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Severe alcohol withdrawal syndrome: Development of a risk stratification tool and alternative treatment pathway to support early hospital discharge

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Statement of the problem: Patients who have Alcohol Dependence Syndrome (ADS) are admitted to hospital just in case they develop Severe Alcohol Withdrawal Syndrome (SAWS). The primary alcohol reason for hospital attendance is Alcohol Withdrawal Syndrome (AWS). AWS spans a spectrum that ranges from mild to severe and approximately 10% of patients who have ADS will experience SAWS when they stop drinking. However, with no tools available to quickly stratify ADS severity and low risk of SAWS the numbers of short to zero stay hospital admissions are on the increase. The purpose of this study was to develop an AWS risk stratification tool that could identify and support staff to safely discharge low risk patients from the emergency department avoiding unnecessary admission.

Methodology & theoretical orientation: The study was conducted in three parts. First: a systematic literature review to identify the variables linked to SAWS development. Second: a retrospective cohort study investigating the statistical significance of these variables in the development of SAWS and third: the development of a risk stratification tool.

Findings: Three variables: Glasgow Modified Alcohol Withdrawal Scale (GMAWS), hours since last drink, and Fast Alcohol Screening Test (FAST) were statistically significant and displayed excellent predictability in identifying low risk of SAWS and high risk of SAWS.

Conclusions & significance: A simple risk stratification tool was developed using variables collected in the emergency department that would help clinicians to identify those at low risk of SAWS and support their discharge home. Recommendations; to implement the tool into the emergency department for the purpose of early discharge and referral into a home supported alcohol detoxification on day of discharge for patients at low risk of SAWS.

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