How to Manage Alcohol Withdrawal in Outpatient Settings

Criteria for Outpatient Withdrawal

Outpatient managed withdrawal is best for patients who are medically healthy, have no history of seizures, have good psychosocial supports, are reliable (answer phone calls, follow instructions exactly, and return for appointments), and have no major or unstable mental illness.

Clinical Tips

- Inform your patient that they should take time off from work/school and other responsibilities for the initial few days of outpatient withdrawal management
- Your patient should not be alone during treatment of withdrawal—they can stay with a family member, a friend, or an AA sponsor (or the family member/friend can stay with your patient)
- It is often helpful to give the patient a chart or calendar of each day's dosing schedule to avoid confusion and missed or extra doses (see "Medication Tapering Instructions" for a sample you can use)
- The patient must be willing to abort the outpatient protocol and go to the emergency department or an inpatient withdrawal treatment program if you determine that the withdrawal syndrome is worsening and your patient's safety is at risk

Mild Outpatient Withdrawal With Gabapentin

- Prescribe gabapentin 300 mg #30, no refills
- Instruct patient to take one pill every six to eight hours as needed for withdrawal symptoms
- Check in with patient in two to three days to assess; if symptoms are more severe, may need to add benzodiazepines
- Gabapentin is advantageous for withdrawal because (unlike benzos) it can be continued for long-term treatment to prevent future alcohol relapse

Moderate Outpatient Withdrawal With Benzodiazepines

Clonazepam (Klonopin) is usually the first-choice benzodiazepine for outpatient withdrawal due to a lower likelihood of causing euphoria. Use a tapering protocol of five to 10 days as detailed below.

- Prescribe clonazepam 0.5 mg #30, no refills
- Days 1–2: Start with 1 mg QID (may have to decrease initial dose depending on sedation—give patient instructions and latitude to adjust dose if needed)
- Day 3: Start gradual taper by one 0.5 mg pill per day, depending on patient tolerability
- Days 4–10: Gradual taper and discontinuation

You can also use any other benzodiazepine for outpatient withdrawal; see below for recommendations on initial prescription and initial dosing. All will be tapered gradually, similar to the protocol for clonazepam.

- Chlordiazepoxide (Librium): Initial script 25 mg #30; initial dose 50 mg QID
- Diazepam (Valium): Initial script 10 mg #30; initial dose 20 mg QID
- Oxazepam (Serax): Initial script 15 mg #30; initial dose 30 mg QID
- Lorazepam (Ativan): Initial script 0.5 mg #30; initial dose 1 mg QID
- Phenobarbital (see "How to Use Phenobarbital to Manage Alcohol Withdrawal" for details)