



AOD ECHO Network Session 1

14/09/2021

Didactic: Management of alcohol withdrawal in general practice

Case presentation: Dr Jackie Yeoh

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Contributing partners:





Management of alcohol withdrawal in general practice

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Psychology



Daily drinking >80g per day for men and > 60g per day for women → will experience WD of varying severity

Where to manage, and how?

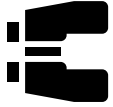
Outpatient/community > 80% unless:

- seizure history
- past history of severe withdrawal including delirium
- active medical problems
- poor social support/unsafe environment
- active psychiatric co-morbidity [eg self harm risk]
- poly-substance dependence

.....otherwise inpatient for the above situations.....

Safe community withdrawal from alcohol

- > Responsible support at home or regular assertive home visiting
- > Monitoring at least once daily in community by nursing or medical professional
- > Diazepam
- > Thiamine
- > Contingency plans
- > Link into counselling, peer support groups (AA or Smart Recovery), rehab +/- pharmacotherapy



[“SA Health ambulatory alcohol withdrawal management”](#)

Information on caveats

Medications

Monitoring

ADIS information on support services after discharge

Advice line DACAS

[“SA health inpatient alcohol withdrawal management”](#)

Link to acute hospital clinical guideline

ADIS information on support services after discharge

Advice line DACAS

[“SA Health drug and alcohol clinical advice”](#) – DACAS

Phone line

Email advice

Fact sheets and links to other information on withdrawal management, alcohol pharmacotherapies etc.



7087 1742

Drug and Alcohol Clinical Advisory Service
(DACAS)

24-hour specialist support and advice
for health professionals



**Government
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SA Health



Practice Nurse Perspective

> Pre-Planning

- Care Plan
- Risk Assessment
- Links to AOD Resources (Relapse Prevention)
- Withdrawal information and Patient Contract

> Monitoring

- Daily review
- Observations and BAL
- AWS-CIWA-Ar
- Medication
- Safety plan

> Aftercare

- Follow up Support
- GP appointment 2 weeks post withdrawal

Client/consumer perspective

- > Many people feel fearful and ashamed to admit how much they are drinking, or to ask for help. Trust and a good GP/patient relationship where honest communication is encouraged is essential.
- > People who feel ashamed already judge themselves- if they feel judgement from their GP then they will not engage.
- > One of the most commonly reported instances of stigmatising behaviour for people with SUDs is whilst seeking medical treatment.
- > Be aware of the wide-reaching ramifications of disclosure for your patient (eg divorce proceedings, child protection, legal issues) and reassure that confidentiality will be maintained.
- > Make a plan with your patient so they can have goals to work towards.
- > Let your patient know where they can access non-medical support (AA, Smart recovery etc)

Links to videos on the consumer experience

www.sahealth.sa.gov.au/aconstantbattle
www.sahealth.sa.gov.au/italcamecrumblingdown



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