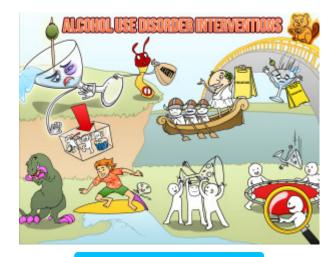


# **Alcohol Use Disorder Interventions (Formerly Alcohol Abuse Interventions)**

Interventions for alcohol use disorder, dependence, and withdrawal are aimed at calming the patient and preparing for serious side effects of withdrawal. It also involves assessment to determine further risk factors for the patient, such as suicide. Medications, proper support systems, and group therapy are also important in the removal of dependence from alcohol.



**PLAY PICMONIC** 

#### Withdrawal

# **Reduce Environmental Stimuli**

#### Down-arrow Stimulating Environment

It is important to reduce any environmental stimuli for any patient recovering from alcohol use disorder. These patients should be placed in a quiet room free from additional noises and distractions, limit the number of assessments and visitors if possible. The patient should avoid stressful scenarios that may potentiate agitation or stress.<br/>
stress.

## **Antianxiety Medications**

## Ant-tie Anxiety-bag

Medication should be given as prescribed to reduce anxiety, calm the patient, and reduce the risk of seizure. Benzodiazepines medications like diazepam (Valium), lorazepam (Ativan), and chlordiazepoxide (Librium) are often indicated for their calming and sedative effects.

# Vitamin Supplements

## **Vikings**

Lesions in thalamic nuclei, poor diet or the toxic effects of alcohol, may be the result of vitamin deficiencies. Therefore, alcoholic patients are often deficient in vitamins, especially B complex vitamins like B1 (thiamine). These vitamins are given as supplements during their treatment. Alcoholic hypoglycemic patients are often given thiamine (B1) to correct deficiencies before correcting hypoglycemia, as it is required in the proper metabolism of glucose in the body.<br/>
body.<br/>
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## **Seizure Precautions**

## Caesar with Precaution-sign

Risk of seizure begins 8 to 24 hours after cessation or reduction of alcohol. Therefore, begin seizure precautions in any patient with severe withdrawal, including possible premedication with anti anxiety medications. Patients who are unresponsive should also be monitored for aspiration.

## **Suicide Precautions**

# Suicide-jumper with Precaution-sign

The unavailability of the substance, extreme mental anguish coupled with symptoms of withdrawal, could lead to suicidal ideations. Complete a suicide risk assessment and begin suicide precautions if needed, involving continuous observation and frequent documented assessments.

# Fever

## Fever-beave

Severe alcoholic withdrawal is often associated with a high fever as patients with chronic use often lose proper temperature regulation. Fever greater than 38 degrees (100.4 Fahrenheit) could also indicate possible infection/septicemia. <br/>
<br/>
- specific possible infection/septicemia. <br/>
- specific possible i

# Considerations



# **Identify Support Systems**

# Magnifying-glass Supportive-friends

Identification of adequate support systems is important in the treatment plan for the patient. Alcoholics Anonymous (AA), availability of friends, family and other activities such as church prove beneficial in improving the patient' soutcome.

## **Group Therapy**

## Group Therapeutically-massaging

Group therapy has proven to improve outcomes in alcohol use disorder patients. Group therapy creates a support environment to promote healthy choices and outcomes of the patient.<br/>
<br/>

## Disulfiram

# Dyed-shirt-surfer

For some patients disulfiram (Antabuse) may be indicated in addition to other measures. This medication inhibits the enzyme acetaldehyde dehydrogenase involved in the metabolism of alcohol. When the patient drinks alcohol while taking this medication, they are unable to detoxify it, which causes serious GI upset including nausea, vomiting, along with headache, sweating, flushed skin, respiratory difficulties, and confusion. When used alone disulfiram has no pharmacological effects.<br/>

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## **Naltrexone**

#### Nail-T-rex

Naltrexone (ReVia) is a medication indicated for alcohol and opioid dependence. It is an opioid receptor antagonist that works as treatment for both disorders by blocking all euphoric effects that occur as a result of drug or alcohol consumption. Patients who drink while taking the medication don't experience euphoric effects of the alcohol, thus giving them the experience that drinking is not enjoyable.