Primary Care Evidence Based Addiction Withdrawal Supportive Care Treatment Protocol

Original: 06/27/2012 Last Revised: 03/05/2023 Approved: 01/23/2013 Author: Ted Hall, PharmD, BCPP

Opiate Withdrawal

Clinical Information

1) Assess withdrawal severity utilizing the Clinical Opiate Withdrawal Scale (COWS- objective; completed by nurse or provider) **AND** Subjective Opiate Withdrawal Scale (SOWS- subjective; completed by patient); documents to be scanned into the patient EMR profile.
2) Confirm presence of opioids with a urine drug screen lab test; ******Methadone and Buprenorphine require special lab order if not included in panel
3) Opiate withdrawals are extremely uncomfortable but NOT life-threatening- symptoms typically start within 12 hours of last Heroin usage (shortest acting opiate) and within 30 hours of last Methadone exposure (longest acting opiate)
4) Symptom Timeline:
   a) **Early Phase Symptoms (~6-12 hours)**: agitation, anxiety, myalgia (muscle aches), hyper-lacrimation (increased tearing), insomnia, rhinorrhea (runny nose), diaphoresis (sweating), yawning
   b) **Late Phase Symptoms (~48-72 hours)**: abdominal cramping, diarrhea, mydriasis (dilated pupils), horripilation (goose bumps), nausea, vomiting

Pharmacological Intervention

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Support Measures:

**recommend brief daily clinic (nurse, pharmacist, or behavioral health counselor) visits for duration of withdrawal (2-10 days) for vital sign assessment, brief interview to identify menacing symptoms and apprehensions, and/or provide reassurance and support.

These measures are targeted to mitigate psychological obstacles and may significantly increase success of detoxification completion and initial extended release naltrexone (XR-NXT) injection.

Recommended Interventions:
Mindful CBT (awareness), Talk Therapy, Breathing Exercises, ACT therapy (abbreviated)

- **Symptom**: Anxiety/Insomnia/Restlessness/Agitation
  1. *Mild to Moderate*
     a. Clonidine 0.1mg or 0.3mg: 1 PO Q6-8H PRN #QS
     b. Hydroxyzine 25mg or 50mg: 1 PO QID PRN
     c. Gabapentin 100mg to 300mg: 1-2 PO up to TID and QHS
     d. Baclofen 10mg to 20mg: 1-2 up to TID and QHS
  2. *Severe*
     a. Clonidine **+** Gabapentin **+** Hydroxyzine **+** Baclofen (any combo) **+**
     b. Lorazepam 1mg: 1 PO Q6-8H and HS PRN Qty# 10-45
        i. minimal use if possible due to addictive properties (C-IV)
- **Symptom**: Nausea/Vomiting/Stomach Spasms
  1. Mild to Moderate
     a. Ondansetron 4mg: 1 PO Q8H PRN
  2. Severe
     a. Ondansetron Oral Disintegrating (ODT) 4 to 8mg: 1 SL Q8H PRN **+**
     b. Dicyclomine 20mg PO Q6H PRN (stomach cramps/spasms)
- **Symptom**: Diarrhea
  1. Mild to Moderate
     a. Loperamide 2mg: 4mg PO x 1 dose, then 2 mg after each loose stool for a maximum of 16mg/24hrs
  2. Severe
     a. Diphenoxylate/Atropine 2.5/0.025mg: 1-2 PO BID to QID PRN max of 8 tabs/24hrs
- **Symptom**: Myalgias (muscle aches/pains)
  1. Meloxicam 15mg: 1 PO QD with food **OR**
  2. Celecoxib 200mg BID
- **Symptom:** Insomnia and 'Racing Thoughts'
  1. Trazodone 50-100mg QHS PRN
  2. Guanfacine ER 2-4mg QHS (insomnia secondary racing thoughts)

- **Symptom**: Dehydration (from diarrhea/vomiting/malnutrition)
  1. NS 0.09% IV; monitor electrolyte imbalances/kidney function with chem.-7 lab

Relapse Prevention

1) Immediate referral to behavioral health for in-patient/out-patient rehabilitation; *After-care*: continued follow-up with Behavioral Health
2) Consider Extended Release Injectable Naltrexone (Vivitrol) injections monthly for minimum of 12 months and *continued* supportive care meds for anxiety and insomnia symptom management.

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Alcohol Withdrawal

Clinical Information

1) Assess withdrawal severity utilizing the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar: objective; completed by nurse or provider); documents to be sent to medical records department to be scanned into the patient EMR profile. Score of above 8- medication treatment recommended
2) Monitor baseline Liver Function Test and Chem-7 lab tests
3) Alcohol withdrawals can range in severity from mild tremors to massive convulsions (withdrawal seizures) and can be life threatening requiring hospitalization.
4) Symptom Timeline:
   a) **Early Phase Symptoms (within 6 to 48 hours after heavy consumption)**: headache, tremor, agitation, anxiety, irritability, nausea/vomiting, diaphoresis (sweating), heightened sensitivity to light and sound, disorientation, difficulty concentrating
      i) Severe: transient hallucinations (12 to 24 hours) and withdrawal seizures (24 to 48 hours)
   c) **Late Phase Symptoms (within 2 to 4 days after last use of alcohol)**: Delirium Tremens (DT's)- most intense and serious syndrome of AW
      i) Severe agitation, tremor, disorientation, persistent hallucinations, low grade fever, and large increases in heart rate, breathing rate, pulse, and blood pressure

