AMBULATORY WITHDRAWAL MANAGEMENT

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DISLCOSURE

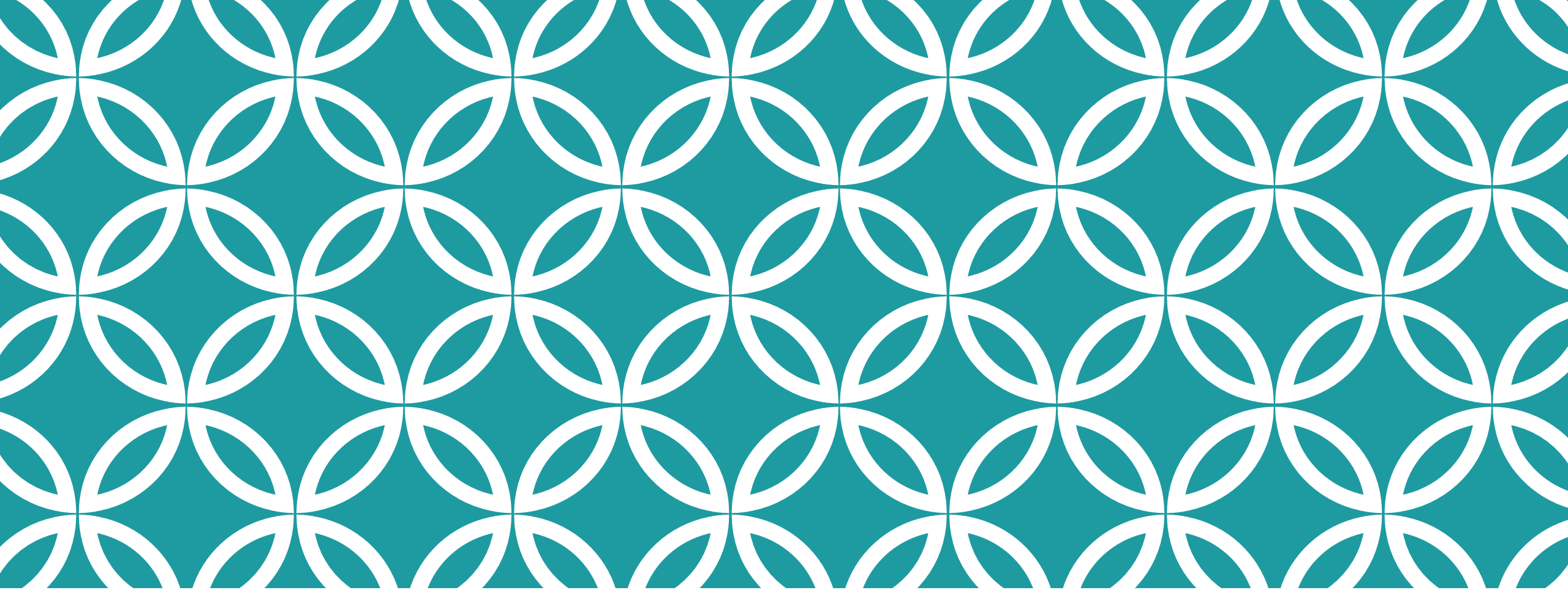
No financial disclosures for this talk

OUTLINE

Statistics

ASAM Continuum

Biddeford Pilot



STATISTICS

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Alcohol use in past month (ages 12+)

- US 50.40 percent
- Northeast 53.13
- Maine 51.86 (18.83 ages 12-20)

Binge alcohol use in past month

- US 23.08
- Northeast 23.69
- Maine 20.36

Alcohol use disorder in past year

- US 10.23
- Northeast 10.90
- Maine 11.06

STATISTICS (NSDUH 2019-20)

130,000 Maine people with AUD (ages 12+)

/ 26 residential alcohol detox beds (in Portland and Bangor)

= 1 bed for 5,000 Maine people with AUD

(Some private beds, and some hospitals with limited informal beds, but many Maine people go without essential care. And alcohol use has accelerated during Covid-19 pandemic.)

