A Pilot Trial of Symptom-Triggered Alcohol Withdrawal Management Delivered over Telemedicine

Sloan, Matthew[1,2,3]; Xiao, Ke Bin[1]; Tang, Victor[1, 2]; Simpkin, Emily[1], Ngoy, Anthony[1,3]; Bozinoff, Nikki[1]

[1]Centre for Addiction and Mental Health, Toronto, Ontario, Canada; [2]Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada; [3]Deptartment of Pharmacology and Toxicology, University of Toronto, Toronto, Ontario, Canada

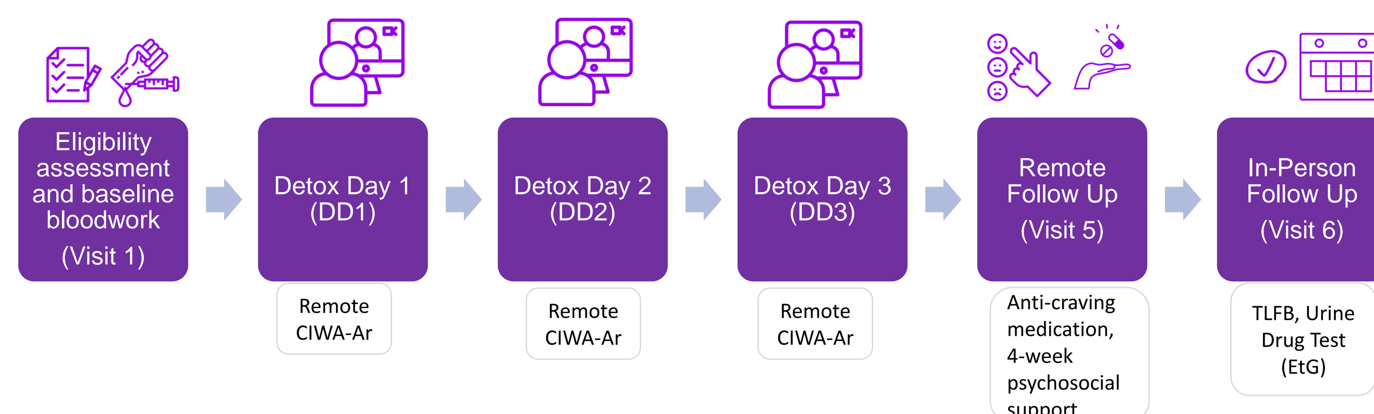
Introduction

- Alcohol use is one of the most common causes of death and disability globally.
- Alcohol withdrawal management is often the first step in the treatment of moderate to severe alcohol use disorder (AUD)
- Alcohol withdrawal can be treated using symptom-triggered and fixed dose approaches, but symptom triggered approaches result in shorter duration of treatment and reduced benzodiazepine requirements (Holleck et al, 2019)
- However, access to symptom-triggered withdrawal management remains difficult for many patients as symptom-triggered management requires specific expertise and resources (e.g. access to hospital beds).
- This study sought to determine whether symptom-triggered alcohol withdrawal management could be delivered virtually to improve access to care

Objectives

- Primary aims: determine the feasibility of remote alcohol withdrawal management
  - Retention in treatment (target: ≥ 70% rate of retention)
  - Transfer to a higher level of care (target: ≤ 20% rate of transfer to higher level of care)
- Determine patient satisfaction with remote alcohol withdrawal management
  - Client Satisfaction Questionnaire (CSQ-8©)
- Examine withdrawal severity (CIWA-Ar) and benzodiazepine requirements over the course of treatment.

Methods



Results:

Table 1. Demographics

	Male (N = 18)	Female (N = 12)
Age (Mean [SD])	45.1 (10.8)	42.4 (12.4)
Income (< 60,000, %)	50.0	18.1
Ethnicity ("White", %)	66.7	66.7
Marital Status (Married or Common Law, %)	44.4	33.3
AUDIT Score (Mean [SD])	30.4 (3.9)	29.2 (4.8)
TLFB drinks/day (Mean [SD])	10.4 (1.9)	6.3 (2.1)
PACS Score	21.4 (6.1)	24.6 (3.6)

Primary Outcomes

- **% of participants retained in treatment: 93.3%**
- **% of participants requiring transfer to higher level of care: 0%**
- **Satisfaction with treatment (mean CSQ-8 score [SD]): 30.9 (1.5)**

