

Two patients with substance use disorder presenting to your surgery

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Penny a 51 year old lawyer

- Presents on Thursday pm before the Easter Long Weekend
- Drinking 3 bottles of wine/day (working from home during the pandemic) over last 12 months
- Begins when she starts work around 08.00
- Decided to use a 4 day break as a great opportunity to stop – thinks her drinking is affecting her work and her memory
- Dr Google says *'just needs some diazepam to get her through'*
- Began binge drinking in late teens, daily drinking, after work over last 30 years (1-2 bottles wine)

Penny a 51 year old lawyer

- Low mood, lacking motivation hope for future
- No thoughts of self harm
- Recent messy divorce
- Ongoing custody battle over 12 year old daughter
- Father was a big drinker
- Previous 'cold turkey' efforts to stop drinking lasted only a few days, typically because of poor sleep and growing cravings
- No history of seizures, lives alone, custody of daughter half time
- No other substances, non-smoker, nil prescribed
- Last alcohol: the night before – 3 bottles wine

Penny a 51 year old lawyer:

- OE BAL 0.14%, plethoric, fine tremor, pulse 92, BP 145 / 90, bruising +
- Abdomen soft, smooth tender 5cm liver edge below costal margin
- Romberg – abnormal, no nystagmus
- Request: U&E, LFT, Mg, FBC, platelets, clotting
- ?in-patient (declined) > out-patient – Biala provides daily review
- Risk of withdrawal seizures in the first 24 - 48 hours
- Caution use of diazepam with a raised BAL

Penny: Withdrawal Regime

- Rx diazepam: divided doses, staged supply (clinic or pharmacy)
- Day 1 and 2: 40 mg
- Day 3 and 4: 25 mg
- Day 5: 10 mg ie total 28 tablets
- Thiamine 100 mg tds
- Magnesium (Magmin) 500 mg tds
- May need antacid / antiemetic / antihypertensives

- ADCAS – 1800 290 928 if specialist support needed



Penny a 51 year old lawyer: Where next?

- Anti-craving medications – 2 first line agents indicated as part of a *comprehensive treatment program with goal of maintaining abstinence*
- naltrexone 50 mg tablets (assuming LFT ~OK)
 - PBS authority 30 tabs and 1 repeat
- acamprosate 333 mg capsules (assuming renal function OK)
 - PBS streamline (5366) 180 caps and 1 repeat

disulfiram off PBS, topiramate off label, baclofen off label.

- Talking therapy ie psychology: CBT / ACT / Mindfulness
- Groups: AA or SMART recovery
- Range of on-line resources: On-track (QUT) HSM
- More broadly: purpose / meaning – exercise, avoiding boredom, goal setting
- ?antidepressant Rx

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Home About Quizzes Programs Media Room Resources Get Help

OnTrack Programs


The OnTrack programs have been written by psychologists at QUT. They are free and use methods that have been shown to work. You can use the programs at your own pace, at times and places that suit you. The programs are interactive, and help you learn skills to manage your own problems.

OnTrack programs are not meant to replace other treatment, and many people will also need help from a therapist or doctor. We suggest that you discuss your use of OnTrack programs with your doctor.


If you are not sure which OnTrack program is the right one for you, the [quizzes](#) can help you find out. The quizzes are quick and easy to do, give immediate feedback, and will suggest which program seems the most suitable for you.