ASAM CONTINUUM

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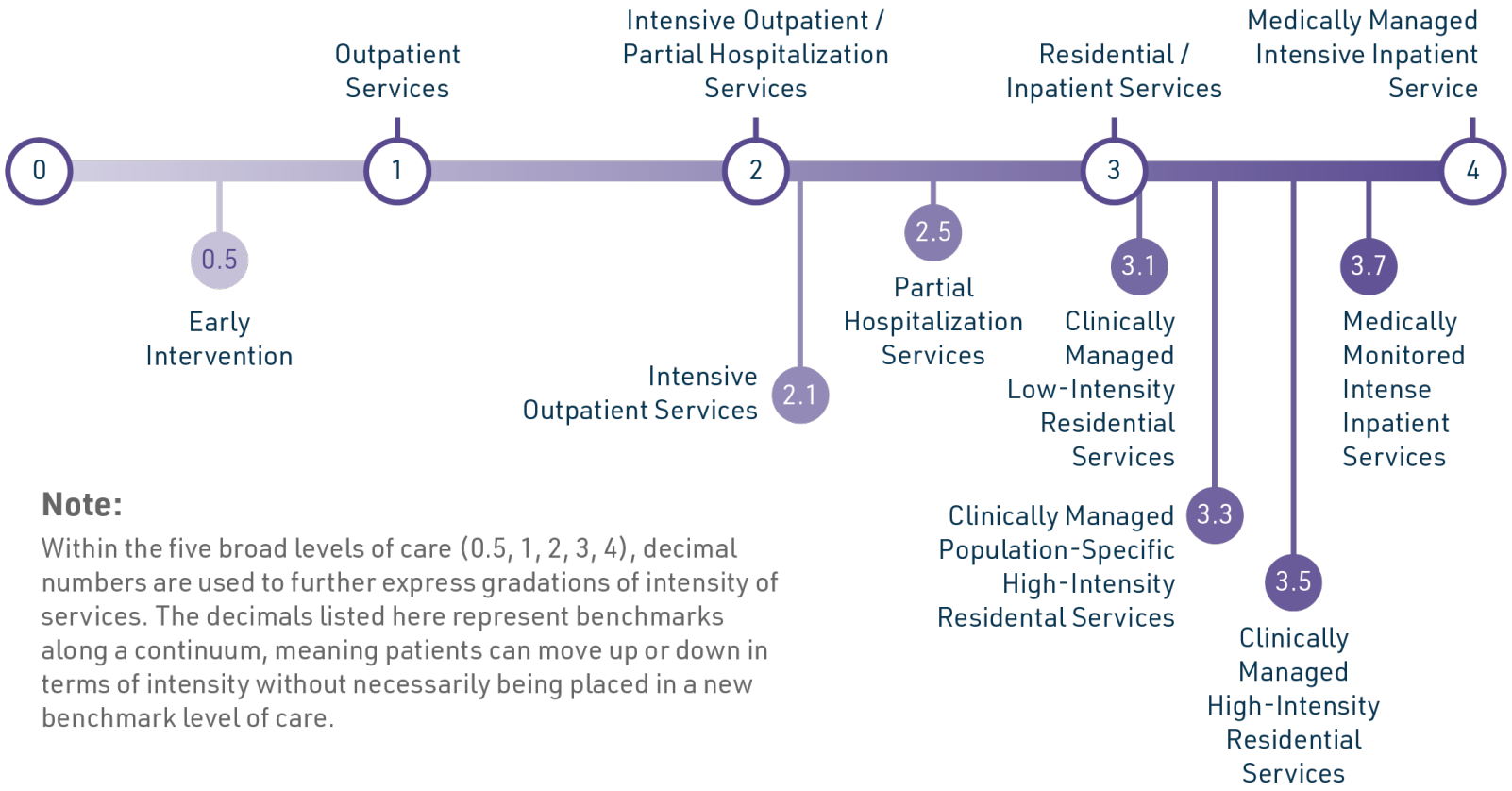

Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

ASAM CONTINUUM

Levels of Withdrawal Management

Withdrawal Management	Level	Description
Ambulatory Withdrawal Management without Extended On-Site Monitoring	1-WM	Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery
Ambulatory Withdrawal Management with Extended On-Site Monitoring	2-WM	Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management
Clinically Managed Residential Withdrawal Management	3-WM	Moderate-severe withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability

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Which levels are actually available in your location?

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Philosophy of Care:

"Ambulatory withdrawal management is a vital component of the continuum of care for alcohol that should be widely disseminated and easily accessible to all patients."

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Patient Screening and Selection:

Prediction of Alcohol Withdrawal Severity Scale (PAWSS) 3 or less, 4 or 5 may be considered in some circumstances

Transportation for daily supervision, though some follow-up assessments can be virtual

Suggested to have a caregiver at home

No history of complicated withdrawal (e.g. withdrawal seizures and/or delirium tremens)

No active medical or psychiatric illness requiring immediate placement in a higher level of care

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Prediction of Alcohol Withdrawal Severity Scale (PAWSS)

Maldonado et al, 2015

Part A: Threshold Criteria: ("Y" or "N", no point)

Have you consumed any amount of alcohol (i.e., been drinking) within the last 30 days? OR did the patient have a "+" BAL on admission? _____

