

# EVOLUTION OF ALCOHOL USE TREATMENT IN A GENERAL HOSPITAL IN BARCELONA

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## BACKGROUND

Alcohol is the most common substance of abuse with an enormous social and economic impact worldwide [1]. The elevated prevalence of alcohol consumption leads to complications when patients are admitted as inpatients in hospitals for different medical reasons, especially if this consumption is unknown. Alcohol withdrawal syndrome is a cluster of symptoms that occurs in alcohol-dependent people after cessation or reduction in alcohol intake that has been heavy or prolonged. The clinical presentation varies from mild to serious and the onset of symptoms occurs a few hours after the last alcohol intake [2]. When consulted for inpatients having an alcohol use problem, the main goal of treatment is to reduce the severity of symptoms if presented, and to prevent progression of alcohol withdrawal to delirium tremens. Sedative hypnotics are recommended as first-line therapy for treatment in combination with supportive and adjunctive therapies. The ideal agent for alcohol withdrawal should possess a quick onset of action for management of acute agitation episodes while also possessing a prolonged serum half-life, allowing longer control of agitation and easier titration off the medications [3] making benzodiazepines and clomethiazole both good eligible options.

## OBJECTIVES

To describe the trends along the years in the main pharmacological treatment of alcohol withdrawal in a general hospital in Barcelona.

## METHODS

Consecutive consultations to a liaison addiction service related to alcohol use disorders were included in the study, from January 2009 to October 2017, Demographic characteristics of patients, substance consumption and main pharmacological treatment were recorded through an “ad hoc” questionnaire.

## RESULTS

From a total of 2439 consultations, 1525 (63%) correspond to patients with an alcohol use disorder. The 83% were male, mean age 51 ( $\pm$  12) years, 73% from Spanish origin. Chronic liver damage was diagnosed in the 62% of the sample. The 47% of the consultations had received substance use treatment previously. Drugs used to treat alcohol withdrawal syndrome were clomethiazole and benzodiazepines (diazepam and lorazepam, mainly); across the years we have observed a decrease in the use of clomethiazole and a progressive increase in benzodiazepines use ( $p < 0.005$ ), Table 1.

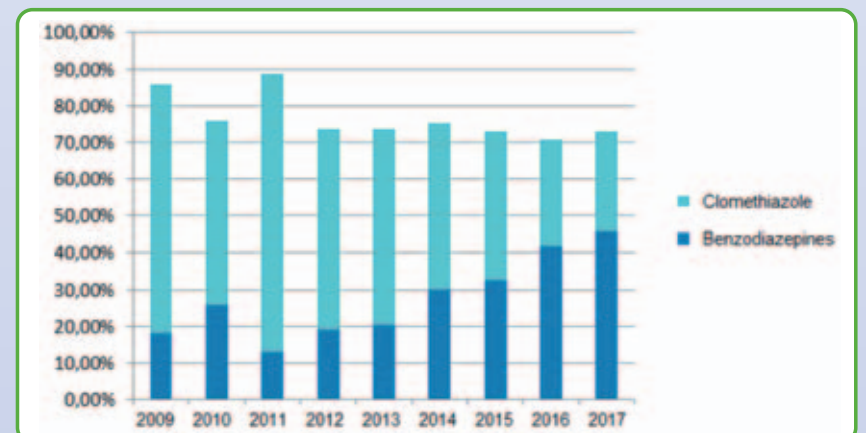


Table 1

Treatment	Year of consultation								
	2009	2010	2011	2012	2013	2014	2015	2016	2017
Benzodiazepines	18,20%	25,70%	12,90%	19,00%	20,40%	30,00%	32,50%	42,00%	45,80%
Clomethiazole	67,50%	50,30%	75,90%	54,70%	53,40%	45,40%	40,40%	28,70%	27,10%

As adjunctive treatments, patients required antidepressants, antipsychotics and methadone (those with a comorbid opioid use disorder); Only a 1% of patients accepted to initiate treatment with alcohol deterrents.

## CONCLUSIONS

Alcohol use disorder is the major reason for consultation in a Liaison Addiction Service. Withdrawal syndrome has been treated mainly with benzodiazepines and clomethiazole. We have observed a progressive decrease in the use of clomethiazole, probably due a stricter monitoring of protocols [4]. Clomethiazole has a risk of pneumonia due to bronchial secretion accumulation and it also has abuse potential, therefore it should not be administered for more than 10 days [1]. Benzodiazepines have been proved to be efficacious in the treatment of alcohol withdrawal syndrome, with lower risk of addiction in those with longer half-life.

## REFERENCES

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