

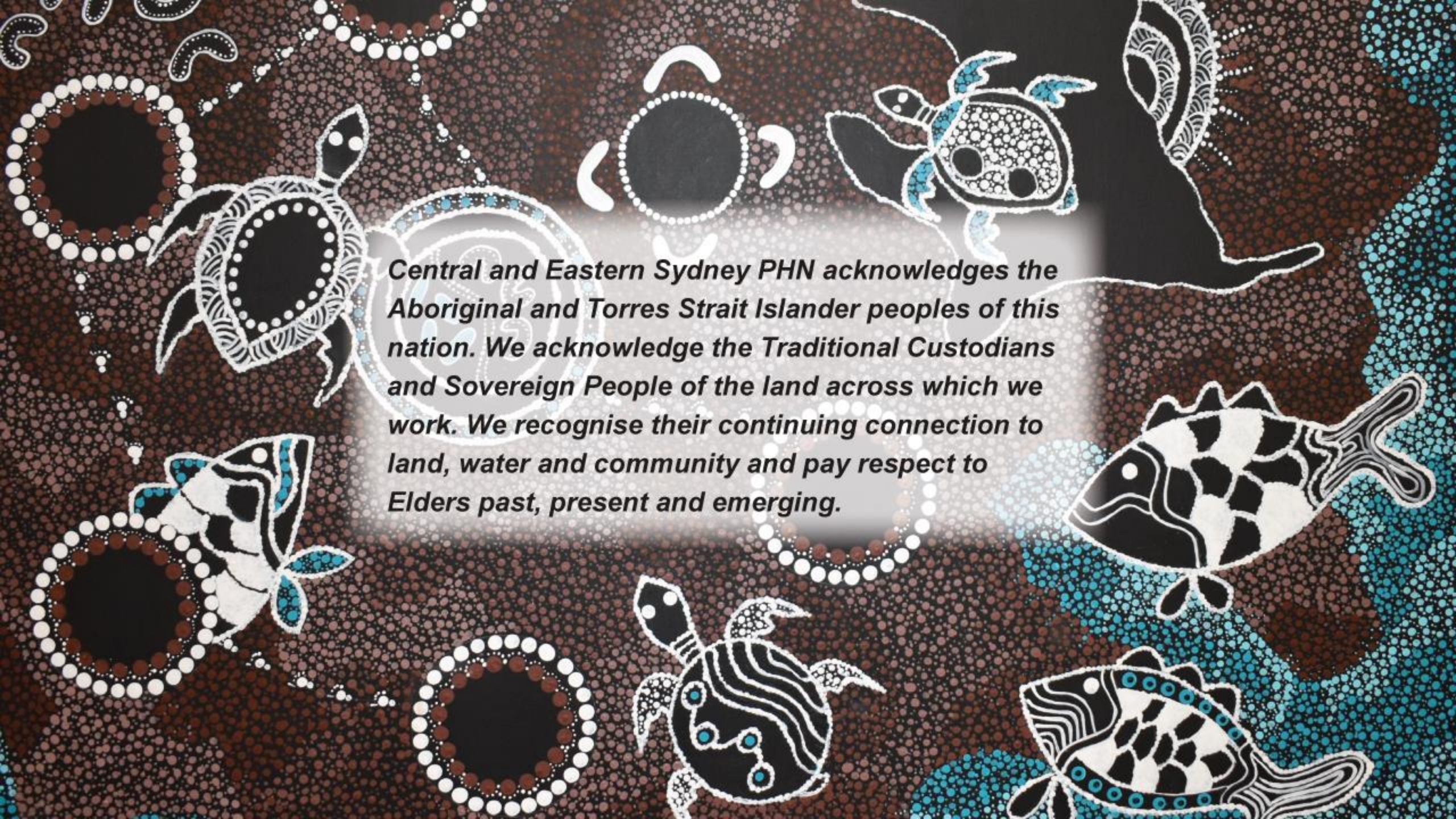


A PRACTICAL GUIDE TO ALCOHOL HOME DETOX FOR GPs

By Dr Chris Davis GP

5th AUGUST 2021 – 7.00PM

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Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians and Sovereign People of the land across which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present and emerging.

