

## Ambulante aanpak ontwenning

- Ernst ontwenning afhankelijk van voorgeschiedenis ( delier, ontwenningssinsulten) en de huidige klinische toestand ( reeds ontwenningssymptomen, nog onder invloed ...).
- Kans neemt toe als er meer dan 8(man) / 6 (vrouw) eenheden per dag worden gedronken, meer dan 30 j, AUDIT boven 12, afwijkende levertesten, alcoholgerelateerde problemen ( lever, cardiaal, pancreas), ernstige somatische problemen, ondervoeding, alc-stigmata (abn vascularisatie)..
- Labo-onderzoeken minder significant dan AUDIT
- Laboresultaten weinig sensitief of specifiek.
- Kan gebruikt worden om pt te wijzen op gevolgen van zijn alcoholgebruik en hem zo motiveren om te stoppen.
- Leverfunctietesten zijn eerder indicatief voor schade alcohol aan het lichaam.
- CDT is indicator van lange termijn hoog risico gebruik.
- Pt laten blazen is goede indicator van huidig gebruik
- Zelfrapportage vragenlijsten zoals de AUDIT en klinische oordeel zijn meer sensitief voor het detecteren van alcoholproblemen.

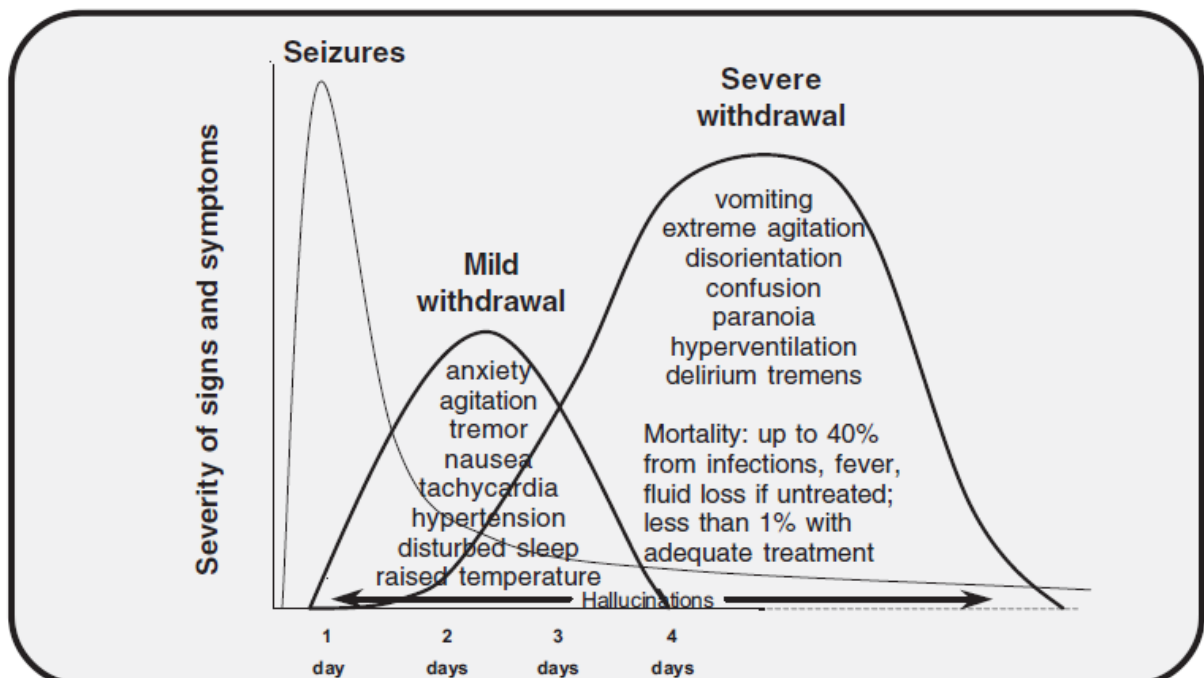
Test	Advantages	Disadvantages
<b>(GGT) Serum Gamma-Glutamyl Transferase</b> (enzyme in liver, blood and brain)	<ul style="list-style-type: none"> <li>• non-specific indicator of liver disease</li> <li>• sensitivity 20–50% for consumption of 40g alcohol per day or more</li> <li>• raised before AST and ALT</li> <li>• has half-life of 14–26 days</li> </ul>	<ul style="list-style-type: none"> <li>• low sensitivity — GGT may be elevated by medications, non-alcoholic liver disease, diabetes, obesity. A standard measure of liver function</li> </ul>
<b>AST/SGOT (Aspartate aminoTransferase)</b> <b>ALT/SGPT Alanine aminoTransferase</b>	<ul style="list-style-type: none"> <li>• reflects overall liver health</li> <li>• can be routinely obtained using standard laboratory measures</li> </ul>	<ul style="list-style-type: none"> <li>• like GGT, elevation in one of these measures alone may not necessarily be due to alcohol consumption</li> </ul>
<b>(CDT) Carbohydrate Deficient Transferrin</b> (variant of the protein that transports iron)	<ul style="list-style-type: none"> <li>• sensitivity is 60–70%; specificity 95% (few false positives)</li> <li>• elevated levels specifically associated with the metabolism of alcohol and dependent on quantity consumed (detected at &gt; 60g per day)</li> <li>• returns to normal on reduction of consumption (half-life of 15 days)</li> </ul>	<ul style="list-style-type: none"> <li>• need to exclude uncommon liver disease e.g. primary biliary cirrhosis</li> </ul> <p>(note: this test is not routinely available in clinical practice)</p>
<b>(MCV) Mean red Cell Volume</b>	<ul style="list-style-type: none"> <li>• supportive diagnostic tool when used with LFTs</li> </ul>	<ul style="list-style-type: none"> <li>• less sensitive than GGT – can be elevated by medications e.g. valproate, azathioprine, folate and Vit B 12 deficiency, liver disease, hypothyroidism, smoking</li> </ul>
<b>Other laboratory measures</b>		
Thrombocytopenia, elevated bilirubin, low albumin and a prolonged INR all indicate significant organ damage related to high alcohol intake (Dawe et al., 2002).		