Figure 1. Peak CIWA-Ar Score During Each Treatment Day

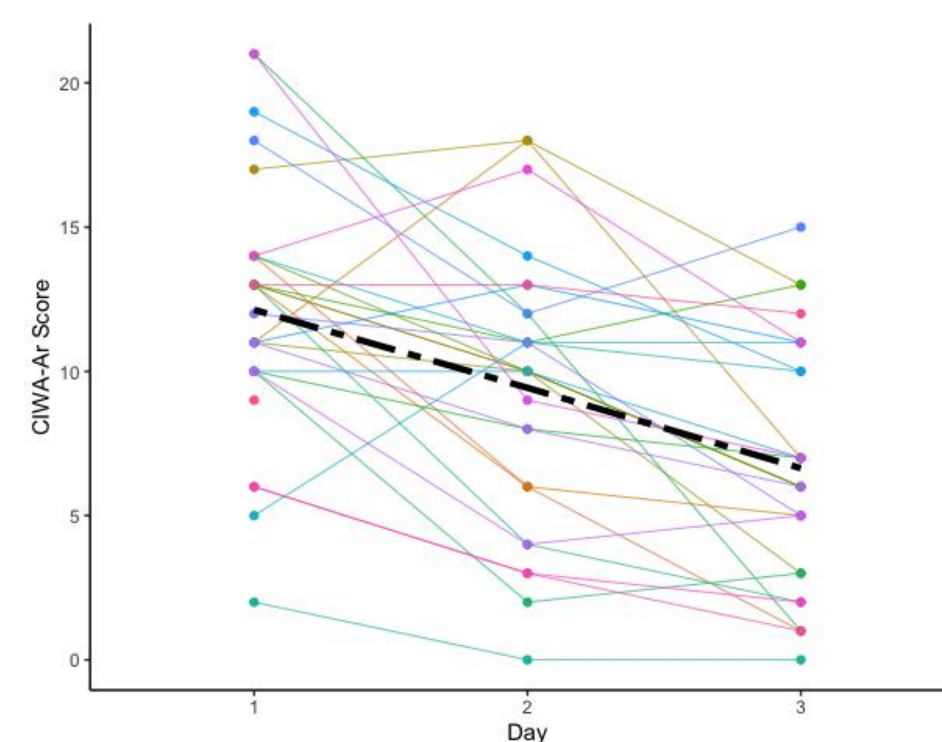
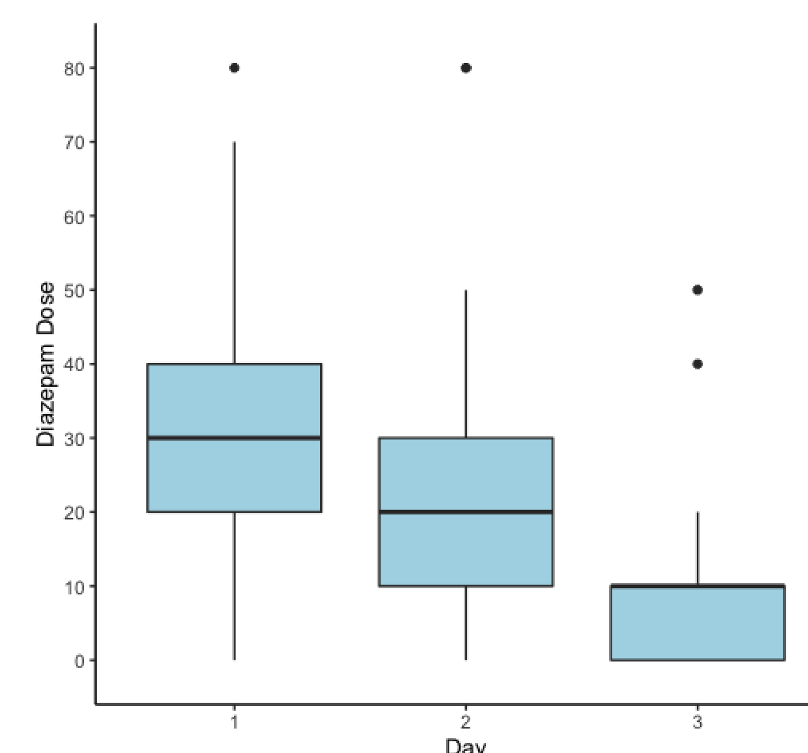
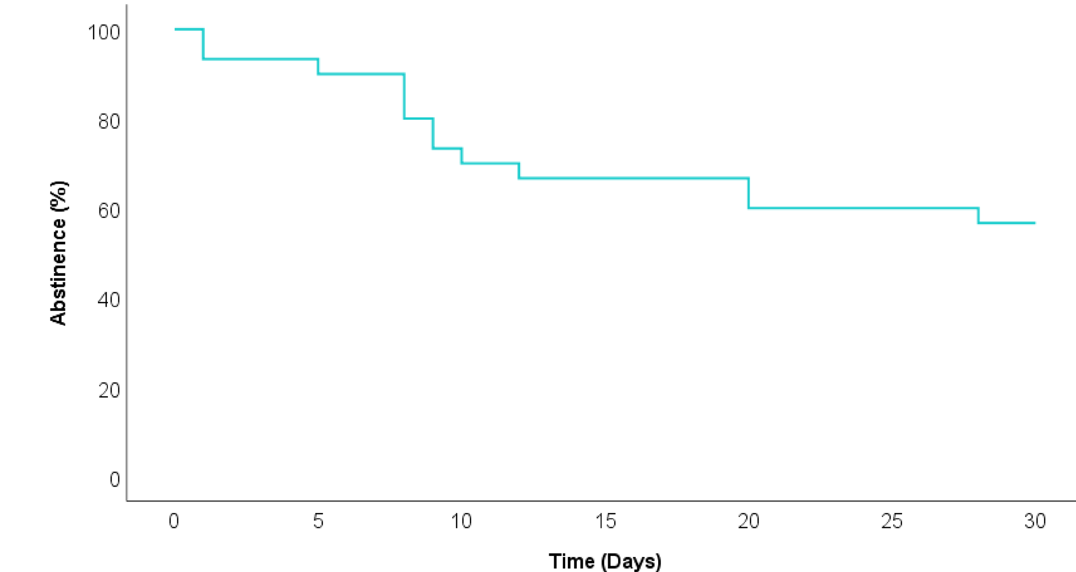