To submit questions

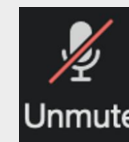
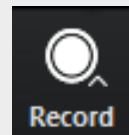
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• **Chat** **Raise Hand** **Q&A** **Leave Meeting**

• This session is being recorded

- **Evaluation Form** – online at the end of the webinar



GP Led Alcohol Withdrawal
and Recovery -
An Introduction to the
Clean Slate Clinic

Session Objectives



- Build your confidence in undertaking GP-Led Alcohol Withdrawal and Recovery
 - Assess patients who are using alcohol to determine their level of dependency, and their suitability for GP-led home withdrawal management (detox)
 - Explain the components of structured home detox, including preparation, appropriate medication provision, breathalyser tests, and withdrawal scales
 - Conduct a post-detox review, develop an effective recovery plan, including anti-craving medication, and list ongoing support resources
- Share information with you regarding the Clean Slate Clinic Telehealth Service
- Allow time for Q&A and discussion throughout

Background



- 15 Australians die daily from alcohol misuse and it is the most dangerous addictive drug worldwide.
- 2014 – ED presentations in NSW due to ice use – 2,963, the number due to alcohol use – 13,143 (NSW MoH 2015)
- Almost 5 million Australian aged 14 and over (26%) had been a victim of an alcohol-related incident in 2013. 1.7 million of these was physical abuse.

Assessment



Motivational Interviewing

- No judgement
- Non-stigmatising language (NADA – Language Matters)
- Individual goal setting
- Concentrate on positives of change rather than perceived losses
- Mark out of 10

Assessment



Assessment

- Long consult
- Rapport
- History and risk assessment, suicide, abuse, DV, substance misuse, child protections, treatment history.
- Planning sheet (next slide)
- Book nurse and GP review ideally with support person.

Assessment



Planning Sheet

- Blood test
- Thiamine 200mg tds
- Drink diary or phone app (next slide)
- Pros and Cons list
- Assessment pack (coming slide)
- Resource list (inc Hello Sunday Morning, Daybreak phone app, This Naked Mind book and podcasts)
- Keep drinking or reduce by 10% only
- Book review appt with nurse and GP

Drink Diary



Drink Diary

Week Commencing: _____

	When/Time	Where	Who With	Type/Cost	Actual Standard Drinks	Target Standard drinks	Thoughts and Mood Beforehand	Consequences/Comments
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTALS								

Assessment



Assessment Pack

- Children at home, medical history, previous treatment history, FH, withdrawal seizures, drug use, ICD – 10 tick box, social history, do they drive or gamble, support network
- AUDIT
- SADQ
- K10
- Psycheck – mental health checklist and suicide risk assessment

Assessment



Brief or Extended Interventions

- Insight guides - <https://insight.qld.edu.au/toolkits/brief-interventions/detail>
- Motivational interviewing
- Pacing skills and mindful drinking
- Dry days
- Individualised goals – goal setting document
- Review

POLL

Any questions so far?

Withdrawal (Detox)



Pre-requisites for detox

- YOU must feel comfortable and safe
- Mild-moderate dependence (<20SD/day)
- No hx of withdrawal seizure
- Support person
- Safe environment
- No complexity co-morbidity e.g. high suicide risk, cirrhosis, serious medical illness, pregnancy, drug dependency etc.

Withdrawal (Detox)



Detox planning appointments

- Assess readiness
- Assess safety of detox, environment, support
- Discuss high risk events and coping skills plan
- Blood results
- Discuss assessment pack and drink diaries
- GPMP – Dietician, exercise physiologist
- MHTP – psychology, local services, AA, SMART recovery
- Book detox – daily appointments with nurse first

Withdrawal (Detox)



Day 1 Detox

- Usually Monday
- Urine drug screen (day 1 only), breathalyser, CIWA, observations
- Support information for patient and supporter
- Patient contract (next slide)
- Give medication chart and discuss when to take diazepam
- Diazepam script – see dosing schedule document
- Give ADIS card for OOH support

Withdrawal (Detox)



Patient Contract (Agreement)

- I understand that I must not drive whilst taking diazepam during alcohol detoxification
- I agree to undertake a urine screen prior to undertaking detox
- I understand that the Clean Slate clinic has a zero tolerance to the consumption of alcohol during detox
- I agree to attend daily whilst undergoing detoxification
- I understand that I would be breathalysed daily prior to medication being given. Reading needs to be 0, otherwise medication will not be prescribed
- I agree to have blood tests at 1 month and 3 months after completion of my detoxification
- I accept that I must attend after care such as AA, SMART recovery or be under the care of a psychologist, having completed my detoxification.
- I understand and accept that the Clean Slate Clinic has ZERO tolerance to aggression and harassment. This would result in immediate discharge

Withdrawal (Detox)



Home Detox Process

- Daily assessment Mon-Fri including BAL, CIWA, BP, Pulse
- Daily diazepam (or oxazepam) dosing and thiamine
- Aftercare planning; AA, SMART recovery, EPC, MHTP – psychology, Daybreak phone app, online resources, books, podcasts etc.
- Post-detox review