## THUIS ?

- Aanwezigheid mantelzorg die bereid is tot ondersteuning pt
- Als niet geïntoxiceerd ( bloedalcohol < 0.5)
- afwezigheid psychische en fysieke comorbiditeit
- geen voorgeschiedenis van problemen bij ontwenning en reeds succes bij ontwennen in verleden
- Controle over het drinken ( nog niet de ganse dag door drinken)
- geen andere verslavingen van psychoactieve stoffen

## Voorwaarden :

- Op vraag patient en met toestemming voor opname bij verergeren fysische/psychische toestand tijdens ontwennen.
- aanmoedigen om voldoende te drinken en te eten
- aangename en matig verduisterde omgeving
- Medicatie voorzien
- Patient en omgeving inlichten over te verwachten symptomen en risico's
- Ondersteuning door Huisarts/thuisvpl/mobiel team voor opvolging ontwenningssymptomen en adequate behandeling
- Opvolgen met CIWA-AR



## Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

### **Nausea/Vomiting** - Rate on scale 0 - 7

- 0 - None
- 1 - Mild nausea with no vomiting
- 2
- 3
- 4 - Intermittent nausea
- 5
- 6
- 7 - Constant nausea and frequent dry heaves and vomiting

### **Tremors** - have patient extend arms & spread fingers. Rate on scale 0 - 7.

- 0 - No tremor
- 1 - Not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 - Moderate, with patient's arms extended
- 5
- 6
- 7 - severe, even w/ arms not extended

### **Anxiety** - Rate on scale 0 - 7

- 0 - no anxiety, patient at ease
- 1 - mildly anxious
- 2
- 3
- 4 - moderately anxious or guarded, so anxiety is inferred
- 5
- 6
- 7 - Equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.

### **Agitation** - Rate on scale 0 - 7

- 0 - normal activity
- 1 - somewhat normal activity
- 2
- 3
- 4 - moderately fidgety and restless
- 5
- 6
- 7 - paces back and forth, or constantly thrashes about

### **Paroxysmal Sweats** - Rate on Scale 0 - 7.

- 0 - no sweats
- 1 - barely perceptible sweating, palms moist
- 2
- 3
- 4 - beads of sweat obvious on forehead
- 5
- 6
- 7 - drenching sweats

### **Orientation and clouding of sensorium** - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4

- 0 - Oriented
- 1 - cannot do serial additions or is uncertain about date
- 2 - disoriented to date by no more than 2 calendar days
- 3 - disoriented to date by more than 2 calendar days
- 4 - Disoriented to place and / or person

### **Tactile disturbances** - Ask, "Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"

- 0 - none
- 1 - very mild itching, pins & needles, burning, or numbness
- 2 - mild itching, pins & needles, burning, or numbness
- 3 - moderate itching, pins & needles, burning, or numbness
- 4 - moderate hallucinations
- 5 - severe hallucinations
- 6 - extremely severe hallucinations
- 7 - continuous hallucinations

### **Auditory Disturbances** - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"

- 0 - not present
- 1 - Very mild harshness or ability to startle
- 2 - mild harshness or ability to startle
- 3 - moderate harshness or ability to startle
- 4 - moderate hallucinations
- 5 - severe hallucinations
- 6 - extremely severe hallucinations
- 7 - continuous hallucinations

### **Visual disturbances** - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"

- 0 - not present
- 1 - very mild sensitivity
- 2 - mild sensitivity
- 3 - moderate sensitivity
- 4 - moderate hallucinations
- 5 - severe hallucinations
- 6 - extremely severe hallucinations
- 7 - continuous hallucinations

### **Headache** - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.

- 0 - not present
- 1 - very mild
- 2 - mild
- 3 - moderate
- 4 - moderately severe
- 5 - severe
- 6 - very severe
- 7 - extremely severe

#### Procedure:

1. Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic benzodiazepine medication should be started for any patient with a total CIWA-Ar score of 8 or greater (i.e. Start on withdrawal medication).
2. Document vitals and CIWA-Ar assessment on the Withdrawal Assessment Sheet.
3. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.

