CONDITION

# Alcohol withdrawal

Learn how alcohol withdrawal affects the body, which symptoms need emergency care, and how clinicians provide safe treatment and follow-up.

**WHAT IT IS**
Reaction to reduced alcohol after physical dependence

**BODY SYSTEM**
Brain and nervous system

**MAIN SYMPTOMS**
Shaking, sweating, anxiety, fast heartbeat

**WHAT CAUSES IT**
Physical dependence on alcohol

**HOW IT IS DIAGNOSED**
Clinical assessment and tests for other causes

**MAIN TREATMENT**
Supervised withdrawal medicines and supportive care

**CAN IT BE CURED?**
Yes, but alcohol use needs treatment

**IS IT AN EMERGENCY?**
Sometimes, with seizures or severe confusion

**LONG-TERM OUTLOOK**
Symptoms may persist and future withdrawals may worsen

## Overview

Alcohol withdrawal is the body's reaction to a sudden drop in alcohol exposure after regular, prolonged, or heavy drinking. It can happen after a person stops drinking or sharply reduces the amount they drink.

Alcohol slows activity in the brain and nervous system. With repeated exposure, the brain adjusts by increasing signals that keep it alert. If alcohol is then removed, those activating signals may become temporarily overactive. This can cause anxiety, shaking, sweating, a fast heartbeat, seizures, or a serious state of confusion called alcohol withdrawal delirium.

Symptoms may begin within several hours after the last drink or major reduction. They often become strongest during the first few days, but the timing and severity vary. Withdrawal can begin even while alcohol remains in the bloodstream if the alcohol level is falling quickly.

Mild withdrawal is uncomfortable but may be managed with planned medical support. Severe withdrawal can be life-threatening and needs urgent treatment. It is not possible to predict severity from the amount of alcohol alone. A history of withdrawal seizures or delirium is especially important.

If you drink regularly and may be physically dependent, speak with a healthcare professional before stopping suddenly. Medical planning can make withdrawal safer and can connect you with longer-term treatment for alcohol use.

## Symptoms

Early symptoms often resemble intense anxiety or a severe hangover. They may include:

Some people develop hallucinations, meaning they see, hear, or feel things that are not present. A person with withdrawal hallucinations may still know where they are and understand that the experience is unusual. Hallucinations still require prompt medical assessment because symptoms can progress.

Withdrawal seizures are usually generalized seizures, which affect the whole body and cause loss of consciousness. They can occur without many warning symptoms. More than one seizure may occur over a short period.

Alcohol withdrawal delirium, sometimes called delirium tremens or DTs, is the most severe form. It causes major changes in attention and awareness, along with agitation, disorientation, hallucinations, fever, heavy sweating, or marked changes in pulse and blood pressure.

Call emergency services now for:

Do not drive yourself if severe withdrawal may be occurring.

- Shaking, especially in the hands
- Sweating or clammy skin
- Anxiety, irritability, or restlessness
- Headache
- Nausea, vomiting, or loss of appetite
- Trouble sleeping or vivid dreams
- Sensitivity to light or sound
- A fast pulse or raised blood pressure
- Difficulty concentrating

- A seizure, even if it stops
- Severe confusion, inability to stay awake, or unusual behavior
- Hallucinations with agitation or loss of awareness
- Fainting, severe weakness, chest pain, or difficulty breathing
- Repeated vomiting or inability to keep fluids down
- Fever, severe shaking, or rapidly worsening symptoms
- Thoughts of suicide, self-harm, or harming someone else

## Causes and risk factors

Alcohol withdrawal results from physical dependence. Dependence means the brain and body have adapted to repeated alcohol exposure. It is not the same as simply choosing to drink, and it does not by itself describe how alcohol has affected every part of a person's life.

Not everyone who drinks heavily develops withdrawal. Risk depends on drinking pattern, previous withdrawal experiences, health conditions, and use of other substances.

Factors associated with more complicated withdrawal include:

Repeated episodes may become more severe through a process sometimes called "kindling." This is one reason a past uncomplicated withdrawal does not guarantee that the next episode will also be mild.

Pregnancy, significant liver disease, heart disease, and certain mental health conditions can affect where and how withdrawal should be treated. These factors require individualized medical assessment.

- A previous withdrawal seizure or alcohol withdrawal delirium
- Many past withdrawal episodes
- Long-term, regular, heavy alcohol use
- Strong symptoms while alcohol is still detectable
- Serious medical illness, injury, infection, or poor nutrition
- Older age
- Dependence on sedatives such as benzodiazepines or barbiturates
- Recent use of several substances
- Abnormal vital signs or severe agitation at the first assessment

- Limited support or an unsafe place to recover

## Diagnosis

There is no single test that proves alcohol withdrawal. Clinicians diagnose it from the pattern of symptoms, the timing of reduced alcohol use, medical history, physical examination, and tests for other possible causes.

A clinician may ask about the usual amount and timing of alcohol use, the last drink, previous attempts to stop, prior seizures or delirium, medications, and other substance use. Honest information helps the care team choose the safest setting. The goal is safe treatment, not judgment.

