One Drug to Rule Them All: Phenobarbital in Alcohol Withdrawal



UTAH SOCIETY OF HEALTH-SYSTEM PHARMACISTS

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Disclosures

- Relevant Financial Conflicts of Interest
- CE Presenter, Presley Whetman, PharmD
 None
- CE Mentor, Brianne Wolfe, PharmD, BCPS, BCCCP
 - None
- Off-Label Uses of Medications
- Phenobarbital for alcohol withdrawl

Pharmacist Learning Objectives

- Assess a patient's overall withdrawal risk using PAWSS
- Differentiate BAWS assessment from CIWA-Ar assessment
- Recognize possible contraindications to the use of phenobarbital
- Construct a patient-specific dosing regimen for phenobarbital in alcohol withdrawal

Technician Learning Objectives

- Identify medications that can interact with phenobarbital on a patient's medication list
- Recognize appropriate dosage forms of phenobarbital
- Apply appropriate storage of phenobarbital formulations





Approviation	C
Abbreviation	3

- ABW Actual body weight
- AUD Alcohol use disorder
- AWD Alcohol withdrawal delirium
- AWS Alcohol withdrawal order •
- BAWS Brief Alcohol Withdrawal Scale
- BP Blood Pressure
- BZD Benzodiazepine
- CIWA-Ar Clinical Institute Withdrawal . Assessment for Alcohol
- DT Delirium tremens
- ED Emergency department

- GABA Gamma-aminobutyric acid
- HR Heart rate
- IBW Ideal body weight
- ICU Intensive care unit • • IV – Intravenous
- NMDA N-methyl-D-aspartate
- PAWSS Prediction of Alcohol Withdrawal . Severity Scale
- PO By mouth

• yo – years old

•

- PRN As needed
- RR Respiratory rate
 - SEWS Severity of Ethanol Withdrawal Symptoms Score
 - USHP

Α	udience Response Ques	tion	
	@ Respond at PollEv.com/ushp Text USHP to 22333 once to join, then A, B, or	c	
When	n treating AWS, what is your current pr with?	actice most al	igned
	Benzodiazepine regimen	A	
	Phenobarbital regimen	В	

С

Mixed regimen



USHP

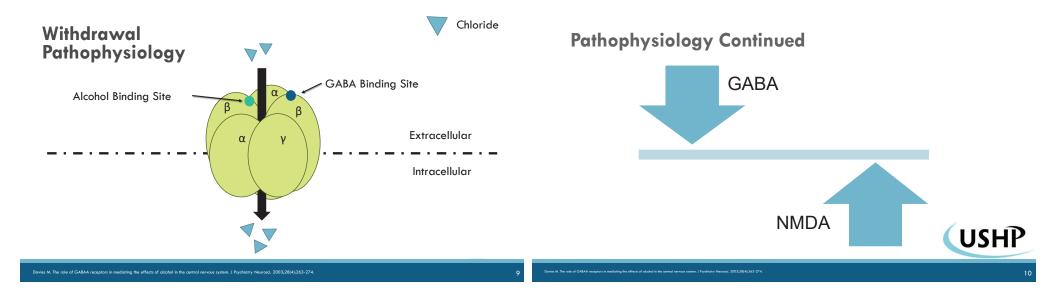
Alcohol Use Disorder

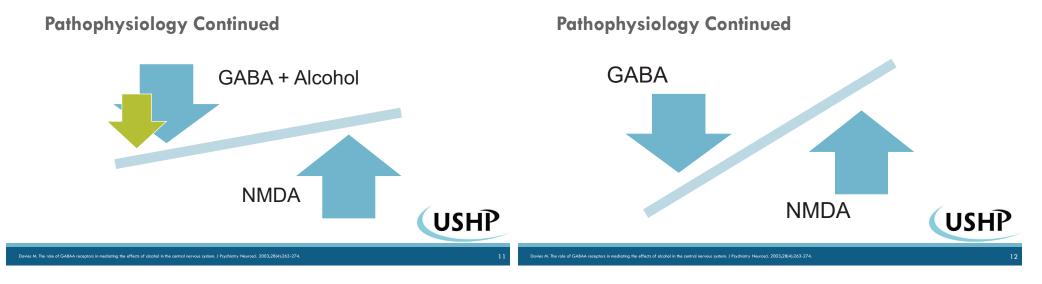
Heavy or frequent alcohol drinking causing problems, emotional distress or physical harm

