

Delirium Tremens

Severe alcohol withdrawal syndrome is characterized by agitation, violence, anxiety, insomnia, muscle cramps, tremor, delusion, hallucinations, ataxia, fever, with clearing beginning in 12-24 hours up to 2-10 days.

Delirium tremens is an acute organic psychosis that is usually manifest within 24-72 hours after the last drink (but may occur up to 7-10 days later)

Aetiology:

Cessation in alcohol consumption after heavy alcohol ingestion

Clinical features

It is characterized by mental confusion, tremors, sensory hyperacuity, visual hallucinations (often of snakes, bugs, etc), autonomic hyperactivity, diaphoresis, dehydration, electrolyte disturbances (hypokalemia, hypomagnesemia), seizures, and cardiovascular abnormalities.

Treatment:

The principles of care include reassurance, careful monitoring of vital signs, and intravenous fluids with electrolytes and vitamins.

Intravenous diazepam, 5 to 10 mg IV every five minutes until the patient is calm but awake, is recommended for most patients

In general, intramuscular administration should be avoided because of variable drug absorption.

If there is no safe alternative route, intramuscular administration of lorazepam can be used

Most alcoholics have low thiamine stores, and glucose solutions may cause further depletion of thiamine; therefore, thiamine should be added to intravenous fluids to prevent Wernicke's syndrome.

Intravenous benzodiazepines are generally used, often in high doses, for delirium tremens.

The physician must be alert to complications associated with delirium tremens (e.g. seizures and marked autonomic hyperactivity), as well as the possibility of associated medical problems (e.g. pneumonia or subdural hematoma).

With treatment, most alcoholics recover from delirium tremens, although the mortality rate may reach 15%

Drugs other than phenobarbital and propofol have been used either with the benzodiazepines or, rarely, alone