Pharmacological Intervention

- **Symptom**: Anxiety/Delirium Tremens/Insomnia/Restlessness/Agitation
  1. *Mild to Moderate*
     a. Clonidine 0.1mg or 0.3mg: 1 PO Q6-8H PRN #QS
     +
     b. Lorazepam 1mg: 1 PO Q6-8H and HS ***scheduled*** Qty# QS **OR**
     c. Chlordiazepoxide
  2. *Severe*
     a. ***Hospitalization required***
- **Symptom**: WKS prevention- should be given as soon as treatment begins
  1. Thiamine (B1) 100mg: 1 PO QD to prevent Wernicke-Korsakoff Syndrome (WKS) and irreversible dementia due to thiamine deficiency
- **Symptom**: Nausea/Vomiting
  1. Mild to Moderate
     a. Prochlorperazine 5 or 10 mg: 1 PO Q6-8H PRN **OR**
     b. Promethazine 25mg: 1 PO Q4-6h PRN **OR**
     c. Ondansetron 4mg: 1 PO Q8H PRN
  2. Severe
     a. Ondansetron Oral Disintegrating (ODT) 4 to 8mg: 1 SL Q8H PRn
- **Symptom:** Insomnia
  1. Trazodone 50-100mg QHS up to 1 year

Non-Pharmacological Intervention

- **Symptom**: Dehydration (from diarrhea/vomiting/malnutrition)
  1. NS 0.09% IV; monitor electrolyte imbalances/kidney fxn with chem.-7 lab

Relapse Prevention

1) Immediate referral to behavioral health/AODA; assessment for in-patient or out-patient treatment programs; After-care: continued follow-up with Behavioral Health
2) Consider Extended Release Injectable Naltrexone (Vivitrol) injections monthly for minimum of 12 months and continued supportive care medications for anxiety and insomnia symptom management Must perform urine toxicology screen for opiates to prevent unintentional precipitation of opiate withdrawal syndrome.

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Benzodiazepine Withdrawal

Clinical Information

1) Assess withdrawal severity utilizing targeted physical examination that includes vital signs and an evaluation of cardiovascular, neurology, and mental health status. No objective measure or scoring system has been validated to assess benzodiazepine withdrawal. ***Extreme caution must be exercised***- recommend in-patient medical detoxification for individuals with prolonged chronic use of long-acting or high dose benzodiazepines.
2) Confirm presence of benzodiazepine with a blood or urine drug toxicology lab.
3) Benzodiazepine withdrawals can range from benign (acute duration of use) to life threatening seizures requiring hospitalization.
4) Symptom Timeline:
   a) **Early Phase Symptoms**: tachycardia, hypertension, anxiety, panic attacks, restlessness, and gastrointestinal upset
   b) **Mid Phase Symptoms:** early phase + tremor, fever, diaphoresis, insomnia, anorexia, and diarrhea
   c) **Late Phase Symptoms**: delirium, hallucinations, changes in consciousness, profound agitation, autonomic instability, seizures, and death (if left untreated).

Pharmacological Intervention

- **Benzodiazepine Substitution**: change from short-acting to long-acting medication is guiding principle.
  1. Clonazepam Treatment:
     a. Calculate dose equivalent and administer twice to three times daily until stable. Consult Pharmacy for dose equivalents.
     b. Monitor blood pressure and symptoms over three days before beginning taper and periodically throughout.
     c. Outpatient tapering should not exceed 10% dose reductions every 3-5 days or 25% per week and must be monitored daily for at least the first week or as their condition indicates.
- **Symptom**: Anxiety/Insomnia/Restlessness/Agitation
  1. *Mild to Moderate*
     a. Clonidine 0.1mg or 0.3mg: 1 PO Q6-8H PRN #QS
        i. *Contraindications*
           1. Heart Rate ≤ 60 bpm
           2. Hypotension (as defined by Mayo Clinic)
              a. Blood Pressure ≤ 90/60 mmHg
        ii. Extreme caution as medication may mask symptoms that signal inadequate cross-tolerant medication and may place patient at increased risk for developing severe withdrawal.
  2. *Severe*
     a. ***Hospitalization required***
- **Symptom**: Nausea/Vomiting
  1. Mild to Moderate
     a. Prochlorperazine 5 or 10 mg: 1 PO Q6-8H PRN **OR**
     b. Promethazine 25mg: 1 PO Q4-6h PRN **OR**
     c. Ondansetron 4mg: 1 PO Q8H PRN
  2. Severe
     a. Ondansetron Oral Disintegrating (ODT) 4 to 8mg: 1 SL Q8H PRN
- **Symptom**: Diarrhea
  1. Mild to Moderate
     a. Loperamide 2 mg: 4mg PO STAT; 2mg PO each loose stool; max 16mg/day.
- **Symptom:** Insomnia
  1. Trazodone 50-100mg QHS up to 1 year

Relapse Prevention

1) Immediate referral to behavioral health; assess for in-patient/out-patient treatment; After-care: continued follow-up with Behavioral Health and psychotropic medication management by primary care provider/psychiatrist.

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