CHAPTER 4

Alcoholism: Acute Treatment

4.1. INTRODUCTION

Alcohol is the most commonly abused substance creating serious medical and psychological problems. I will present an overview of emergency problems here, but the extensive discussion of rehabilitation that serves as a prototype for the rehabilitation of substance abusers in general is presented in Chapter 15.

4.1.1. Identification of the Alcoholic

The “obvious” alcoholic who calls in the middle of the night drunk or who has signs of cirrhosis represents a minority of individuals with alcoholism. The usual alcohol-dependent patient is a middle-class family man or homemaker presenting with complaints of insomnia, sadness, nervousness, or interpersonal problems. Because 5%-10% of adult men develop alcoholism (the rate for women being approximately one-third of that) and the rate of alcohol problems in medical and surgical inpatients may be over 25%, it is important to consider alcoholism a part of the differential diagnosis for every individual. The index of suspicion should be even higher for those with some of the more typical medical problems, including high blood pressure, ulcer disease, elevated uric acid, a macrocytosis, a high GGT, or any fluctuating medical condition that is otherwise difficult to explain (see Section 3.2.2).

Therefore, I take the two or three minutes necessary to query each patient about alcohol-related life problems. I begin by asking about general areas of difficulty, including: “How are things going with your spouse?” “Have you had any accidents since I last saw you?” “How are things going on the job?” and “Have you had any arrests or traffic tickets?” If there is a general life problem, I then try to determine what role, if any, alcohol may have played in that problem, and I go on to questions about the quantity and frequency of drinking. If the patient appears evasive or if I have any further doubts, I privately interview the spouse.
4.1.2. Obtaining a History

Once I have established either a definite or a probable diagnosis of alcoholism, I must determine whether or not there are any preexisting primary psychiatric disorders (as outlined in Figure 3.1). Thus, I first do a brief review of antisocial problems early in life, including such questions as "How did you do in school?" "What was the highest grade you completed?" "Did you ever run away from home overnight before you were 16?" "Did you have any police record prior to age 16?" and "When you were in junior high school or high school, did you get in a lot of fights and did you ever use a weapon in a fight?" Next, I ask about any depression that has occurred daily, all day, for periods of at least two weeks or that has been associated with the body and mind changes described in Section 3.1.2.3. If these have occurred, I then determine whether they existed prior to the first major alcohol-related life problem or occurred during a time when the individual had been abstinent for at least three months.

These steps are well worth my time, as complex and perplexing medical and psychological problems associated with alcoholism can be very confusing and can lead to serious complications through improper diagnosis and treatment. I can practice good preventive medicine and save myself a number of middle-of-the-night calls into the emergency room by maintaining a high level of suspicion of alcoholism.

4.2. EMERGENCY SITUATIONS

The most frequent emergency situations for alcoholics involve toxic reactions and accidents. Almost 8% of all emergency room patients have alcohol problems as part of their mode of presentation, rates that increase to 33% for accident victims. Recognition of the presence of alcohol (whether alcoholism is involved or not) is important, as this drug alters the patient's reactions to emergency procedures.

4.2.1. Panic Reaction (See Section 1.6.1)

4.2.1.1. The Clinical Picture

Alcohol is a depressant drug and thus is rarely involved in acute panics. One possible exception, based on the increased level of anxiety that can be seen during alcohol imbibition as well as during withdrawal, is the induction of acute anxiety attacks characterized by nervousness, hyperventilation, and palpitations.

4.2.1.2. Treatment

After taking an EKG, doing a physical examination, and evaluating to