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Alcohol Abuse and Withdrawal in the Elderly

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July 2014

Introduction

- Background
- Epidemiology
- Screening
- Management

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Alcohol Recommendations in Elderly

- Royal College of Psychiatrists
  - Age > 65 yo
  - Limit < 1.5 units alcohol / day



½ pint



small glass



25 mL

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Definitions

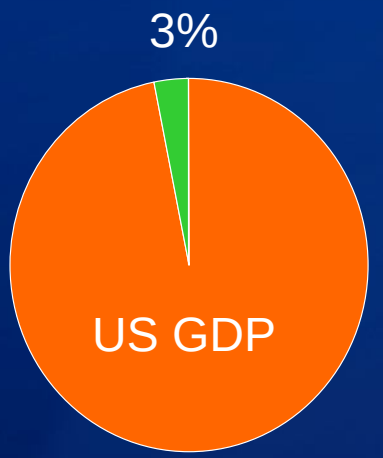
- Alcohol abuse
  - Continued excessive use
- Alcohol dependence
  - Alcohol abuse + physiological changes
- Tolerance
  - 50% increase in amount of alcohol for effect
  - Blood alcohol >150 mg without intoxication
  - > 1/5 gallon of liquor

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Epidemiology in United States

- > 200 billion dollars healthcare costs
- Prevalence of alcohol abuse and dependence in the elderly
  - ~500,000 people
  - ~1.5 % US population
- Growing problem
  - Prevalence 0.25 % to 1.2 % over past 10 yrs



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Screening

- Amount of alcohol
- Type
- Frequency
- Pattern of consumption

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Screening

- CAGE questionnaire
  - Cut down
  - Annoyed
  - Guilty
  - Eye-opener
- Sensitivity 86%, specificity 78% (CAGE >= 1)

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Screening

- AUDIT (alcohol use disorders identification)
  - 10 items
- ARPS (alcohol related problems survey)
  - 60 items
- MAST-G (Michigan alcoholism screening test – geriatric)
  - Sensitivity 91%, specificity 84%

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Challenges in Identification

- Inaccurate history
- Multiple comorbidities
- Guilt
- Variety and non-specificity in presentation

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Alcohol Withdrawal

- Cessation of alcohol use
- 2+ clinical symptoms of alcohol withdrawal
- Distress or impairment in functioning
- Not secondary to another condition

