



**COVID-19 OUTBREAK CONTROL AND PREVENTION STATE CELL
HEALTH & FAMILY WELFARE DEPARTMENT
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MANAGEMENT OF ALCOHOL USE DISORDERS IN THE COMMUNITY

In view of current lock down in the state, possibility of alcohol withdrawal states and delirium tremens in many regular drinkers may be expected. To cater to the needs of this alcohol using population, Community level strengthening of health care is mandatory to avoid possible bed occupancy due to withdrawal and delirium cases in tertiary care settings.

A simple treatment regime to be followed in PHC/CHC/TH for those who consume alcohol regularly and who develop withdrawal symptoms, is as follows.

- Withdrawal state should be graded to Mild, Moderate and Severe.
- Physical Examination to rule out injuries
- Check Serum Electrolytes and other essential blood parameters in all cases

Regime A. Mild withdrawal states

(Symptoms may be sleep disturbances, anxiety, restlessness, mild irritability, nausea, vomiting, mild tremor)

1.Tab Lora 2mg 1/2-1/2-1 for 2 days.

Taper after two days, till night dose 2mg maintained for next 21 days.

If Lorazepam not available T. Diazepam 5mg 1/2-1/2-1 or T. Clonazepam 0.5mg 1-1-2 can also be used and tapered similarly to maintenance dose for 21 days.

2.Tab Thiamine 1-0-1 for 21 days

3.Inj.Thiamine 100mg IM OD ATD for five days.

4.Tab.Baclofen 10mg 1-0-1 (If available)

Regime B. Moderate withdrawal states

(Symptoms may be tremor, incoordination, agitation, irritability)

1.Inj.Lora 2mg IM BD for 2days

2.Inj.Thiamine 200mg in half pint Ringer Lactate for 2 days.

3. Check S. Electrolytes and other blood parameters.

4. Ensure adequate hydration.

5.Continue treatment regime for mild state for the next 21 days.

Regime C. Severe withdrawal states

[Symptoms may be disorientation (to time, place, person), fleeting delusions (manifested as suspiciousness, fear), hallucinations (visual, auditory, tactile), gross excitement and agitation, seizures]

1. Inj. Lora 2 mg IM stat & SOS. If not being controlled, Inj. Haloperidol 5mg IM Stat & SOS
2. Continue regime B for severe dependence.
3. Admit if 24hr services available/refer in case of severity of symptoms cannot be managed in primary care or presence of Medical/Psychiatric co-morbidities.
4. Manage follow up with regime A or B based on symptoms

Refer in case of

- Seizures
- Confused behaviour
- Disorientation
- Mood/Psychotic symptoms
- Suicidal ideas/ Self-Harm behaviour
- Severe Aggression

Medical Officers can contact Nodal Officer, District Mental Health Programme (DMHP) for guidance and in case of doubts.

Patients can be referred to De-addiction centres under Vimukthi and HSD, with separate facility for those in Quarantine. Ambulance may be arranged for the purpose. All DMOs should ensure that at least 10-20 beds are allocated for deaddiction.



DIRECTOR OF HEALTH SERVICES