INTRODUCTION

An acute withdrawal state develops in alcoholic subjects within hours to days after cessation (or diminution) of a prolonged period of heavy drinking. Symptoms may include, in various combinations, anorexia, nausea, vomiting, sweating, flushing, insomnia, tremulousness, tachycardia, agitation, irritability, apprehension, depression, weakness, fever, clouded sensorium and confusion. If untreated, this syndrome may progress to hallucinosis or delirium tremens, and may be complicated by grand mal seizures.

Most symptoms of acute alcohol withdrawal will resolve spontaneously in several days. The two feared developments in this syndrome are delirium tremens and convulsions, either of which may terminate fatally.

Despite the high incidence of alcoholism, there have been very few large scale studies evaluating the relative effectiveness of different drugs used in the treatment of the alcoholic during the acute withdrawal period.

Because of the serious nature of this condition and its widespread occurrence in the 166 Veterans Administration hospitals, a large scale cooperative study was initiated to evaluate the relative efficacy and safety of four drugs commonly used in treating the withdrawal symptoms of the alcoholic. Chlordiazepoxide, chlorpromazine, hydroxyzine, and thiamine were evaluated against matching placebo controls in 23 Veterans Administration hospitals using a common protocol.