Anticonvulsants for Ambulatory Alcohol Withdrawal Management

For mild-to-moderate[1] 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

Taper schedule:

Days	Gabapentin Monotherapy (fixed schedule dosing)
1	1,200mg BID plus 1,200mg x1 prn
2-7	600mg TID plus 600mg x1 prn
8	300mg TID
9	300mg BID
10	300mg qday

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:

Days	Carbamazepine Monotherapy (fixed schedule dosing)
1-3	200mg QID
4-6	200mg TID
7-9	200mg BID
10-11	200mg qHS

How to write the prescription:
Rx Carbamazepine 200mg tabs, take 1 QID x3d, then 1 TIDx3d, 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:

Malcolm, R., Ballenger, J. C., Sturgis, E. T., & Anton, R. (1989). Double-blind controlled trial comparing carbamazepine to oxazepam treatment of alcohol withdrawal. *The American journal of psychiatry.* 1989 May;146(5):617-21 http://www.ncbi.nlm.nih.gov/pubmed/2653057

Barrons, R., & Roberts, N. (2010). The role of carbamazepine and oxcarbazepine in alcohol withdrawal syndrome. *Journal of clinical pharmacy and therapeutics*, *35*(2), 153-167. http://www.ncbi.nlm.nih.gov/pubmed/20456734

Hammond, C. J., Niciu, M. J., Drew, S., & Arias, A. J. (2015). Anticonvulsants for the treatment of alcohol withdrawal syndrome and alcohol use disorders. *CNS drugs*, 29(4), 293-311. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5759952

American Society of Addiction Medicine (2020). ASAM Guideline on Alcohol Withdrawal Management. http://www.asam.org/Quality-Science/quality/guideline-on-alcohol-withdrawal-management - Accessed 3/20/2020

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[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)