Anticonvulsants for Ambulatory Alcohol Withdrawal Management

For mild-to-moderate\(^2\) and low-risk\(^2\) patients with alcohol withdrawal syndrome:

Gabapentin is first line; carbamazepine can be used in patients who do not tolerate gabapentin. See the ASAM Alcohol Withdrawal National Practice Guideline for more information. If a patient has an escalating alcohol withdrawal that does not respond to gabapentin or carbamazepine, consider transitioning to a higher level of care including considering treatment with benzodiazepines.

**Gabapentin is dosed as 600mg PO TID plus an additional 600mg prn once daily for the first week, followed by a 300mg taper after the first week**

<table>
<thead>
<tr>
<th>Days</th>
<th>Gabapentin Monotherapy (fixed schedule dosing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1,200mg BID plus 1,200mg x1 prn</td>
</tr>
<tr>
<td>2-7</td>
<td>600mg TID plus 600mg x1 prn</td>
</tr>
<tr>
<td>8</td>
<td>300mg TID</td>
</tr>
<tr>
<td>9</td>
<td>300mg BID</td>
</tr>
<tr>
<td>10</td>
<td>300mg qday</td>
</tr>
</tbody>
</table>

How to write the prescription:

**Rx Gabapentin 600mg tabs, take as directed, #30, NR**

Verbalized or printed instructions for the patient:
- Day 1: Take 2 tabs twice daily plus an additional 2 tabs if needed the first day
- Days 2-7: Take 1 tab three times daily plus an additional 1 tabs if needed
- Day 8: Take ½ tab three times daily
- Day 9: Take ½ tab twice daily
- Day 10: Take ½ tab once at bedtime
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Carbamazepine is dosed 200mg PO QID x 72º followed by a 200mg reduction q72º

Taper schedule:

<table>
<thead>
<tr>
<th>Days</th>
<th>Carbamazepine Monotherapy (fixed schedule dosing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>200mg QID</td>
</tr>
<tr>
<td>4-6</td>
<td>200mg TID</td>
</tr>
<tr>
<td>7-9</td>
<td>200mg BID</td>
</tr>
<tr>
<td>10-11</td>
<td>200mg qHS</td>
</tr>
</tbody>
</table>

How to write the prescription:
Rx Carbamazepine 200mg tabs, take 1 QID x3d, then 1 TID x3d, then 1 BID x3d, then 1 qHS x3d, #30, NR

Verbalized or printed instructions for the patient:
Days 1-3: Take 1 four times throughout the day
Days 4-6: Take 1 three times throughout the day
Days 7-9: Take 1 twice a day
Days 10-11: Take 1 at bedtime
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References:


1 SAWS of ≤16 is mild to moderate withdrawal (see http://www.aafp.org/afp/2013/1101/afp20131101p589-f2.gif in http://www.aafp.org/afp/2013/1101/p589.html)

2 Patients are not appropriate for outpatient alcohol withdrawal management if they have any one of the following characteristics:
   - History of delirium tremens or withdrawal seizures
   - Acute illness that requires inpatient management
   - Severe cognitive impairment (acute or chronic) that prevents ability of patient to take medication or follow instructions
   - Inability to take oral medications because of vomiting or swallowing issues
   - Serious psychiatric condition requiring a higher level of care
   - Pregnancy – unless directed by a provider familiar with high risk obstetric care
   - Severe alcohol withdrawal symptoms (SAWS > 16 or CIWA-Ar ≥ 20)