CAGE Test (adapted) to screen for Alcoholism/Drug Addiction:
1 + = high risk for addiction; full assessment recommended.
Have you ever:
• Cut back or Changed your drinking (or drug use) pattern?
• felt Annoyed if people criticized your (or drug use) drinking?
• felt Guilty about drinking (or drug use)?
• needed a drink Early in the day to steady yourself?
  (Eye opener)

ALCOHOL WITHDRAWAL
Early Sxs (6-12 hrs): Tremor, anorexia, nausea/vomiting, insomnia, anxiety, irritability, diaphoresis, tachycardia, fever, mild hypertension, hallucinosis.
Later Sxs. (7-96 hrs): Seizures, Delirium Tremens
Timing: Earliest onset 6-8 hrs. after abstinence. Can be immediate or up 5 - 7 days. Some may present sxs. with a decrease in amount of use
Rx: 1) Benzos to elevate sxs.: Acute Medical Settings: lorazepam (Ativan) at least 1 mg q 4-6 hrs IV; titrate up or down holding the interval steady depending on patient status aiming for calm, but not oversedation . Dosage requirements vary widely. Decrease by no more than 10-20% per day.
  Note: Lorazepam preferred in acute medical settings (greatest flexibility); Detox Setting: Chlordiazepoxide (Librium) 50-100 mg. po; titrate up and down as indicated
2) Thiamine 100 mg IM or IV qd x 3d; Folate 1 mg po qd.
3) Haloperidol (Haldol) 5.0-2.0 mg po or IM for severe agitation or psychotic sxs.
Low stimulation environment.
DTs: Marked hypertension, tachycardia, fever, hallucinosis, aggression, confusion, combativeness, and seizures.
Timing: 24-72 hrs. after abstinence
Rx: ICU monitoring, restraints, IV fluids, IV benzos, antipyretics if needed. Diazepam 5-10 mg or lorazepam (if liver disease) 1-2 mg slow IV q 15-20 min. until stabilized. Then q 2h prn.
Wernicke’s encephalopathy
Sx: Ataxia, nystagmus, ophthalmoplegia, confusion
Prevention: Thiamine 100 mg IM or IV prior to any glucose

AVAILEABLE RESOURCES:
AA  (617) 426-9444
AL-Anon (508) 366-0556
SMART Recovery (866) 951-5357
Outpatient Programs:
Boston Detox (617) 983-3710
VA Treatment Prog. (617) 248-1010
(Footnote: Veterans only)
Faulkner Hospital (617) 983-7908
Inpatient (617) 983-7711
Fenway Cmty. Health (617) 927-6202
Mt. Auburn Hospital (617) 499-5194

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OPIATE WITHDRAWAL
Early Signs (8-12 hrs): Diaphoresis, nausea, yawning, lacrimation, tremor, rhinorrhea, irritability, dilated pupils, resp. rate, pulse>90
Severe Signs (12-48 hrs): Insomnia, elevated T;P,R, & BP; nausea, vomiting, abdominal cramps, chills, diarrhea, muscle twitching, dilated pupils
Course: (1) Heroin: onset in 8-12 hrs, lasting 5-10 d, untreated.
  (2) Methadone: onset in 24-48 hrs., lasting 2-4 wks.
Methadone:
• Methadone-maintained pt - confirm dose w/methadone clinic.
• Analgesics: pt is tolerant to opioids - analgesic Rx required for pain management. Methadone maintenance pts. may require higher than conventional doses or increased frequency to attain analgesia.
• Expect coping problems: Don't dwell on dosage with pt.
• Monitor pulse, respiration, pupil size.
Acute Medical Adm:
Dose (inpt.):
• Untreated street addict: @ signs of w/withdrawal. Rx 20 mg po.
• Known heavy use: 30 mg po: Increase 5-10 mg q 2-4 hrs. to stabilize. No more than 40 mg in 1st 24 hrs.
• Avoid doses >40 mg qd unless enrolled in a licensed methadone program or inpt. > 4 days.
• May use Clonidine 0.1mg. po tid with methadone or alone for short stay patients.
• If NPO: ½ daily dose IM, divided q 12 hrs & restart prior full po dose as tolerated.
Course: Onset 30-60 m: peak levels 2-6 hrs: duration 24-36 hrs.
Side Effects: Reduce 5-10 mg prn lethargy:
• Taper: If 1-14 d s/p admission, 10-20% qd. Expect distress.
Discharge planning: initiate as quickly as possible.

Problem Gambling:
Massachusetts Council on Compulsive Gambling
(800) 426-4554

This resource is intended solely for the use of medical professionals and should not be used by the lay public.