

GP Advice COVID-19 & alcohol or opiate withdrawal

April 2020

Advice for GP's Regarding patients presenting in Alcohol or Opiate withdrawal to General Practice during COVID-19

Opiates

We are still starting people on OST during Covid19. We are also aware that the drug supply chain worldwide will be affected by travel restrictions due to Covid-19.

This may lead to patients calling their GP for advice regarding opiate withdrawal, detoxification or requesting prescriptions of opiate substitution therapy.

Opioid withdrawal in itself is not life threatening and can usually be managed with adjunctive therapy and symptomatic relief.

All patients should be informed that they may have a loss of tolerance following detoxification which may lead to overdose if they resume use of heroin.

Naloxone can be provided at the Together main sites as follows:

Together Exeter, East and Mid Devon hub:
Magdelene House, Grendon Road, Exeter
EX1 2NJ

Together South hub:
Templer House, Scott Close, Newton Abbot,
TQ12 1GJ

Together North hub:
Longbridge House, Abbotsham Road,
Bideford, EX39 3AF

Symptom	Treatment
Diarrhoea	Loperamide 4mg stat then 2mg after each loose stool (16mg max/day) for up to 5 days
Stomach cramps	Mebeverine 135mg TDS
Nausea and vomiting (may also be useful for stomach cramps)	Metoclopramide 10mg TDS for up to a max of 5 days Or Prochlorperazine 3mg buccal BD
Anxiety/agitation	Diazepam 5-10mg TDS PRN (or zopiclone 7.5mg ON for patients who have been dependent on benzodiazepines) 7 days
Muscular pains & headaches	Paracetamol/ NSAIDs
Insomnia	Zopiclone 3.75-7.5mg ON PRN 7nights

Alcohol

Some patients who are self isolating and unwell may call their GP for advice regarding alcohol detoxification.

It is not recommend that GP's initiate a medically assisted withdrawal using chlordiazepoxide or any other benzodiazepine. Please ensure all dependemt drinkers take thiamine 100mg TDS

Withdrawal can be life threatening and so patients with alcohol dependence must be advised to continue drinking. We would advise anybody who is alcohol dependent to attempt to stabilize on the lowest amount of alcohol that holds off uncomfortable withdrawal symptoms. It is generally safe to reduce by a small amount (no more than 10%) approximately every 4-7 days once any discomfort from the previous reduction has passed, until alcohol free.

Alcohol withdrawal symptoms

- Common symptoms include restlessness, tremor, sweating, anxiety, nausea, vomiting, loss of appetite, insomnia, tachycardia, systolic hypertension.
- Rare symptoms include seizures (usually 12 - 48hrs after cessation) and delirium tremens (usually 36-96hrs after cessation);
- Unplanned significant alcohol withdrawal is usually managed as an acute emergency.
- If we are in a crisis situation and no beds are available for admission because of the current Covid-19 crisis then please contact the prescribing team at Together for advice. We can be contacted on the main switchboard number or via nhs email, please make it clear that you are seeking urgent medical advice so that we can respond promptly. We aim to get back to you as soon as possible.

If you have any questions for our specialist doctors, please email them on their contact

Specialist doctors contact details:

North Devon:

Dr Harry Waters (Clinical Lead)
h.waters1@nhs.net

Exeter, Mid and East:

Dr Samantha Cole GPwSI
samcole@nhs.net

South Devon:

Dr Peter Friend GPwSI
peter.friend@nhs.net