Alcohol **Withdrawal Syndrome**

Banerjee N. Neurotransmitters in alcoholism: A review of neurobiological and genetic studies. Indian J Hum Genet. 2014;20(1):20-3

Imbalance in neurotransmitters in the brain caused by chronic consumption of alcohol







Patient Case

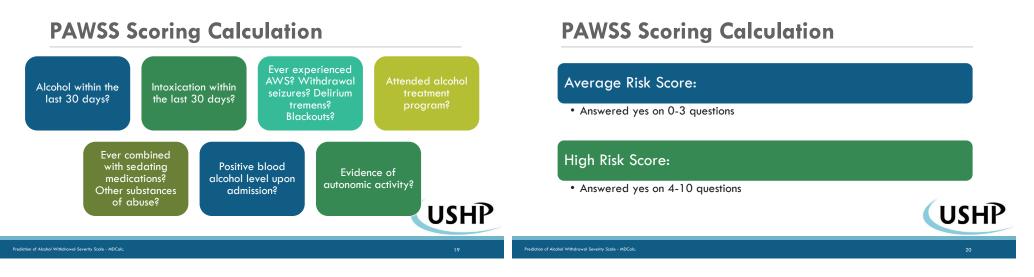
AA is a 35-year-old male with a history of alcohol withdrawal (started when 13 yo) who presents to ED for alcohol intoxication, headache and nausea. He is extremely agitated and states that he drank about 1/5 of vodka and a 6 pack of beer sometime in the last 24 hours. He was admitted to the hospital earlier this year for AWS complicated by a severe metabolic acidosis and seizure. Denies any other substance abuse. He denies visual/auditory hallucinations.

BP: 157/103
HR: 132
RR: 25
Temperature: 37 C
ETOH: 302 mg/dL
ABW 100 kg
IBW 73 kg
USHP

A	e Response Question		
W	nat stage of withdrawal is AA in based on is pro symptoms?	esenting	PollEv.com/USHP
	Stage 1	A	
	Stage 2	В	
	Stage 3	с	USHP

Prediction of Alcohol Withdrawal Severity Scale (PAWSS)





Patient Case AA is a 35-year-old male with a history of alcohol withdrawal (started when 13 yo) who	BP: 1 <i>57/</i> 103 HR: 132	Audience Response Questio	n	PollEv.com/USHP
presents to ED for alcohol intoxication, headache and nausea. He is extremely agitated and states that he drank about 1/5 of vodka and a 6 pack of beer sometime in the last 24 hours. He was admitted to the hospital earlier this year for AWS complicated by a severe metabolic acidosis and seizure. Denies any other substance abuse. He denies visual/auditory hallucinations.	RR: 25 Temperature: 37 C ETOH: 302 mg/dL ABW 100 kg IBW 73 kg	What is AA's PAWSS score?	AB	Download the Poll Everywhere app and join USHP
	USHP	10	с	USHP
	21			22



Nausea? Tremor? Paroxysmal sweats? Anxiety? Agitation? Headache? Tactile disturbances? Auditory? Visual?

• Not Present - Extremely Severe (0-7)

Oriented?

• Oriented - Disoriented (0-4)

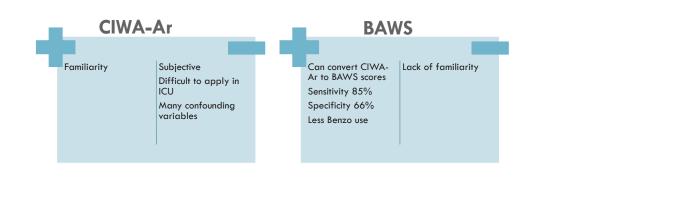
CIWA-Ar Scoring Calculation

Brief Alcohol Withdrawal Scale (BAWS)

Symptom	0	1	2	3
Tremor	None	Felt, not visible	With arms extended	At rest
Diaphoresis	None	Visible	Beads of sweat	Drenched
Agitation	Calm	Anxious	Agitated	Violent
Confusion	Oriented	Disoriented to time	Disoriented to time and place	Disoriented
Hallucinations	None	Vague	More defined	Severe