Diazepam Dosing Guideline



MANAGEMENT OF ALCOHOL WITHDRAWAL					
Daily Alcohol Consumption	10-14 SD	15-25 SD	30-40 SD	50 > SD	
Severity of Dependence	Mild SADQ <16	Moderate SADQ 16-30	Severe SADQ >30	Complicated SADQ >30 plus medical problems	
Starting doses of Diazepam	Symptomatic – 5mg q.d.s and 5mg prn	10mg q.d.s and 10mg PRN	Upto 15-20mg q.d.s	Upto 20mg q.d.s.	
Setting	Home	Home	Inpatient Services	Inpatient Services	
SUGGESTED PRESCRIBING GUIDELINES - DIAZEPAM					
Day 1 Start dose	5mg qds	10mg qds	15mg qds <i>Must have close supervision at all times</i>	Hospital Guideline	Hospital Guideline
Day 2	5mg qds	10mg qds	10mg qds		
Day 3	5mg tds	5mg qds	10mg qds		
Day 4	5mg bd	5mg tds	5mg qds		
Day 5	5mg nocte	5mg bd	5mg tds		
Day 6	5mg nocte	5mg nocte	5mg BD		
Day 7		5mg nocte	5mg nocte		
Day 8			5mg nocte		

Medication Chart



You are being prescribed the following medication, DIAZEPAM, to minimise your withdrawal symptoms.

Please follow the instructions given to you for the next 7-10 days.

You will be asked to return to the clinic daily or every other day to ensure that this regime is appropriate to you.

CLIENTS NAME:.....DOB:.....

DATE	AM		NOON		6PM		BEDTIME	
	DOSE	TAKEN	DOSE	TAKEN	DOSE	TAKEN	DOSE	TAKEN
DAY 1								
DAY 2								
DAY 3								
DAY 4								
DAY 5								
DAY 6								
DAY 7								
DAY 8								
DAY 9								
DAY 10								

Recovery



Post Detox Review

- Final BAL, CIWA and observations
- NO more diazepam
- Start anti-craving medication
- Ensure active aftercare
- Review weekly, case dependent
- Consider bloods, BP and K10 at 1, 3, 6 and 12 months

POLL

Any questions on detox?

Recovery



Anti-craving medications

- **Naltrexone (Revia)** – on PBS – OD opioid agonist, reversible receptor blocker. Helps reduce cravings and safety net if you drink – takes the pleasure out of it.
 - Need alert card and disclaimer as cannot take opioid analgesics whilst on it
- **Acamprosate (Campral)** – on PBS – 2 TDS (unless under 60kg and then its 2, 1, 1)
 - Good for anxiety with cravings, pretty safe. Better if used with naltrexone
- **Disulfiram (Antabuse)** – private – dangerous if used with alcohol. Need to sign disclaimer. Only good evidence for this if supervised consumption at least for the first few months.
- **Baclofen** – private but cheap. Lots of SE's including lethargy, need to titrate dose and then wean off as problems with withdrawal. Good for patients with very low levels of motivation. (I have never prescribed this).

Recovery



Lapse vs Relapse

- Encourage honest reporting of lapses
- Focus on positives
- Full relapse – aim not to do home detox within 6 months of last – kindling effect
- Consider referral, ambivalence counselling
- SSRI/psychology for underlying mental health condition ?anxiety/PTSD/ADHD/Brain injury
- ?rehab

Risk Stratification



Common pitfalls

- “Emergency Detox”
- No support person
- “I can’t take time off work”

Results of 12 month audit



	1 month post-detox	3 months post-detox	6 months post-detox	12 months post-detox
Reduction in Alcohol Dependence	29/32 – 91%	27/32 – 84% (3 lost to follow up)	24/32 – 75% (3 lost to follow up)	19/32 – 59% (5 lost to follow up)
Complete Abstinence from Alcohol	29/32 – 91%	21/32 – 66% (3 lost to follow up)	14/32 – 44% (3 lost to follow up)	4/32 – 13% (5 lost to follow up)

Any questions on recovery?

The Clean Slate Clinic Telehealth Service

Clean Slate Clinic Telehealth Model



Background

- Developed from this tried and tested model
- Goal 1: reach Australians who otherwise can't or won't access detox services
- Goal 2: support GPs, recognizing that these cases can be complex and time consuming
- Goal 3: demonstrate the effectiveness of the model using telehealth
- Focus on high quality client experience and long-term follow-up and support



Additions and Revisions to the model for telehealth

Additions

- Seamless digital experience (online resources, digital drinks diary, detox diary, assessment and outcome capture)
- Care package (breathalyser, vitamins, B1) sent to an individual's home
- 12-month follow-up formalised as part of the service

