Bradford District NHS Care Trust

COMMUNITY DETOXIFICATION

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HOME DETOXIFICATION.... 'community based assisted withdrawal' – N.I.C.E.

For service users who typically drink over 15 units of alcohol per day, and/or who score 20 or more on the AUDIT, consider offering:

- an assessment for and delivery of a community-based assisted withdrawal, **or**
- assessment and management in specialist alcohol services if there are safety concerns about a community-based assisted withdrawal.

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COMMUNITY DETOXIFICATION IS APPROPRIATE FOR....

- Patients with lower levels of dependency
- Otherwise in good physical and mental health
- No history of DTs or fits, not cognitively impaired
- Who can be accompanied by another suitable adult at all times during their detoxification
- Ideally can be seen daily by clinicians concerned
- Deemed likely to require medication at the lower end of the prescribing range

COMMUNITY DETOXIFICATION IS CONTRAINDICATED WHERE THE PATIENT…

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- is confused or has hallucinations
- has a history of previously complicated withdrawal
- has epilepsy or a history of fits
- is undernourished
- has severe vomiting or diarrhoea
- is at risk of suicide
- has severe dependence coupled with unwillingness to be seen daily
- has a previously failed home-assisted withdrawal
- has uncontrollable withdrawal symptoms
- has an acute physical or psychiatric illness
- has multiple substance misuse
- has a home environment unsupportive of abstinence

N.I.C.E. – in patient withdrawal

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- Consider inpatient or residential assisted withdrawal if a service user meets one or more of the following criteria. They:
  - drink over 30 units of alcohol per day
  - have a score of more than 30 on the SADQ
  - have a history of epilepsy or experience of withdrawal-related seizures or
  - delirium tremens during previous assisted withdrawal programmes
  - need concurrent withdrawal from alcohol and benzodiazepines
  - regularly drink between 15 and 20 units of alcohol per day and have:
  - significant psychiatric or physical comorbidities (for example, chronic severe depression, psychosis, malnutrition, congestive cardiac failure, unstable angina, chronic liver disease) or
  - a significant learning disability or cognitive impairment.
- Consider a lower threshold for inpatient or residential assisted withdrawal in vulnerable groups for example homeless and older people.
- See page 20 of the quick reference guide for special considerations for children and young people.

Medication for home detoxification

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- Chlordiazepoxide in a fixed-dose reducing regime
- Chlomethiazole, anti-epileptics, antipsychotics **not** recommended
- Oral B vitamins – strongly recommended

When to refer to hospital if community detoxification has been commenced

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- Very severe withdrawal not able to be controlled within dose range considered appropriate for the community
- Delirium (confusion and hallucinations), or psychotic symptoms
- Fits
- Jaundice or other symptoms suggestive of hepatic failure
- Suspected Wernicke's Encephalopathy (confusion, ataxia, especially truncal ataxia, ophthalmoplegia, nystagmus, memory disturbance, hypothermia and hypotension, coma)

Community detox service

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- Currently open to tender locally
- *'Pharmacological management of acute alcohol withdrawal within community settings'*
- *'to develop a care pathway for patients who begin to undertake detoxification whilst on medical wards, to complete their detoxification in the community when it is deemed clinically safe to do so and to be re-integrated back into the community with support'*