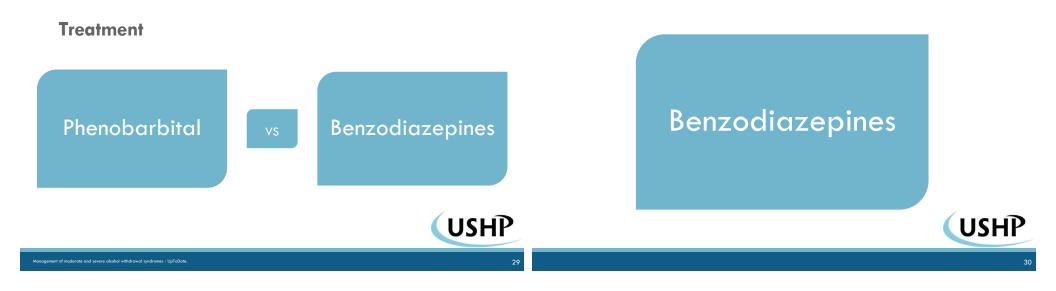
Which one is best?

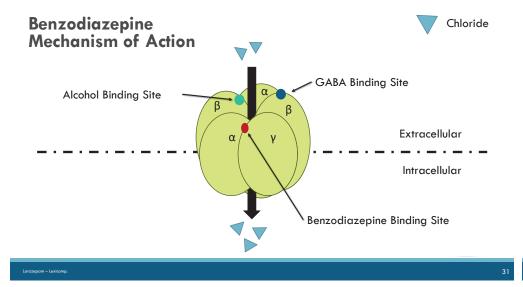


Treatment



on Of Baws (brief Alcoho) Withdrawal Scale) With Ciwayar To Diagnose The Severity Of Alcohol Withdrawal in Hospitalized Medical Patient



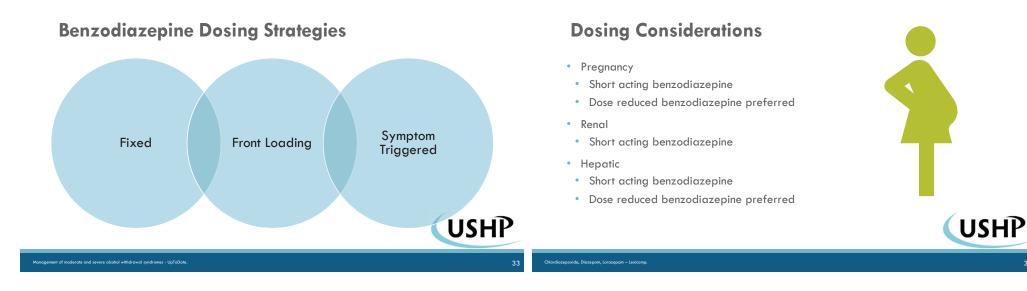


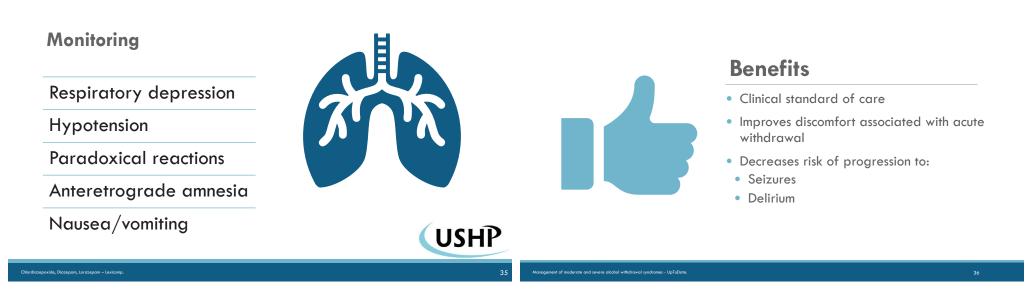
Benzodiazepine Dosing

Benzodiazepine	Route	Dose	Onset	Half-life
Chlordiazepoxide	PO	 25-100 mg PRN 50 mg every 6 hours for 1 day, then 25 mg every 6 hours for 2 days 	30 minutes - 2 hours	24-48 hours
Diazepam	IV PO	 5-20 mg PRN 10 mg every 6 hours for 1 day, then 5 mg every 6 hours for 2 days 	IV: 10 minutes PO: 1 hours	33-48 hours
Lorazepam	IV PO	 2-4 mg PRN 6-8 mg/day then 4-day taper	IV: 10 minutes PO: 2 hours	12-14 hours



