

Detoxification

Appropriate for depressants, opiates, and stimulants.

Symptoms observed are relatively unique to each drug class.

The withdrawal or abstinence syndrome generally involves symptoms that are the opposite of the acute effects for that class of drug.

Characteristics of Withdrawal

Depressants

Withdrawal from brain depressants is likely to involve:

- ♦ anxiety
- ♦ insomnia
- ♦ increase in vital signs (increases in pulse, respiratory rate, blood pressure, and body temperature)
- ♦ tremor, perspiration, and other signs of autonomic nervous system over activity

Severe delirium (agitated confusion) or grand mal convulsions are seen in less than 5% of cases of alcohol withdrawal, although the rates are higher for the other brain depressants.

Opiates

Following the guideline that withdrawal symptoms are the opposite of the acute effects of the drugs, the abstinence syndrome from opiates includes:

- ♦ a cough
- ♦ runny nose
- ♦ diarrhea
- ♦ abdominal pain
- ♦ pain in muscles and joints
- ♦ agitation

Stimulants

The withdrawal syndrome from stimulants involves:

- ♦ fatigue
- ♦ sleeping too much
- ♦ eating too much
- ♦ depression
- ♦ feelings of guilt and worthlessness
- ♦ some physiological alterations (e.g., increases in hormones such as prolactin that are likely to be decreased following the acute administration of stimulants).

Duration of Withdrawal

The time course of withdrawal is predicted by the half-life of the drug on which the individual is physically dependent.

Withdrawal symptoms of drugs with short half-lives (e.g., alcohol, heroin, cocaine, and short-acting benzodiazepines such as oxazepam (Serax):

- ♦ begin within hours of decreasing the dose of the drug
- ♦ are likely to peak in intensity on approximately day two
- ♦ are likely to be greatly improved by day four or five

Withdrawal symptoms for drugs with long half-lives (e.g., diazepam or methadone):

- ♦ might not begin for several days to a week
- ♦ peak in intensity during week two
- ♦ might not diminish until week three or four

Treatment in Detoxification

A physical examination is the cornerstone of treatment for all withdrawal syndromes.

It is likely that a withdrawal state developing in the context of pre-existing medical problems will tend to be more severe than an abstinence syndrome occurring in the absence of physical pathology.

Teaching patients that the symptoms are temporary, are likely to dramatically improve fairly quickly, and that those delivering care should understand the syndrome, assists patients to begin their recovery period.

Education, reassurance, and efforts to optimize physical functioning form the basis of all that is offered to individuals undergoing withdrawal from stimulants.

Medications during detox from depressants and opiates

Use a drug of the same class to which the patient has become physically addicted

Administer enough of that drug on the first day of treatment to markedly diminish symptoms

Decrease the medication over a three to five day period for withdrawal from short-acting drugs, or over a two to four week period for withdrawal from longer-acting drugs.

Alternative medications can be used when legal or medical contradictions are indicated.

- ♦ alternative medications are employed to decrease autonomic system over-activity (e.g., alpha-adrenergic agonists), or to control other symptoms such as headache, nausea, diarrhea, cough, etc.

Treatment for Alcohol Withdrawal

Symptoms	Treatment
<p>Begin within hours of last consumed alcoholic beverage</p> <p>Peak by day 2 or 3</p> <p>Subside by day 4 or 5</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • Anxiety • Malaise • A.N.S. Dysfunction • Insomnia 	<p>Food and Rest</p> <p>Multiple Vitamins</p> <ul style="list-style-type: none"> • Must include Thiamine
<p><i>For Severe Symptoms of Withdrawal:</i></p> <p>Convulsions</p> <p>O.B.S. (Organic Brain Syndrome)</p> <p>Hallucinations (visual or tactile)</p>	<p>Depressant Drugs</p> <ul style="list-style-type: none"> • Long-acting Benzodiazepine • Short-acting Benzodiazepine

Treatment for Opiate Withdrawal

Symptoms	Treatment
Runny Nose Cough Diarrhea Pain	Education & Reassurance Wean off Opiate • Methadone • "Cocktail"

Treatment for Stimulant Withdrawal

Symptoms	Treatment
Sadness	Reassurance
Fatigue	Education
Hunger	Rest
Pain	

Summary

Clinically relevant withdrawal syndromes are only likely to be observed with depressants, stimulants, and opiates.

Most withdrawal syndromes can be characterized by symptoms that are the opposite of the acute effects of the drugs.

Non-pharmacological approaches are very important in carrying out appropriate detoxification.

- ♦ optimizing physical functioning
- ♦ offering education
- ♦ reassuring the individual that the symptoms are temporary

For depressants and opiates, the optimal treatment of withdrawal involves administering a drug of the same class to which the individual is physically dependent, and then weaning the individual off the medication at an appropriate rate.

Detoxification is only the first stage of treatment for individuals with specific types of substance use disorders.

The full importance of treatment in detoxification will not be appreciated unless the clinician is:

- ♦ knowledgeable about establishing the appropriate diagnosis.
- ♦ willing to share the information regarding the need for future abstinence with the patient (forms of confrontation).
- ♦ of the belief that detoxification is but one step on the road to rehabilitation.

SUGGESTED LITERATURE

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