The examination often includes temperature, pulse, blood pressure, breathing, alertness, hydration, and signs of injury or infection. Clinicians may use a structured symptom scale to follow changes over time. One example is the Clinical Institute Withdrawal Assessment for Alcohol, Revised, or CIWA-Ar. Such scales support monitoring but do not replace clinical judgment and may not be reliable when someone cannot communicate clearly.

Blood tests may check glucose, blood cell counts, liver and kidney function, and electrolytes such as magnesium and potassium. An alcohol level does not rule out withdrawal. Other tests may be needed if there was a fall, a seizure, chest symptoms, possible poisoning, or concern for infection.

Several problems can resemble or occur alongside withdrawal, including low blood sugar, medication effects, head injury, infection, liver-related confusion, and withdrawal from sedative medicines. Identifying these conditions is an important part of the assessment.

## Treatment and management

Treatment depends on current symptoms, the risk of severe withdrawal, other medical conditions, and whether reliable monitoring is available. Some people can be treated through a supervised outpatient program. Others need observation in an emergency department, hospital, or medically managed withdrawal facility.

Benzodiazepines like diazepam or lorazepam are the main medicines used to prevent and treat severe withdrawal symptoms, seizures, and delirium. Clinicians select the medicine and treatment approach based on factors such as symptom severity, age, liver function, and the level of monitoring available. Doses may be guided by repeated symptom assessments or given on a planned schedule in selected situations.

Phenobarbital may be used in certain settings by clinicians experienced with it, particularly when close monitoring is available. Some other medicines, including carbamazepine or gabapentin, may have a role in selected people with mild withdrawal and a low risk of complications. They are not appropriate substitutes for emergency care when severe withdrawal is possible.

Medicines that reduce pulse or blood pressure may sometimes be added for specific symptoms. However, they can hide signs of worsening withdrawal and do not prevent withdrawal seizures or delirium when used alone.

Supportive care is also important. This can include:

Thiamine helps prevent or treat Wernicke encephalopathy, a serious brain condition linked to thiamine deficiency. People with poor nutrition or severe illness may need thiamine given by injection. Emergency treatment for low blood sugar should not be delayed while waiting to give thiamine.

Withdrawal management is only the first stage of care. It does not by itself treat alcohol use disorder, a medical condition involving difficulty controlling alcohol use despite harm. After stabilization, treatment may include counseling, peer support, structured outpatient or residential care, and medicines intended to reduce drinking or support abstinence. Commonly considered medicines include naltrexone, acamprosate, and disulfiram, but the choice depends on the person's goals, health, and other medications.

Medicines commonly used for this include clorazepate . Which one suits you, if any, is a decision for you and your doctor.

- A calm environment with regular observation
- Fluids and treatment of vomiting or dehydration
- Correction of low glucose or electrolyte levels when needed
- Thiamine, a vitamin needed by the brain
- Evaluation and treatment of injuries, infection, or other illness

## Complications

The most recognized complications are seizures and alcohol withdrawal delirium. Severe agitation, high temperature, major changes in blood pressure or heart rate, and fluid or electrolyte problems can place stress on the heart and other organs.

Vomiting can cause dehydration. It can also lead to aspiration, which happens when vomit enters the lungs. Falls, head injuries, and fractures may occur during seizures or periods of poor

coordination.

Poor nutrition and thiamine deficiency can cause Wernicke encephalopathy. Possible signs include confusion, unsteady walking, and abnormal eye movements, although all three may not appear together. Prompt treatment is important.

Alcohol-related liver disease, pancreatitis, abnormal heart rhythms, infection, or gastrointestinal bleeding may become apparent during withdrawal. Mental health symptoms can also intensify. A clinician should assess suicidal thoughts, severe depression, panic, and psychosis rather than assuming every symptom is due to withdrawal.

Most complications are more manageable when withdrawal is recognized early and monitored at an appropriate level of care.

## Follow up

After medically supervised withdrawal, follow-up should address both physical recovery and future alcohol use. A clinician may review sleep, mood, nutrition, liver health, blood pressure, medications, and any remaining symptoms. Repeat laboratory testing may be appropriate when earlier results were abnormal.

Sleep disturbance, tiredness, anxiety, and difficulty concentrating may continue after the most dangerous withdrawal period. These symptoms deserve routine follow-up, especially if they interfere with daily life or increase the urge to drink. They should not be self-treated with alcohol or someone else's sedative medication.

A continuing care plan may involve primary care, addiction medicine, behavioral therapy, mutual-help groups, or a specialist mental health service. Treatment goals can include stopping alcohol use or reducing alcohol-related harm, depending on medical needs and informed discussion with the care team.

Seek prompt medical advice if symptoms return, cravings become difficult to manage, or you begin drinking again after treatment. A return to alcohol use is not a reason to avoid care. The treatment plan can be reviewed and adjusted.

Emergency symptoms remain different from routine follow-up. A seizure, severe confusion, hallucinations with loss of awareness, chest pain, breathing trouble, or thoughts of immediate self-harm require emergency help rather than a scheduled appointment.

## Sources

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