

**HEALTHY MINDS**  
**A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS**  
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**Alcoholism Part III**



Times are very stressful and the future is looking more and more certain. In these situations, alcohol addiction and abuse, always a problem, increases, often dramatically. That is why I have written a three-part series on alcoholism. In part I, I defined alcoholism, discussed the causes, and talked about who becomes an alcoholic. In part II, I discussed the seriousness of alcoholism and how alcoholism is diagnosed. In part III, this current chapter, I shall tell you about the treatment for alcohol withdrawal and the long-term treatments for alcoholism, and tell you the reasons why people with alcoholism relapse.

When an alcoholic stops drinking the symptoms of withdrawal begin to emerge within six hours or up to two full days after the last drink. The peak is usually after a day to a day and a half. The brain, which had its activity stifled by the alcohol, suddenly becomes over-active, stress hormones are produced, and the central nervous system becomes over-excited. Two to four days after drinking cessation, about one out of twenty withdrawing alcoholics experience delirium tremens – with rapid heart-beat, abnormally high or low blood pressure, aggressive behavior, hallucinations, and other mental conditions. Hospitalization is often required for this group, where the patient is examined for serious problems, and calmed using benzodiazepines – anti-anxiety drugs, and sometimes an injection of thiamine (a B-vitamin) to prevent Wernicke-Korsakoff syndrome. Sometimes an assessment of withdrawal symptoms is performed as well. Untreated, one out of five with delirium tremens can die. The treatment, besides the benzodiazepines, may include physical restraint to prevent injury, anti-seizure medication, emergency measures to lower blood pressure, and other treatments to stabilize disturbed heart rhythms.

The main kinds of benzodiazepines used are diazepam (Valium), chlordiazepoxide (Librium), lorazepam (Ativan) and oxazepam (Serax). Beta blockers, such as propranolol (Inderal) and atenolol (Tenormin) are sometimes used as well to reduce the tremors and the heart rate. Other drugs are currently being tested to use in conjunction with the benzodiazepines – clonidine (Catapres) and carbamazepine (Tegretol). Chlormethiazole, a derivative of vitamin B1, is currently being used in Europe to reduce seizures and tremors.

Long-term treatments for alcoholism are based on two goals: total abstinence and learning new behaviors/activities to replace the habitual drinking routine. Although some alcoholics say they can learn to limit themselves to a single drink, it is not a safe and sure alternative to total abstinence.

Withdrawal symptoms, if severe, are better treated on an inpatient basis, either in a general hospital, a psychiatric hospital, or in an inpatient treatment center. The programs include complete physical and mental assessment, detoxification, psychotherapy, or cognitive-behavioral therapy, and some kind of group meeting, often Alcoholics Anonymous (AA). Inpatient treatment has a better recovery record than outpatient treatment in some studies, while others show little difference. Inpatient treatment, however, is very costly. Females drop out of programs more than males; younger alcoholics more than older, and those with less employable skills more than those with more skills. College educated and employed people in programs, however, also tend to drop out more.

The 12-Step, AA program seems to work better for those more mildly afflicted with alcoholism, sometimes called class A – who started serious drinking later in life and had fewer psychiatric problems. The more severe class of alcoholics who became addicted at an earlier age, sometimes called class B, did better over the short and long term with cognitive-behavioral therapy than with interactional group therapy (AA meetings).

In my weekly drug and alcohol program at the Monroe County (KY) Jail, I effectively use a form of cognitive-behavioral therapy called “Stages of Change”, which includes instruction, homework, and writing and discussing the inmate’s experiences, including the effects on their loved ones, their jobs, and their lives. They learn to engage in healthy alternative activities, and to recognize the triggers in their lives that set them on a path to abuse – so that they can avoid these triggers.

There are certain medications that can be administered by a physician (disulfiram or Antabuse) that can cause adverse symptoms (nausea, vomiting, headache, and flushing) if the patient drinks while on this drug. Naltrexone (ReVia) blocks the pleasure centers usually triggered by alcohol, while reducing cravings. It is effective in less serious drinkers, but can have some side effects, such as liver damage. Acamprosate (Campral), is currently available only in Europe, but it calms the brain and reduces cravings (by inhibiting the transmission of a neurotransmitter called GABA).

Other anti-anxiety drugs have had some mixed results, although the side effects can be harmful or dangerous. Other, non-psychiatric drugs such as isradipine, a calcium channel blocker, and GHB, have been shown to be somewhat effective in promoting abstinence, are nevertheless known to have possible serious side-effects.

Most alcoholics relapse at some time during their abstinence; nevertheless they can get back into their program quickly, especially if supported. When the alcoholic is able to forgive him or herself and get back into abstinence, permanent recovery is possible. The bottle will let you down, as the old song goes, although many alcoholics rely on drinking in order to feel less inhibited, to block emotional change, or to relieve boredom. They use it as a support for depression, grief, or anxiety, which are major triggers to slipping back into drinking.

Another obstacle for the newly sober and abstinent former alcoholic is the pressure of friends and sometimes their significant others who miss the old, boisterous persona that had been fueled by drinking and alcoholism. Sometimes the friends encourage them to start drinking again. When the former alcoholics stick to their guns and stay abstinent, they can often feel socially isolated and having less worth in the eyes of others. These friends may need to find help themselves, or attend family support groups such as Al-Anon. Sometimes it is necessary to find a new network of friends in order to survive, and to ignore the massive advertising promoting the use of alcohol as necessary to enjoy life. There is a place for alcohol for those who can use it moderately and sensibly. Like driving, it can be done with care and moderation, or it can be done recklessly. We have the choice and we can find the strength and maturity of judgment to lead temperate lives in regard to all of our actions and behaviors.

**WEBSITE OF THE WEEK:** Read the article on “Stages of Change” methods (that seem to be very effective in Monroe County from my personal experience) at: <http://www.addictionalternatives.com/philosophy/stagemodel.htm> . Also view and listen to the brief testimony of a man whose life has been saved from alcoholism after going through a hospital inpatient program at: <http://www.blinkx.com/video/alcohol-addiction-programs-alcoholism-recovery/fYr-pR8emt3iIRQIN3CLUA> .