UNDERSTANDING YOUR DIAGNOSIS

Alcohol Withdrawal

Also called Alcohol Withdrawal

When you stop drinking after heavy use, your body reacts hard. It can be dangerous, so do it with a doctor, not alone.

SYMPTOMS START	SEIZURES	MOST DANGEROUS STAGE	WITH TREATMENT
6 to 24 hours after last drink	About 1 in 10; day 1 to 2	Day 2 to 4; about 1 in 25	Nearly everyone comes through

What this is

- Alcohol withdrawal is what your body does in the hours and days after you stop drinking or cut down sharply.
- Stopping suddenly on your own after heavy drinking can cause seizures, and for some people it is deadly. Do not do it alone.
- It is very treatable. With medicine and someone keeping an eye on you, almost everyone comes through this safely.
- Getting through withdrawal is not the same as treating the drinking. It is step one of the plan, not the whole plan.

What it can look and feel like

- **6 to 24 hours** after your last drink: shaky hands, sweating, a racing heart, nausea, anxiety, and no sleep at all.
- **12 to 48 hours** is when seizures happen, if they happen. About **1 in 10** people in withdrawal will have one.
- Somewhere around 12 to 24 hours, some people see or feel things that are not there while still knowing where they are.
- **48 to 96 hours** is the window for the most dangerous stage, when confusion, fever, and hard shaking arrive together.
- Your heart pounds, your blood pressure climbs, and you feel hot, clammy, and completely unable to sit still.
- You cannot keep food or water down, which drops your body salts and blood sugar and makes everything else worse.
- If you have been through withdrawal before, it tends to be worse each time. Tell your doctor how many times you have.

What is happening in your brain and body

- Alcohol calms the brain by boosting GABA, a chemical that slows things down, and blocking glutamate, one that speeds it up.
- After months of drinking, your brain rebalances by turning GABA down and glutamate up so it can work normally again.
- Take the alcohol away and nothing holds that back. The brain races, and that racing is what causes the seizures.
- Heavy drinking strips out **thiamine**, a B vitamin your brain needs. Running low on it can damage memory for good.
- Sugar given before that vitamin can set off the damage, which is why hospitals give thiamine before any sugar drip.

What can make it more likely

- This happens because your body adapted to alcohol being there. The adaptation is physical, not a matter of willpower.
- The heavier and the longer the drinking, the stronger the rebound when it stops. Daily drinking carries the most risk.
- Each past withdrawal makes the next one more likely to be severe, so how many you have had matters as much as amount.
- Illness, injury, infection, eating badly, or missing sleep at the same time can push a mild withdrawal into a bad one.

What to expect

- With medicine the worst is usually over in **3 to 5 days**, and most people feel steady again within about a week.
- The most dangerous stage takes the lives of up to **1 in 5** people left untreated, and under 1 in 20 who get treated.
- Anxiety, broken sleep, and low mood can hang on for a few weeks afterward. That is normal, it fades, and help exists.
- Coming through withdrawal is the start. What keeps you well is the treatment for the drinking that follows right after.

What helps

Treatment works. Most people get better.

Talking therapies

- **Motivational interviewing** can start while you are still on the medicine, and it makes the next step far likelier.
- **Cognitive behavioral therapy** teaches you to spot your risky moments and to have a plan ready before each one.
- A **brief intervention**, one to four talks during a hospital stay, clearly increases how many people go on to treatment.
- Ask for a follow-up appointment booked within **72 hours** of leaving. A booked slot beats a referral slip by a mile.
- AA, SMART Recovery, and similar groups are free, and starting one before you leave makes going afterward much easier.

Medicines

- **Benzodiazepines** are the core treatment. They are the only medicines proven to prevent withdrawal seizures.
- Your team scores your symptoms every few hours and gives a dose when the score rises, so you get only what you need.
- **Thiamine**, a B vitamin, is given early and always before any sugar drip, to protect your memory and your balance.
- Magnesium, potassium, phosphate, and fluids get topped back up too, because low levels make seizures more likely.
- **Phenobarbital** is used when benzodiazepines are not enough. Your prescriber chooses and sets every dose with you.

Everyday things that help

- Do not taper yourself with more alcohol or with someone else's pills. Both of those go wrong fast and dangerously.
- Have someone with you for the first **72 hours**, and make sure they know to call 911 for confusion or a seizure.
- Sip fluids often, eat something even when you do not feel like it, and keep the room quiet, cool, and softly lit.
- Skip driving and skip caffeine while your body settles. Sleep will be broken for a while, and it does come back.
- SAMHSA's free helpline, **1-800-662-4357**, finds detox and treatment near you at any hour, in English or Spanish.

Get help right away if

- Call 911 now for confusion, seeing things that are not there, a fever, or a seizure. This stage can kill.
- Call 911 if the shaking keeps getting worse instead of easing off. Do not try to wait it out at home.
- If you think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Is it safe for me to withdraw at home, or do I need to be in a hospital?*
- *How many past withdrawals have I had, and how does that change my risk?*
- *What medicine will I be given, and who is watching me while I take it?*
- *What is the plan for the drinking itself once withdrawal is over?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Society of Addiction Medicine. (2020). *The ASAM clinical practice guideline on alcohol withdrawal management*. https://www.asam.org/quality-care/clinical-guidelines/alcohol-withdrawal-management-guideline

MedlinePlus. (n.d.). *Alcohol withdrawal*. National Library of Medicine. https://medlineplus.gov/ency/article/000764.htm

National Institute on Alcohol Abuse and Alcoholism. (n.d.). *NIAAA alcohol treatment navigator*. National Institutes of Health. https://alcoholtreatment.niaaa.nih.gov/

National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Understanding alcohol use disorder*. National Institutes of Health. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

Substance Abuse and Mental Health Services Administration. (n.d.). *SAMHSA's national helpline*. https://www.samhsa.gov/find-help/helplines/national-helpline

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.