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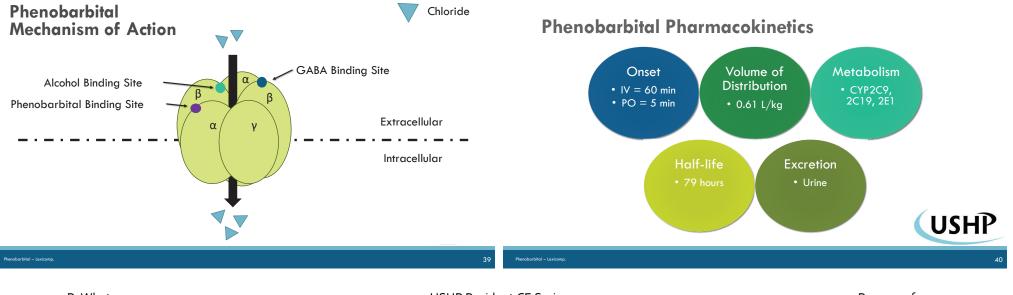




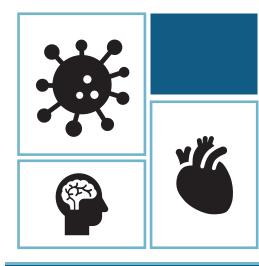
Challenges

- Patients with chronic heavy alcohol use can develop cross-tolerance
- Increased risk of rebound withdrawal symptoms
- Increased risk of post-treatment drinking
- Other Risks:
- Respiratory depression
- Encephalopathy
- Agitation in medically hospitalized patients

Phenobarbital



USHP



Phenobarbital Interactions

Aripiprazole	
Quetiapine	
Risperidone	
Ticagrelor	
Nifedipine	
Azole Antifungals	
Antiretrovirals	**not all inclusive

Storage of Compounded Dose

Oral

- Store between 20°C and 25°C (68°F and 77°F)
- Protect from light

Injection

• Store between 20°C and 25°C (68°F and 77°F)



USHP

- **Contraindications for Use**
 - Hypersensitivity reactions to phenobarbital
 - Marked hepatic impairment:
 - · Caution in patients with hepatic impairment
 - Avoid use in patients with hepatic encephalopathy
 - Dyspnea or airway obstruction
 - Porphyria
 - Pregnancy

Phenobarbital – Lexicoma



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- Monitoring

• Respiratory depression

• Risk of necrosis if extravasation occurs

Hypotension

• Drowsiness

Rash

• Nausea/vomiting

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Benefits and Challenges

- Benefits:
- Long half life
- Not a narrow therapeutic index drug
- Levels are available

•	Challenges:
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- Risk of respiratory depression
- Not the clinical standard of care

Seizures	10-40	N/A
Toxicity	> 50	Mild
Alcohol Withdrawal	> 65	Severe

Audien	ce Response Questi	on	
	 Respond at PollEv.com/ushp Text USHP to 22333 once to join, then A or B 		
Based on pati	ent characteristics, what agen comfortable using for AA?	ts are you most	Download the Poll Everywhere app and join USHP
Benzodia	azepines	A	
Phenoba	rbital	В	USHP

Patient Case

Your ED physician is interested in starting phenobarbital for AA. After her interview, she hands you a list of his current medications

Folic acid 1 mg once daily Thiamine 100 mg once daily Quetiapine 100 mg once nightly Bupropion 100 mg once daily

Audience Response Question

Respond at PollEv.com/ushp
 Text USHP to 22333 once to join, then A, B, C, or D

What medications on AA's home list are you concerned about?

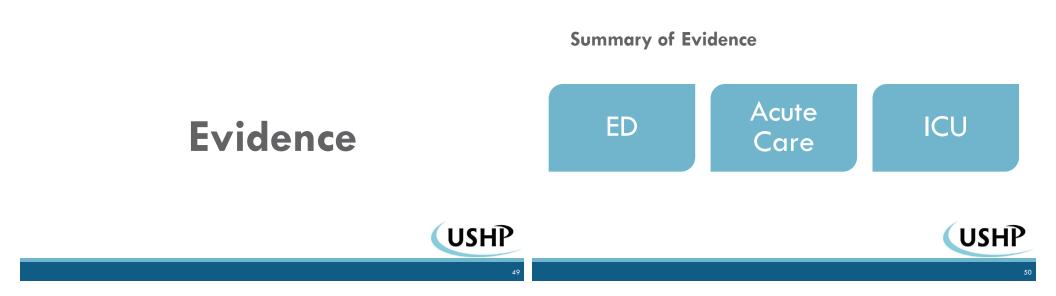
bupropion	А
quetiapine	В
folic acid	c
thiamine	D





