



Severe Alcohol Withdrawal Syndrome

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Make the Diagnosis: Severe Alcohol Withdrawal Syndrome

Prior Probability of Severe Alcohol Withdrawal Syndrome

The incidence of alcohol withdrawal syndromes in hospitalized patients varies widely as a function of the patient population, care setting, and the reason for hospital admission. About one-half of patients who are long-term, heavy alcohol users will develop at least mild withdrawal symptoms when they stop drinking. The more significant symptoms of hallucinations occur in 2% to 8% of patients, with 10% of those symptomatic patients affected by seizures. Among patients admitted specifically for alcohol withdrawal, the incidence of severe alcohol withdrawal is 23% (95% CI, 20%-27%).

For those admitted to general medical units who are at risk for alcohol withdrawal (defined as an Alcohol Use Disorders Identification Test-Consumption [AUDIT-C] score > 8), the incidence of any alcohol withdrawal syndrome is 1.9% (95% CI, 1.2%-3.1%), though patients admitted with a blood alcohol level > 200 mg/dL, or a history of any drinking in the prior 30 days, have an incidence of 6.7% (4.6%-9.6%). Patients admitted after trauma are a particular concern because an accurate alcohol history may not be obtainable, but the overall incidence of severe alcohol withdrawal syndrome among consecutive trauma patients is only 0.40% (95% CI, 0.33%-0.48%).

Population of Hospitalized Patients Among Whom Alcohol Withdrawal Syndrome Should Be Considered

All hospitalized patients should be screened for at-risk or heavy drinking so that measures can be taken to lower the risk of severe alcohol withdrawal syndrome. A definition of at-risk or heavy alcohol use would be consumption of 4 drinks on any day or 14 drinks/week for men, or more than 3 drinks on any day or 7 drinks/week for women.¹ When at-risk patients are