Figure 2. Diazepam Dose over Treatment



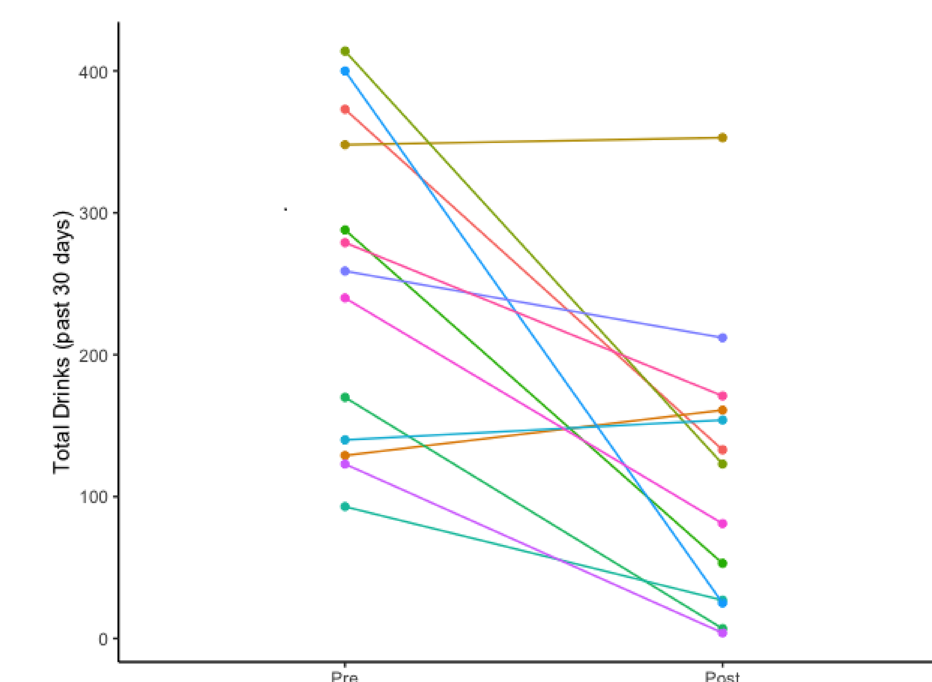
Results:

Figure 3. Relapse Rates in the 30 Days Following Initiation of Detoxification



Relapse in the 30 days after treatment initiation: 43.3% relapsed (N = 13), 56.7% remained abstinent (N = 17)

Figure 4. Drinking Levels Before and After Treatment in Patients who Relapsed to Alcohol Use



Conclusions

- Preliminary evidence from our pilot study suggests that symptom-triggered alcohol withdrawal management is feasible, with high rates of retention.
- No patients required transfer to a higher level of care.
- Rates of satisfaction with treatment were excellent
- Relapse rates after 30 days of care were acceptable and those who did relapsed reported lower amounts of consumption

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References

Holleck JL, Merchant N, Gunderson CG (2019). Symptom-Triggered Therapy for Alcohol Withdrawal Syndrome: a Systematic Review and Meta-analysis of Randomized Controlled Trials. J Gen Intern Med.

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