USHP

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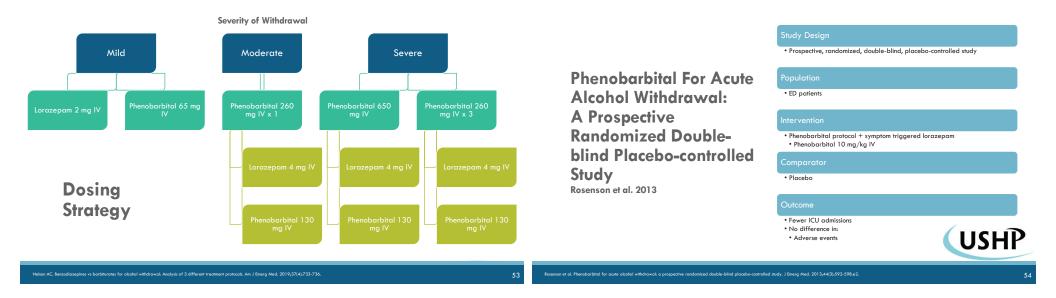
Safety and Efficacy in the ED

Benzodiazepines vs barbiturates for alcohol withdrawal: **Analysis of 3 different** treatment protocols Nelson et al. 2019

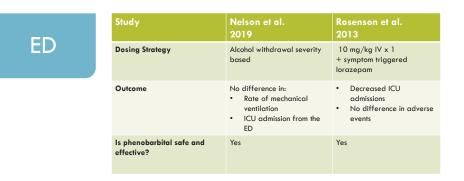
• Retrospective observational cohort study • ED patients Phenobarbital protocol Lorazepam + phenobarbital protocol Diazepam protocol • No difference in: Rate of mechanical ventilation USHP • Rate of ICU admission from the ED vs barbiturates for alcohol withdrawal- Apalysis of 3 different treatment protocols. Am J Emerg Med. 2019;37(4):733,736

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USHP Resident CE Series



Summary of Evidence



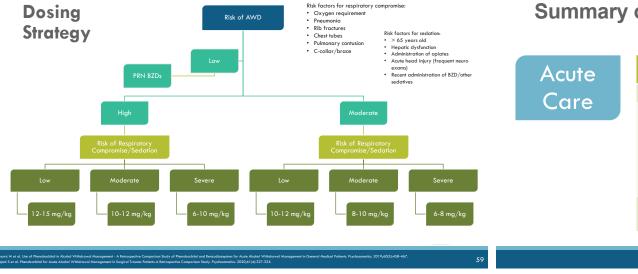
Safety and Efficacy in Acute Care



Use of Phenobarbital in Alcohol Withdrawal Management: A Retrospective Comparison Study of Phenobarbital and Benzodiazepines for Acute Alcohol Withdrawal Management in General Medical Patients Nisavic et al. 2019

Management in Surgical Trauma Patients—A • Retrospective cohort study **Retrospective Comparison Study** Nejad et al. 2020 General medicine patients Retrospective cohort study Phenobarbital protocol Surgical Trauma Patients on all floors (ED to ICU) • Fixed dose benzodiazepine protocol Phenobarbital protocol Similar outcomes: Development of AWS-related complications Fixed dose benzodiazepine protocol Hospital length of stay • ICU admission rates/length of stay Adverse events Less alcohol withdrawal delirium USHP USHP • Discharge against medical advice • Less alcohol withdrawal syndrome Less adverse side effects

Phenobarbital for Acute Alcohol Withdrawal



Summary of Evidence

Nejad S et al. Phenobarbital for Acute Alcohol Withdrawal Management in Surgical Trauma Patients-A Retrospective Comparison Study. Psychosomatics. 2020;61(4):327-335

Acute Care	Study	Nejad et al. 2020	Nisavic et al. 2019
	Dosing Strategy	Risk of AWD based	
Care	Outcome	Less: • Delirium • Adverse events	No difference in: • Development of complications • Hospital length of stay • ICU admission rates • ICU length of stay • Adverse events • Discharge against medical advice
	Is phenobarbital safe and effective?	Yes	Yes