Revisions

- All clinical interactions delivered via telehealth
- Significant components of the service are nurse-led
- Daily attendance at pharmacy during detox
- Partnership with local GP
 - Blood tests and Hx
 - GPMP and TCA
 - Regular communication



Inclusion and Exclusion Criteria

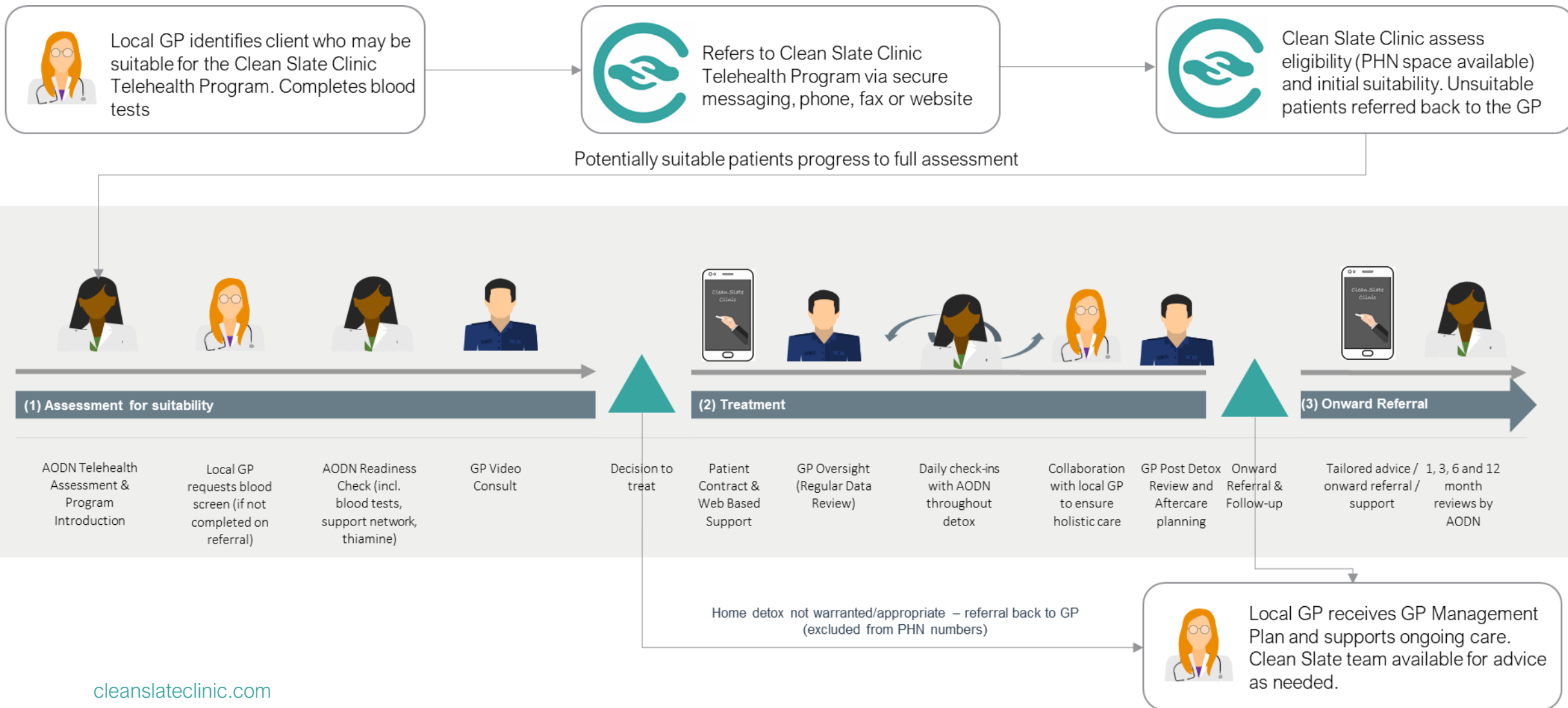
Inclusion

- Mild to moderate alcohol dependence
- Over 18 years of age
- Local named GP

Exclusion

- History of withdrawal seizure
- Complex comorbidities or mental health issue
- Concurrent other drug dependence
- Lack of support person
- Lack of secure housing

Patient Journey



Proof Of Concept



- Funding for 35 patients from CESP HN, NSHN and Coordinare, and Independent Evaluation

We are looking for

- Referral of suitable patients to the service
- Partnership with you to care for the patient

How to refer

- Via secure e-mail to referrals@cleanslateclinic.com
- Telephone us on 02 3813 8104
- E-Fax – 02 8088 7814
- Healthlink secure messaging – cInslate
- Medical Objects secure messaging – Dr Chris Davis, Provider Number 4842356H

Accessing Our Resources

Any questions on the telehealth model or anything else we've covered?