

How to Use Phenobarbital to Manage Alcohol Withdrawal

Introduction

Phenobarbital is becoming more popular as a strategy for managing alcohol withdrawal syndrome (AWS) as clinicians gain more experience with it. A recent retrospective study compared phenobarbital with lorazepam for AWS and found that patients using phenobarbital had a shorter length of stay (2.8 vs 3.6 days) as well as fewer readmissions and emergency room visits after discharge (Hawa F et al, *Cureus* 2021;13(2):e13282).

Special Qualities of Phenobarbital

- Less addictive than benzodiazepines (due to more gradual onset, it is less likely to cause euphoria)
- Less commonly prescribed, so less likely for patients to obtain extra doses via diversion
- Safer in patients with liver damage, due to:
 - Less dependence on liver metabolism (one-third excreted unchanged)
 - No active metabolites, so no metabolite buildup in liver disease
- Longest half-life of any sedative, about 100 hours; allows less frequent dosing and often no need for tapering due to gradual metabolism

Phenobarbital Protocol for Outpatient Detox

- Prescribe phenobarbital 15 mg, 30 pills, no refills
- Day 1: Start with loading dose: 30 mg PO Q6 hours; tell patient they can take an extra dose between scheduled doses if they feel shaky or sweaty
- Day 2: See patient (telehealth or in-person visit) to assess if loading dose was sufficient to prevent withdrawal symptoms; adjust upward or downward as needed
- Day 3: Instruct patient to gradually taper phenobarbital over the next eight days (for 10 days of detox total), typically by one pill per day, usually by decreasing daytime doses before nighttime doses
- Days 4–10: See chart below for more specific instructions (in this example, the loading dose is 30 mg Q6 hours); most patients do best with such clear guidance

Outpatient Alcohol Detox Regimen With Phenobarbital

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
6 am	15, 15	15, 15	15, 15	15, 15	15	15	15 three times daily	15 twice daily	15 once daily	15 once every few days until discontinuation
12 pm	15, 15	15, 15	15	15	15	15				
6 pm	15, 15	15, 15	15, 15	15	15	15				
12 am	15, 15	15, 15	15, 15	15, 15	15, 15	15				

Notes: "15" refers to 15 mg phenobarbital. "Day 1" etc. are illustrative and may need adjusting in patients who cannot tolerate this taper rate.

Phenobarbital Hybrid Protocol for Inpatient Detox

The hybrid protocol is similar to the outpatient protocol, but you can shorten to a four-day taper and start with higher doses. Prescribe standing doses but also evaluate symptoms with CIWA; instruct the patient to decrease dose if they are experiencing sedation, or increase dose if they are having significant withdrawal symptoms.

- Days 1 and 2: 60 mg Q6 hours (with upward or downward adjustments based on CIWA assessments)
- Day 3: 30 mg/15 mg/15 mg/30 mg (Q6 hour administration)
- Day 4: 15 mg Q6 hours
- Day 5: Stop
- Note: Most patients can be more rapidly treated by taking a loading dose of 60 mg Q6 hours for one day, then stopping; phenobarbital's long half-life means that usually no tapering is needed