

Barbiturates and some of the newer psychoactive agents also suppress dreaming. The authors postulate that with chlordiazepoxide, which does not suppress dreaming during its short-term use, the dream deficit can be made up during sleep rather than delirium. The findings in the present study lend support to this speculation.

Jaffe(9) has aptly cited the very low degree of cross-dependence with alcohol shown by the phenothiazines, contrasted with the high degree of cross-dependence with alcohol shown by chlordiazepoxide. From the results of this study we would agree with him that "since the development of delirium tremens always carries with it a . . . risk of a fatal outcome, it seems appropriate to treat all but the mildest cases of alcoholic withdrawal with agents that show cross-dependence with alcohol."

Conclusion

A double-blind controlled comparison was made in 23 Veterans Administration hospitals of chlordiazepoxide, chlorpromazine, hydroxyzine, thiamine, and a placebo in 537 patients suffering acute alcohol withdrawal symptoms. Treatments were compared with regard to symptom change and the development of delirium tremens and seizures.

Symptomatic improvement occurred in the great majority of patients in all five treatment groups, the greater changes occurring during the first two days of treatment. Individual symptoms appeared to respond more readily to one or another of the treatments (including placebo), but there was no consistent over-all superiority of any one treatment.

Convulsions developed in one percent of the patients who received chlordiazepoxide, in 12 percent of the chlorpromazine group, eight percent of the hydroxyzine group, seven percent of the placebo group, and seven percent of the thiamine group. Delirium tremens developed in one percent of the chlordiazepoxide group, seven percent of the chlorpromazine group, four percent of the hydroxyzine group, six percent of the placebo group, and four percent of the thiamine group.

It is concluded that chlordiazepoxide appears to be the drug of choice (among those tested) in the prevention of delirium tremens and convulsions during the acute alcohol withdrawal state. Chlorpromazine was associated with the highest incidence of both delirium and seizures. The differences between these two drugs were highly significant in the development of both delirium tremens and convulsions.

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