

Medications for Managing Substance Withdrawal

ASAM/MPCA Fundamentals of Addiction Medicine Course – 2021

Alcohol – Alcohol withdrawal may cause a life-threatening withdrawal syndrome, which if untreated can lead to delirium tremens, severe agitation, seizures, coma, and death. The initial focus should be to rapidly load patients with appropriate medication with the goal of preventing progression of withdrawal symptoms.

The foundation of treatment of alcohol withdrawal in the US is benzodiazepines. Most experts prefer longer acting BZs, such as chlordiazepoxide or diazepam, unless there is a specific indication for another choice.

Gabapentin has also been shown to be effective for alcohol withdrawal. In milder cases, gabapentin can be sufficient by itself, and in more severe cases it can be used as an adjunct to BZ treatment. Doses need to be started at least at 1200-1600 mg per day or higher with a taper over several days as symptoms permit.

Adjuvant medications, such as anti-nausea, anti-inflammatory, or medications for insomnia may also have a role, as well as IV fluids in more severe cases. Patients should also be given supplemental thiamine.

For a complete treatment of the management of alcohol withdrawal, see the ASAM guidelines:

https://www.asam.org/docs/default-source/quality-science/the_asam_clinical_practice_guideline_on_alcohol-1.pdf

Opioids – While the withdrawal syndrome for opioids is rarely life threatening, it is associated with severe dysphoria. Symptoms include hot/cold sweats, nausea/vomiting/diarrhea, achiness, insomnia, and severe restlessness and anxiety. Treatment of opioid withdrawal can be difficult, since the only medications that are highly effective in decreasing opioid withdrawal symptoms are other opioids.

Once the acute phase of opioid withdrawal is over, it is important to address the increased risk of opioid overdose that continues for several weeks or months. Consideration should be given in all cases to placing patients on MOUD, possibly followed by a slow taper, rather than acute withdrawal management. All patients should be offered a naloxone rescue kit and instructions.

Treatment for opioid withdrawal consists of using clonidine or lofexidine to help reduce sympathetic outflow from the CNS. Other medications may include anti-nausea, anti-inflammatory, or medications for insomnia. Benzodiazepines may be used with caution, due to their potential for tolerance, withdrawal, and the development of a BZ use disorder.

Refer to the ASAM National Practice Guidelines for more details:

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<https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>

Stimulants - Stimulants such as cocaine or methamphetamine are associated with a withdrawal syndrome consisting of fatigue, hypersomnolence, depression, and subsequently with severe cravings for more drug use. Medication treatment for the withdrawal syndrome is usually not required.

Currently, although there are many medications that have been studied, and some providers are using medications alone or in combination for preventing continued stimulant use, no medications are FDA approved for treating Stimulant Use Disorders.

Nicotine - Withdrawal from nicotine produces symptoms of irritability, anxiety, depression, weight gain, difficulty concentrating, among others. None of these are medically dangerous, although they may lead to rapid return to nicotine use.

The usual medications for smoking cessation – nicotine replacement, bupropion, varenicline, etc. – may be used to decrease withdrawal symptoms and improve the likelihood of successful smoking cessation – see the handout on Medications for Substance Use Disorders associated with this course for details.

Cannabis - Frequent, heavy users of cannabis have a distinct withdrawal syndrome with symptoms of decreased appetite, mood swings, insomnia, headaches, nausea, and difficulty concentrating, among others. While it is not medically concerning, these symptoms can lead to recurrent or continued cannabis use. These can be managed with anti-nausea, anti-inflammatory, anti-depressant, or insomnia medications.