OnTrack Get Real




OnTrack Families and Friends




OnTrack Alcohol & Depression




OnTrack Depression



OnTrack Alcohol



OnTrack Diabetes



OnTrack Flood and Storm Recovery

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helloSundayMorning.org

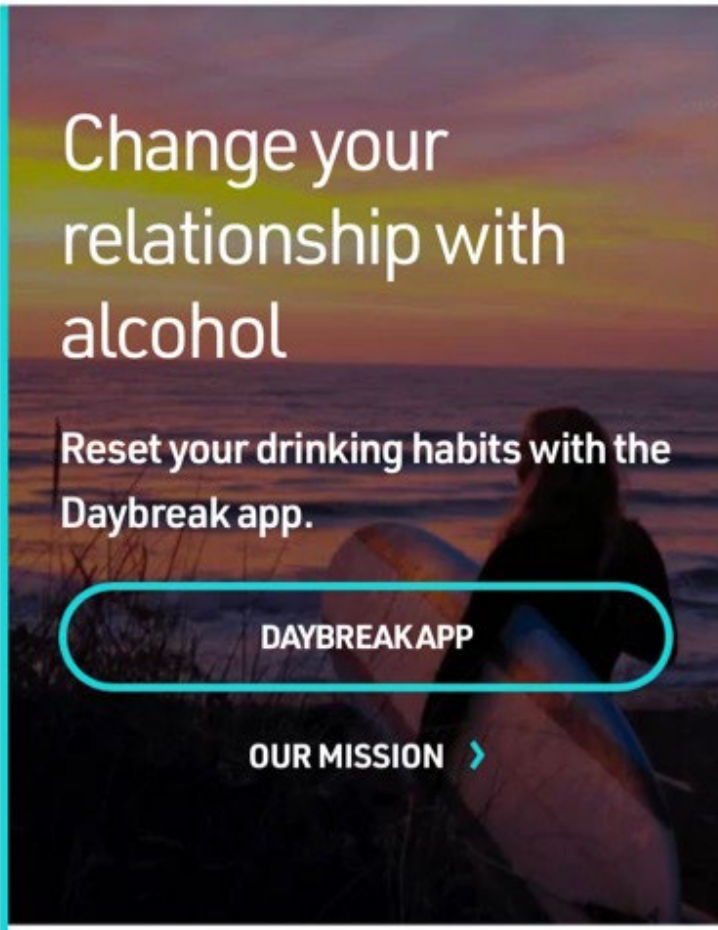
HELLO SUNDAY MORNING MENU

Change your relationship with alcohol

Reset your drinking habits with the Daybreak app.

DAYBREAKAPP

OUR MISSION >



- Caution re range of private rehab facilities boasting equine therapy and more!
- \$\$\$ implies quality programs
- May not deliver

Paul a 17 year old male with IDDM

- The next patient, parents in the waiting room!
- Using up to 20 mg alprazolam per day over the past week, with escalating doses over the past few months (street supplies)
- Spent last night in watchhouse – criminal damage charges
- 18 months ago while an inpatient with diabetic keto-acidosis received temazepam for sleep – near daily use BZD since
- History of generalized anxiety since primary school
- Limited adherence to diet and insulin regime
- Parents ‘at their wits end’

Paul a 17 year old male with IDDM

- Significant BZD tolerance (20 mg alprazolam= \sim 100 – 200 mg diazepam)
- Risk of seizures with abrupt discontinuation – also resurgence of anxiety
- Alprazolam T $\frac{1}{2}$ \sim 9-20 hours – with rapid *on* and *off* effects
- **Plan:** support gradual BZD withdrawal using diazepam, with active metabolites > T $\frac{1}{2}$ (30-200 hours per eTG)
- In view of IDDM and high doses involved, ?commence withdrawal in hospital
- Paul declined – start at 40 mg diazepam daily supply and regular review
- CIWA B may help monitor progress / medication requirement
- Some street supplies contain other BZD (ie etizolam highly potent)
- Growing use of internet / dark web > Australia Post to purchase substances

Paul a 17 year old male with IDDM

- CIWA B around 50/80, slowly dropped over next few weeks
- Stabilised on 50 mg diazepam daily, staged supply
- Agreed to drop 5 mg per day, each week
- When he reached 25 mg per day, reductions of 2.5 mg / day weekly
- Discussed anti-depressant Rx – mirtazapine can be helpful
- Overall 4-6-9 month process, some flexibility, working with patient
- Psychology input around anxiety / stress management – though cognition / memory compromised at high dose BZD
- Youth focused service to provide ongoing support

Learning outcomes

- Contrast alcohol and benzodiazepine withdrawal management
- Risk of withdrawal seizures: alcohol 1st 24-48 hrs, BZD up to 1 month
- Withdrawal is merely *crossing the threshold* to begin a ‘recovery journey’
- Benzodiazepines ‘alcohol in a pill’ – avoid use with alcohol or beyond 7 days
- Thiamine for those with alcohol use disorder: 100 mg tds 1/12, parenterally 300 – 500 mg tds in cases of poor nutrition or risk of WKS
- ‘Trauma informed’ approach – aim to help Paul manage his anxiety
- Range of self-help groups – SMART recovery may be preferable
- benzo.org.uk may be helpful for more background – user forums etc
- *‘THE RESOURCE SITE FOR INVOLUNTARY BENZODIAZEPINE TRANQUILLISER ADDICTION, WITHDRAWAL & RECOVERY’*