Clinician Guide to Post-Acute Withdrawal Syndrome from Alcohol

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References


15. SAMHSA. Results from the 2018 National Survey on Drug Use and Health: Detailed Tables. Subst Abus Ment Heal Serv Adm. 2019; (June 2020).


Misuse:

• Typically involves taking doses higher than prescribed. Reportedly results in experiences similar to opioids, benzodiazepines, and psychedelics.14

• Estimated to be only 1% of the general population. However, increases to 15-22% in those diagnosed with a comorbid opioid use disorder.14

Conclusion

• Gabapentin is a safe and well-tolerated medication to address alcohol-related PAWS.

• Given the risk of recurrence with PAWS, addressing the symptoms of PAWS can lead to better outcomes.

• Misuse should be considered in those with a history of other substance use disorders, in particular opioids.
Common Symptoms of PAWS:
• Anhedonia*
• Irritability
• Anxiety
• Dysphoria*
• Decreased concentration
• Difficulties with short-term memory
• Persistent fatigue
• Insomnia*
• Impaired executive control
• Unexplained pain/somatic complaints
• Cravings

*denotes symptoms that may contribute to recurrence and improve with gabapentin

Minority Populations
• Estimates show the prevalence of substance use disorders in minority populations are generally not higher, but minorities are less likely to receive addiction treatment.14–19
• Consequences of substance use are disproportionately experienced by minority populations.18
  ° Black individuals are more likely to face legal consequences related to their alcohol use disorder (AUD).8
  ° Mortality related to AUD is disproportionately higher in Latino and Black populations.18

Gabapentin as a Treatment for PAWS:
• PAWS is thought to occur primarily through GABA and glutamate brain signaling.6 As a result, gabapentin is of interest as a potential treatment.
• Gabapentin mechanism: binding at the alpha-2delta site of calcium channels and secondarily altering GABA and glutamate activity in the brain.6
• Majority of studies reviewed used at least 1200mg daily and not beyond 1800mg. A randomized controlled trial (RCT) found that a dose of 1800mg efficaciously treated PAWS symptoms of dysphoria, craving, and insomnia.
• No evidence for benefit beyond doses of 1800mg daily.
• An example of a titration schedule6:
  ° Day 1: 300mg at bedtime
  ° Day 2: 300mg in the morning and at bedtime
  ° Day 3 and 4: 300mg in the morning, at noon and at bedtime.
  ° Day 5 onward: 300mg in the morning, 300mg at noon, 600mg at bedtime.
  ° At this time there are no clear guidelines for when to taper off gabapentin.
• Titration may be expedited in the inpatient setting.

Benefits of Gabapentin:
• Renal excretion; safer for those with hepatic impairment.6
• Fewer cognitive effects.6,7
• No significant adverse interactions with alcohol.6,8–10
• Demonstrated efficacy in improving insomnia and negative affect in PAWS.11

Gabapentin in Combination Treatment:
• Anti-craving medications such as naltrexone work by different mechanisms than gabapentin.
• An RCT found that combination of gabapentin and naltrexone improved drinking outcomes.13 Outcome did not persist after gabapentin was discontinued.13

Post-Acute Withdrawal Syndrome (PAWS):
• PAWS denotes protracted withdrawal symptoms after acute detoxification from specific substances, including alcohol.1
• Protracted withdrawal is defined as the presence of substance-specific signs and symptoms common to acute withdrawal but persisting beyond the generally expected acute withdrawal timeframes.1
• Acute withdrawal from alcohol is generally 5-7 days,1,6 with protracted withdrawal persisting outside this window.
• While there is known clinical observation and patient self-report, PAWS is not yet included in the Diagnostic and Statistical Manual of Mental Disorders due to limited research.1
• Symptoms are linked to increased risk of recurrence.2–4

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