcohol use disorder.
- ▶ Many patients at risk for alcohol withdrawal present to the Emergency Department. This project did not address coordination of care between ED, primary care and other points of entry to care.

9. Recommendations for future interventions/projects

- ▶ Primary care management of alcohol withdrawal has the potential to reduce symptoms of alcohol withdrawal, improve engagement with treatment for alcohol use disorder, and reduce alcohol related health complications. Other primary care settings should adopt a similar protocol.
- ▶ There is a need for improved care coordination in the treatment of alcohol use disorder:
 - ▶ Many patients present to the ED with AUD or alcohol related health concerns. Not all hospitals are equipped to medically manage withdrawal or refer patients to treatment facilities.
 - ▶ Peer recovery coaches in the ED are a resource to help connect patients with treatment services. Implementing similar models of warm hand-offs to services in other healthcare settings (ex. emergency departments, primary care offices) may help to increase engagement with care.
 - ▶ PCP follow-up with patients who presented to the hospital with alcohol related health concerns may be a time to discuss medical management of withdrawal and treatment options for AUD if patient is interested.
- ▶ Addressing barriers to accessing treatment is imperative:
 - ▶ Reducing stigma surrounding substance use disorders may increase utilization of and satisfaction with care.
 - ▶ Awareness of primary care as a point of entry to treatment for alcohol use disorder may increase engagement with care.
 - ▶ Facilitating transportation to treatment facilities and recovery centers increases accessibility.
- ▶ This project addresses only those interested in stopping drinking and who would be a safe candidate for primary care management of withdrawal. Future projects could work on patient education for those interested in reducing alcohol use or learning more about the health effects of excessive alcohol use.

9. References

- ▶ 1. Substance Abuse and Mental Health Services Administration. 2019-2020 NSDUH State Estimates Of Substance Use And Mental Disorders. <https://www.samhsa.gov/data/report/2019-2020-nsduh-state-estimates-substance-use>
- ▶ 2. Vermont Department of Health. Substance Use Disorder Treatment Initiation and Engagement. <https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP-2020-Initiation-and-Engagement-for-SUD-County-Trends.pdf>
- ▶ 3. National Institute on Alcohol Abuse and Alcoholism (NIAA). Alcohol Facts and Statistics. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>
- ▶ 4. Tiglao SM, Meisenheimer ES, Oh RC. Alcohol Withdrawal Syndrome: Outpatient Management. *Am Fam Physician*. 2021 Sep 1;104(3):253-262. PMID: 34523874.
- ▶ 5. Centers for Disease Control and Prevention. Alcohol & Public Health. <https://www.cdc.gov/alcohol/index.htm>
- ▶ 6. Grossman ER, Benjamin-Neelon SE, Sonnenschein S. Alcohol Consumption during the COVID-19 Pandemic: A Cross-Sectional Survey of US Adults. *Int J Environ Res Public Health*. 2020 Dec 9;17(24):9189. doi: 10.3390/ijerph17249189. PMID: 33316978; PMCID: PMC7763183.
- ▶ 7. Bjarne Elholm, Klaus Larsen, Nete Hornnes, Finn Zierau, Ulrik Becker, A Psychometric Validation of the Short Alcohol Withdrawal Scale (SAWS), *Alcohol and Alcoholism*, Volume 45, Issue 4, July-August 2010, Pages 361-365, <https://doi.org/10.1093/alcalc/agq033>