

Detox protocol for acute alcohol and drug withdrawal

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Introduction

With the recent FDA approval of a six-month implant for buprenorphine, I decided to submit an article regarding the use of Klonopin tapers for detox. An induction / stabilization phase will be required prior to recovering an implant of buprenorphine, and this process will be easier, and safer, if the patient is detoxed off opiates, and other drugs first. I will describe my experience with 15day Klonopin tapers, and comment on the theoretical basis of why and how Klonopin is an effective detox agent. Drugs which can become physically addicting with repeated use can cause withdrawal symptoms severe enough to require detoxification. I have used Klonopin taper for many years to treat withdrawal from alcohol, opiates, benzodiazepines, methamphetamines, and combinations of these drugs.

Other drugs, such as marijuana, have less intense withdrawal effects and risks due to being less addictive. While marijuana is now recognized to cause withdrawal in addicted users, it does not appear to trigger intense withdrawal requiring detox. Acute drug withdrawal produces excess stimulation of glutamate receptors, which increases the rate of nerve all firing to levels above a healthy range. Excessive glutamate excitability can produce free radicals, which can trigger a cascade of events that can lead to neuronal cell death. This cascade of events can be interrupted if the excessive glutamate activity can be decreased. Klonopin tapers stimulate gaba receptors inhibitory effects to lower the excessive glutamate receptors activity. The result is to try to restore balance between the inhibitory effects of gaba, and the excitatory effects of glutamate, to reduce the rate of nerve cell bring back towards a normal range, and prevent neuronal cell death.

Klonopin aetox protocol

Klonopin 0.5mg po three times daily for 5days, then decreases to, Klonopin 0.5mg twice a day for 5days, then decrease to 0.5mg daily for 5days, then stop. Consider using Klonopin 1 mg 15day taper for anticipated severe withdrawal such as:

- History of several previous withdrawal episodes requiring detox.
- History of withdrawal seizures or delirium.
- Patients over age 40 with current acute medical conditions such as pneumonia, acute pancreatitis, cancer, and delirium.
- History of recently using high doses of Xanax, IV opiate, or IV methamphetamines.
- Klonopin 1 mg 15day 30 pills, Klonopin 1mg three times daily for 5days, then decrease Klonopin to 1mg bid for 5days, then decrease to Klonopin 1mg daily for 5days.

Typical clinical aetox progression

Expect the Klonopin taper will control withdrawal symptoms within 24 to 48hours. Prompt imitation of Klonopin will result in

decrease of withdrawal symptoms easier and faster. If I initiate Klonopin in the afternoon or evening, I will order one or two doses of Klonopin on the first day, and begin the 15day taper on the next morning.

Completion of taper

Completion of the 15day taper is important for two reasons. Completing the 15day taper eliminates the risk of reemergence of withdrawal symptoms that can occur if Klonopin is abruptly stopped. Completing the taper will decrease the frequently observed chronic symptoms of insomnia, anxiety, and irritability, that addicted patients exhibit after the acute withdrawal phase. The patients will be more responsive to psychotropic medications to treat these symptoms. I prefer to use the term “post-acute withdrawal syndrome” to categorize those commonly repeated symptoms after detox. Research on the neuroadaptation that occur in addiction include a release of CRF, (corticotrophin releasing factor), which is a chronic stress response, that has been called “the dark side of addiction” by George Koob Ph.D. In my opinion, “the dark side of addiction” presents clinically as this “post-acute withdrawal syndrome”. Effective prompt detox allows the gaba-glutamate activity to try to approach its normal balance or homeostasis. However, it does not appear that this gaba-glutamate activity reaches pre-addictive balance and is called in the addiction research literature as being in an allostatic state. This chronic stress response is felt to be the main driver for continued use of drugs in patients who suffer with addiction.

Medical management of withdrawal

Fluid and electrolyte management will provide supportive treatment. Prompt correction of abnormalities including hypokalemia, and hypomagnesaemia, will decrease the risk of arrhythmia, and sudden death. Prompt initiation of treatment with Klonopin will indirectly decrease the hyperadrenergic response frequently seen in withdrawal, and may eliminate the need to use drugs such as Clonidine. Vitamin C has been researched in withdrawal, especially heroin withdrawal. Vitamin C acts as an antioxidant, and can aide

in treating glutamate hyperexcitability, stopping or preventing neurotoxicity. Research has also indicated that Vitamin C may block the neuromodulatory response of opioid receptors to opiates. Alcohol intoxication and alcohol withdrawal requires special considerations regarding vitamins and minerals. It appears that vitamins and minerals are required in order for alcohol to be metabolized in the liver. Some of these B vitamins and minerals include Thiamine, Riboflavin, Niacin, Biotin, Iron, Zinc, Manganese, Phosphorus, Copper, and Magnesium.

Summary

I practice addiction psychiatry using therapeutic strategies based on the neurogenesis theory instead of the mono amine, (chemical imbalance) theory. Atrophy of the hippocampus is associated with many brain conditions including depression, psychosis, addiction, Alzheimer's dementia and seizures. There is evidence that the hippocampus has an adult stem cell layer and produces new nerve cells, (neurogenesis), throughout our lifetime. Effective detox will minimize or prevent neurotoxicity. Completion of an effective detox will provide the opportunity for a patient to enter and participate in

a recovery program. Continued active participation in a recovery program for two years or longer will provide the brain the time to attempt to heal itself. My hope is that this article will provide a guide for clinician's in experienced in addiction medicine to provide appropriate treatment for their patients with addiction. These clinicians could assist their patients on getting on the path of recovery.

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