

## **Effectiveness of benzodiazepine symptom-triggered dosing regimen versus fixed-dosing regimen for treatment of alcohol withdrawal.**

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### **Background:**

The Kansas City VA currently has two different order sets available for patients receiving treatment for alcohol withdrawal. This includes a fixed-dosing approach using a scheduled benzodiazepine (BNZD) taper primarily utilized by the psychiatry department and a symptom-triggered approach primarily utilized by the internal medicine teams. Both chlordiazepoxide and lorazepam are used for the tapered and symptom-triggered methods of treatment. The aim of this project is to compare each treatment option and to evaluate patient outcomes. Outcome measures include total dose of BNZDs received, duration of BNZD treatment, duration of admission, and adverse events experienced by patients during the withdrawal period.

**Methods:** This is a retrospective, single-site study to evaluate two alcohol withdrawal treatment regimens. ICD10.23 codes (alcohol dependence) were utilized to identify patients who were admitted to the KCVA for treatment of alcohol withdrawal. To be included in the study, patients must be 18 years or older with alcohol withdrawal syndrome being treated with BNZDs in the inpatient setting. Exclusion criteria includes a history of withdrawal seizures, delirium tremens, and non-verbal patients. The primary endpoints include the total dose and duration of BNZD treatment. Secondary endpoints include the duration of hospital admission and adverse events. Data will be analyzed to determine if there is a superior approach to treating alcohol withdrawal patients at the KCVA.

**Results:** in progress

**Conclusions:** in progress

**Learning Objective:** to identify possible differences between two different benzodiazepine dosing regimens for the treatment of alcohol withdrawal syndrome.