IF the answer to either is YES, proceed with test:

Part B: Based on patient interview: (1 point each)

1. Have you been recently intoxicated/drunk, within the last 30 days? _____
2. Have you ever undergone alcohol use disorder rehabilitation treatment or treatment for alcoholism? (i.e., in-patient or out-patient treatment programs or AA attendance) _____
3. Have you ever experienced any previous episodes of alcohol withdrawal, regardless of severity? _____
4. Have you ever experienced blackouts? _____
5. Have you ever experienced alcohol withdrawal seizures? _____
6. Have you ever experienced delirium tremens or DT's? _____
7. Have you combined alcohol with other "downers" like benzodiazepines or barbiturates, during the last 90 days? _____
8. Have you combined alcohol with any other substance of abuse, during the last 90 days? _____

Part C: Based on clinical evidence: (1 point each)

9. Was the patient's blood alcohol level (BAL) on presentation ≥ 200? _____
10. Is there evidence of increased autonomic activity? (e.g., HR > 120 bpm, tremor, sweating, agitation, nausea) _____

Total Score: _____

Notes: Maximum score = 10. This instrument is intended as a SCREENING TOOL. The greater the number of positive findings, the higher the risk for the development of AWS.

A score of ≥ 4 suggests HIGH RISK for moderate to severe (complicated) AWS; prophylaxis and/or treatment may be indicated.

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Initial Assessment:

Clinical assessment of alcohol withdrawal potential

Behavioral health assessment

CIWA -Ar score

Physical exam

Laboratory (suggested CMP, CBC, Hepatitis Screening Panel, HIV, and POC urine drug screen, POC breathalyzer, POC pregnancy screen)

Thiamine supplementation

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Daily Re-Assessment

Up to 5 days, can be in-person (preferred) or virtual

Should include assessment of general physical condition, vital signs, hydration, orientation, sleep and emotional status, including suicidal ideation.

CIWA -Ar score

Transfer to higher level of care if agitation or severe tremor, severe signs or symptoms (e.g. persistent vomiting, agitation, hallucinations, confusion, or seizure), existing medical or psychiatric condition worsens, over sedation, continued alcohol use, unstable vital signs. Most often, higher level of care will be local ED unless provider has hospital admission privileges.

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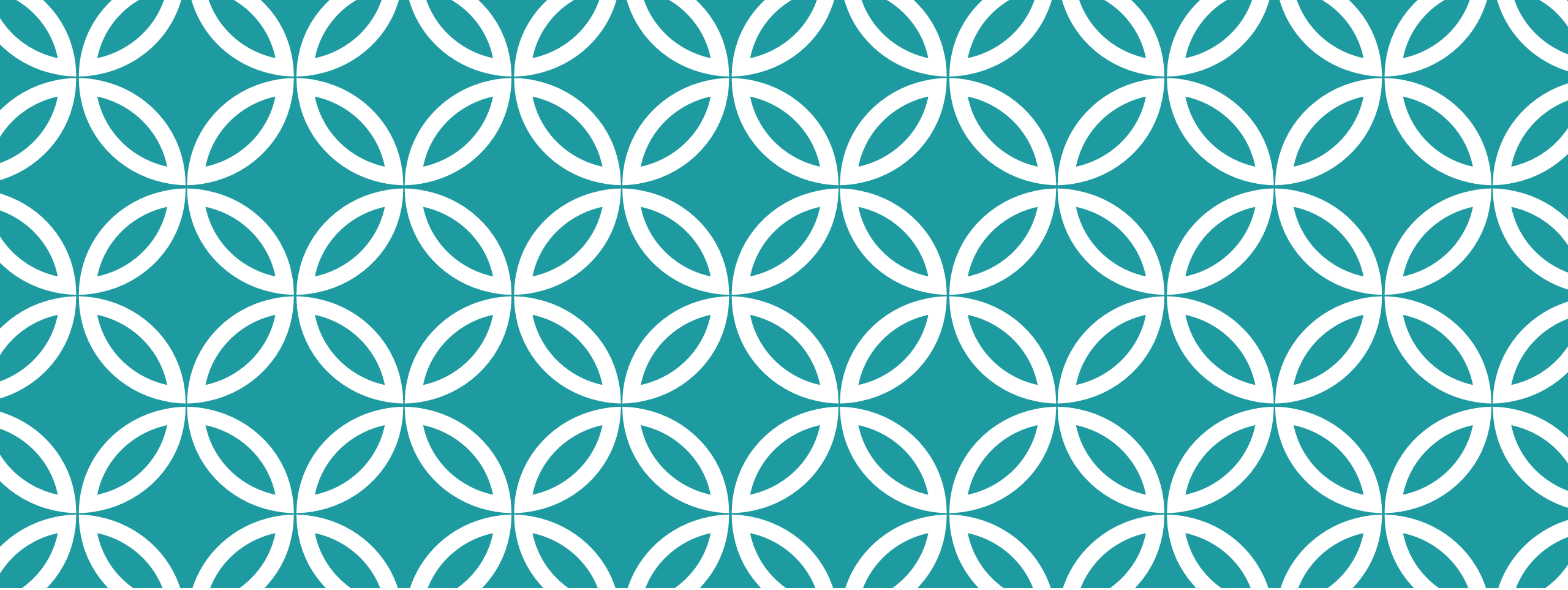
Completion

