# RESULTS

In general, all 5 treatment groups improved rapidly, the larger changes occurring on the first 2 days. The clinically important findings concern those patients who developed delirium tremens or seizures (or both).

The total incidence of delirium tremens for the entire population of 537 was 24, or 4.5%. The total incidence of convulsions was 37, or 7%. The breakdown by treatment group is shown in the following table:

**INCIDENCE OF DELIRIUM TREMENS AND CONVULSIONS**

| | | Delirium Tremens (alone) | Convulsions (alone) | DT and Convulsions | Total | |
|---|---|---|---|---|---|---|
| Chlordiazepoxide | N—103 | 1 | 1 | 0 | 2 | (2%) |
| Chlorpromazine | N— 98 | 4 | 9 | 3 | 16 | (16%) |
| Hydroxyzine | N—103 | 2 | 6 | 2 | 10 | (10%) |
| Thiamine | N—103 | 4 | 7 | 0 | 11 | (11%) |
| Placebo | N—130 | 7 | 8 | 1 | 16 | (12%) |
| Total | N—537 | 18 | 31 | 6 | 55 | (10%) |

# CONCLUSION

The state resulting from acute withdrawal from prolonged use of excessive amounts of alcohol is attended by an appreciable risk of the development of serious complications, delirium tremens and convulsions, and a respectable mortality rate.

The view has been expressed that no adequate data have yet been reported to prove that any of the newer psychoactive agents are effective in preventing the development of delirium tremens during the withdrawal state.

With these issues in mind the Veterans Administration embarked on this double-blind comparative evaluation of four of the commonly employed treatments of the alcohol withdrawal syndrome.

The success (or failure) rate in this study was keyed to the rates of occurrence of the two most common and serious developments in this syndrome: convulsions and delirium tremens. In this study, chlordiazepoxide was associated with the best outcome on both these scores.