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Alcohol Withdrawal

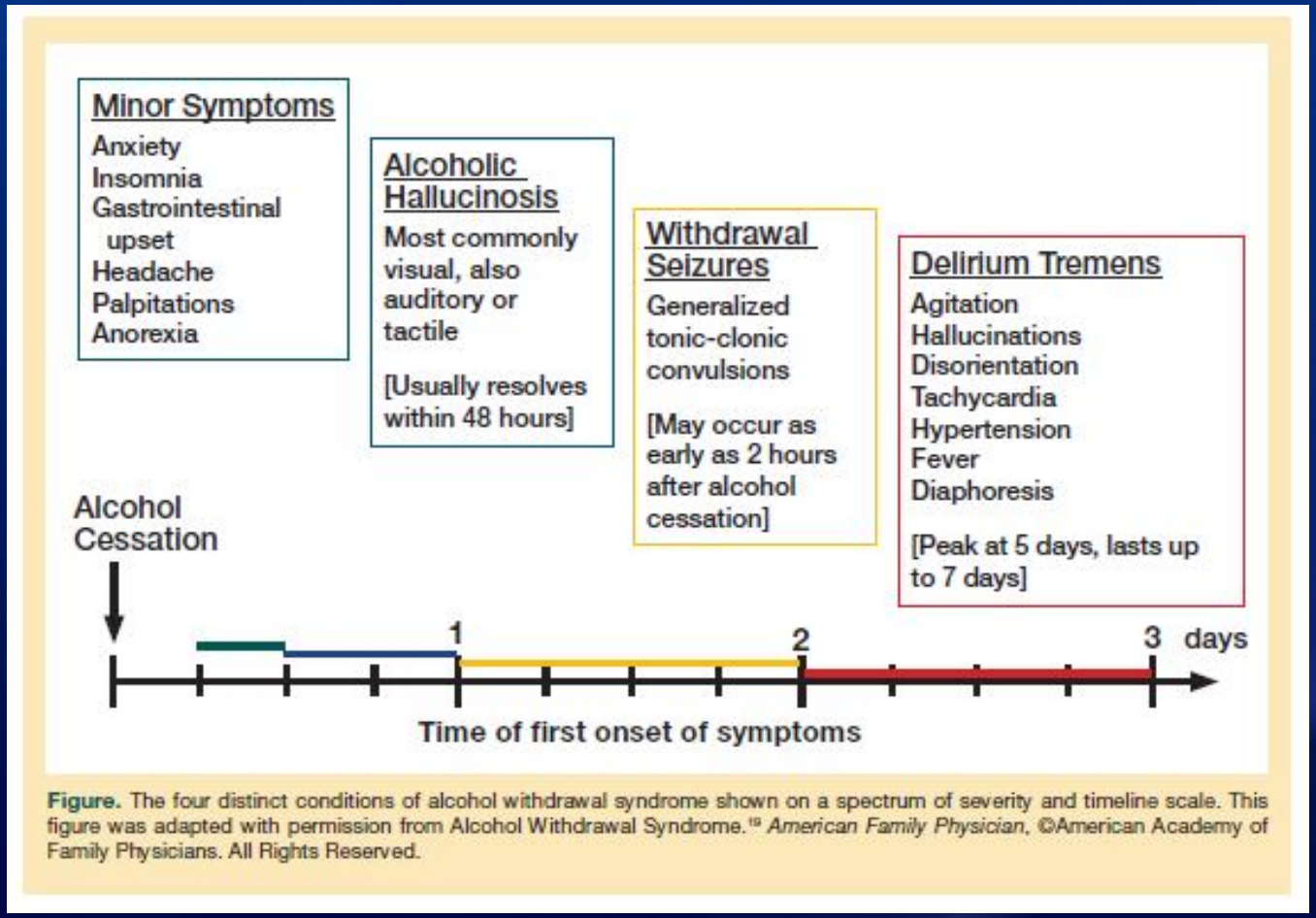


Figure. The four distinct conditions of alcohol withdrawal syndrome shown on a spectrum of severity and timeline scale. This figure was adapted with permission from Alcohol Withdrawal Syndrome.[19] *American Family Physician*, ©American Academy of Family Physicians. All Rights Reserved.

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Management

- Thorough medication review
- Labs
  - CBC, LFTs, Electrolytes
  - Metabolic derangements, hepatic and renal function
  - Urine toxicology
- Radiology
  - Head CT without contrast if concerned about falls or head trauma

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Treatment

- Supportive
  - IV fluids
  - Aspiration precautions
  - Thiamine, dextrose, folate, vitamins
  - Electrolyte repletion
- Benzodiazepines
  - CIWA: symptoms of CNS hyperactivity
  - Lorazepam (half life 9-16 hrs)
    - Shorter than diazepam, chlordiazepoxide
    - Not affected by liver dysfunction

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Pharmacological Agents

Table. Summary of the Benefits and Risks of Pharmacological Agents Used in the Management of Alcohol Withdrawal Syndrome in Elders.[a]

Agents	Benefits	Risks	Recommendations
Benzodiazepines	Symptomatic treatment Prevent seizures and delirium tremens	Risk of oversedation in the elderly and those with hepatic dysfunction, especially with use of long-acting agents such as diazepam	Gold standard Lorazepam preferred because of less risk of oversedation with shorter half-life Diazepam preferred for patient with long history of alcohol withdrawal syndrome
Barbiturates	Effective for refractory delirium tremens	Increased volume of distribution in elders High risk of sedation and respiratory depression	Not first-line agents Recommended for refractory delirium tremens
Anticonvulsants	More effective than placebo in treating symptoms of alcohol withdrawal syndrome and as prophylaxis for seizures	Lack of large studies in elderly population	Not recommended over benzodiazepines until further studies are conducted
Beta-blockers	Symptomatic treatment	Mask symptoms of alcohol withdrawal syndrome Increase risk of delirium	Not recommended
Antipsychotics	Symptomatic treatment	Lower seizure threshold QTc prolongation	Not recommended
Ethanol	Symptomatic treatment	Many systemic side effects	Not recommended

[a]Table constructed from information by the American Society of Addiction Medicine Working Group on Pharmacological Management of Alcohol Withdrawal.[30]

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Conclusion

- Alcohol use/abuse in elderly is prevalent
- Alcohol withdrawal can be serious / fatal
- In elderly: comorbid conditions, age-related physiological changes
- Screening and identification of at-risk individuals essential
- Management: careful use of benzodiazepines

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