Patient will be referred to ongoing treatment based on ASAM patient placement criteria, including evidence-based therapies and support (e.g. individual or group psychotherapy, peer support services, mutual help meetings, and/or recovery residence).

Patients should be offered evidence-based medications for alcohol use disorder



CONCLUSIONS

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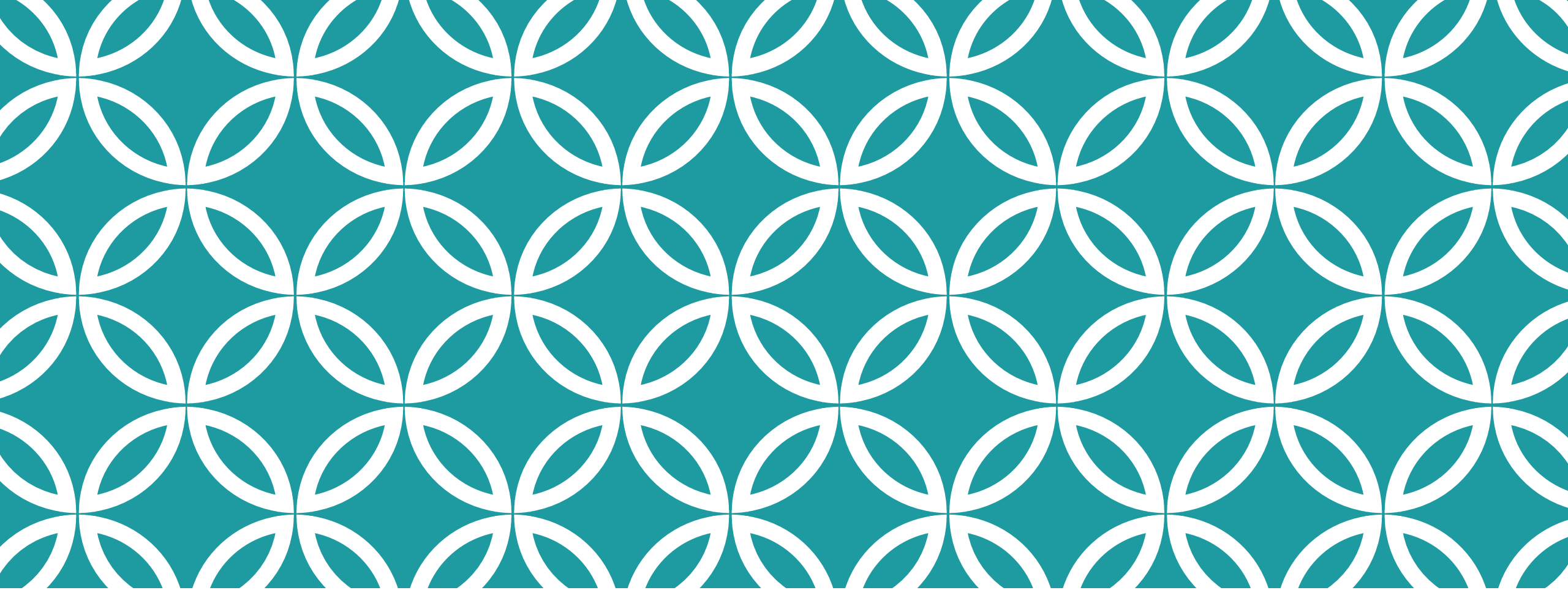
Alcohol withdrawal management is the foundation of treatment for alcohol use disorder, and medically necessary to prevent the potentially high risks of unmanaged alcohol withdrawal

However, most Maine people experiencing alcohol withdrawal do not have access to residential withdrawal management or hospital beds

Ambulatory withdrawal management is appropriate much of the time, but is significantly underutilized

ASAM has developed a set of criteria to ensure high-quality standardization of ambulatory withdrawal management

MaineHealth has developed a pilot ambulatory withdrawal management program in Biddeford



QUESTIONS?