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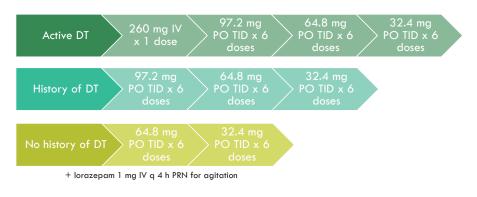
Safety and Efficacy in the ICU

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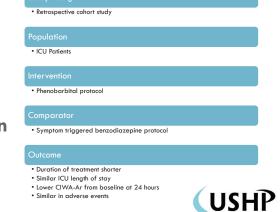
Treatment of Alcohol Withdrawal Syndrome: Phenobarbital vs CIWA-Ar Protocol Tidwell et al. 2018

	Study Design		
	Retrospective cohort study		
	Population		
	Medical ICU patients		
	Intervention		
	Phenobarbital protocol		
	Comparator		
	Symptom triggered benzodiazepine protocol		
	Outcome		
	Shorter ICU stay		
	 Shorter hospital stay Less mechanical ventilation 		
	Less use of adjunctive agents	USH	γ
~			-
61 Tidwell	WP, Thomas TL, Poullat JD, Canonico AE, Webber AJ. Treatment of Alcohol Withdrawal Syndrome: Phenobarbital vs CIWA-Ar Protocol. Am J Crit Care. 2018;27(6):454-460.		

Dosing Strategy



Phenobarbital and symptom-triggered lorazepam versus lorazepam alone for severe alcohol withdrawal in the intensive care unit Nguyen et al. 2020



Idwell WP, Thomas TL, Paullat ID, Capagica AF, Webber AL, Treatment of Alcohol Withdrawal Syndrome: Phenoharbital vs CIWA, Ar Protocol, Am J Crit Care, 2018;27(6):454,460

Summary of Evidence



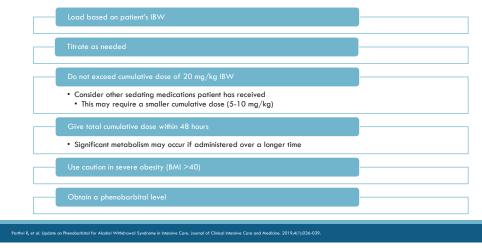
Dosing Strategies

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Considerations

- Was initial dose of phenobarbital enough?
- Does my patient need additional titration?
- Which weight should I use to base dosing recommendations?
- What's the cumulative dose this patient has received throughout their stay?

Dosing Pearls



USHP

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Patient Case	BP: 157/103	Audience Response Question @ Respond at PollEv.com/ushp		
AA is a 35-year-old male with a history of alcohol withdrawal (started when 13 yo) who presents to ED for alcohol intoxication, headache	HR: 132 RR: 25	Text USHP to 22333 once to join, then A, B, C, or D What is an appropriate phenobarbital dosing strategy for AA?	PollEv.com/USHP	
and nausea. He is extremely agitated and states that he drank about 1/5 of vodka and a 6 pack of beer sometime in the last 24 hours. He was admitted to the hospital earlier this year for AWS complicated by a severe metabolic acidosis and	Temperature: 37 C ETOH: 302 mg/dL ABW 100 kg	Load only: 10 - 15 mg/kg IV over 2 daysATitration: 10 mg/kg IV x 1, 65 mg PO x 6 doses, 32 mg PO x 6 dosesB	Text USHP to 22333	
seizure. Denies any other substance abuse. He denies visual/auditory hallucinations.	IBW 73 kg	Titration: 10 mg/kg IV x 1, then 260 mg IV x 1 dose for moderate to sever symptomsCTitration: 10 mg/kg IV x 1, then 130 mg IV-		
	USHP	x 1 dose for mild symptoms	USHP	



(PARTI) Phenobarbital vs Ativan for Alcohol Withdrawal in the Intensive Care Unit

• Prospective, open-label, randomized, controlled trial

- March 2022
- NCT04156464

(PHENOMANAL) Phenobarbital for Severe Acute Alcohol Withdrawal Syndrome

- Prospective, placebo controlled, randomized
- November 2022
- NCT03586089

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