THE USE OF ANTICONVULSANT ADJUNCTS TO TREAT ALCOHOL WITHDRAWAL SYNDROME IN HOSPITALIZED OLDER ADULTS

Objectives:
To evaluate the prescribing practices of anticonvulsant (AC) adjuncts to benzodiazepines in managing Alcohol Withdrawal Syndrome (AWS). Secondary objectives include the prescription of relapse prevention agents (disulfiram, acamprosate, and naltrexone) for Alcohol Use Disorder (AUD), a quality assessment of the AWS order set, and adverse events related to treatment.

Method:
Retrospective medical record review of adults aged 60 and above with AWS and admitted to medicine or hospitalist units between June 2013–June 2018. Duration and dosing of benzodiazepine, dosing and type of AC and AUD agent, adverse events and quality control measures collected. A multivariable regression model was employed.

Results:
Eighty-three encounters were included in the study, 28 were prescribed an AC. The amount and duration of benzodiazepine administered were not statistically different between the benzodiazepine only and the AC adjunct groups. Five new prescriptions of AUD agents were provided on discharge. No AC adverse events occurred and 57% of individuals were administered the appropriate benzodiazepine dose.

Conclusions:
AC adjuncts for AWS did not decrease the amount of benzodiazepine administered, nor shorten the duration of treatment. Their routine use is not supported by our findings. Our study highlights a missed opportunity for AUD agents to be prescribed during hospitalization.