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REVIEW

NURSING CARE IN ALCOHOL WITHDRAWAL SYNDROME: CARE FLOWCHART

ASSISTÊNCIA DE ENFERMAGEM NA SÍNDROME DE ABSTINÊNCIA ALCOÓLICA: FLUXOGRAMA DE ATENDIMENTO

CUIDADOS DE ENFERMERÍA EN EL SÍNDROME DE ABSTINENCIA DE ALCOHOL: DIAGRAMA DE CUIDADO

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ABSTRACT

Objective: to review the literature and, through the synthesis of evidence, elaborate a flowchart of Nursing care in the alcohol withdrawal syndrome (AWS). Method: the first steps of elaboration of a clinical Nursing protocol were carried out. In step "a" the objective of the protocol was defined; in step "b" a search of the scientific literature was carried out to gather evidence; and in step "c", based on the evidence, a flowchart of Nursing care in the AWS was elaborated. Data collection took place in January 2019 in the following databases: Virtual Health Library, PubMed, CINAHL, PSYINFO and MEDLINE. The results were presented in tables and figures. Results: eight studies were included in the review. The evidence supported the elaboration of the Nursing care flowchart in the AWS systematized in the following phases: reception and approach to alcohol users with manifestation of AWS signs and symptoms; Tracking; interventions; and forwarding. Conclusion: with the synthesis of evidence, it was possible to develop a flowchart of Nursing care in the SAA, which can contribute to the improvement of health responses to this problem, as well as being sufficient to follow up on the steps of validation of a clinical protocol.

Keywords: Alcohol Abstinence; Nursing Care; Nursing; Protocols; Substance-Related Disorders; Alcohol-Related Disorders.

RESUMO

Objetivo: realizar revisão da literatura e pela síntese de evidências elaborar um fluxograma de assistência de Enfermagem na síndrome de abstinência alcoólica (SAA). Método: foram executadas as primeiras etapas de elaboração de um protocolo clínico de Enfermagem. Na etapa "a" definiu-se o objetivo do protocolo; na etapa "b" realizou-se pesquisa da literatura científica para levantamento de evidências; e na etapa "c", a partir das evidências, elaborou-se um fluxograma de assistência de Enfermagem na SAA. A coleta de dados ocorreu em janeiro de 2019 nas bases de dados: Biblioteca Virtual em Saúde, PubMed, CINAHL, PSYINFO e MEDLINE. Os resultados foram apresentados em tabelas e figuras. Resultados: oito estudos foram incluídos na revisão. As evidências subsidiaram a elaboração do fluxograma de assistência de Enfermagem na SAA sistematizado nas seguintes fases: acolhimento e abordagem dos usuários de álcool com manifestação de sinais e sintomas de SAA; rastreio; intervenções; e encaminhamento. Conclusão: com a síntese das evidências foi possível a elaboração de um fluxograma de assistência de Enfermagem na SAA, o qual pode contribuir para o aprimoramento das respostas em saúde a esse problema, bem como é suficiente para dar seguimento às etapas de validação de um protocolo clínico.

Palavras-chave: Abstinência de Álcool; Cuidados de Enfermagem; Enfermagem; Protocolos Transtornos Relacionados ao Uso de Substâncias; Transtornos Relacionados ao Uso de Álcool.

RESUMEN

Objetivo: revisar la literatura y, a través de la síntesis de evidencia, elaborar un diagrama de flujo de los cuidados de enfermería en el síndrome de abstinencia alcohólica (SAA). Método: se realizaron los primeros pasos para desarrollar un protocolo clínico de enfermería. En el paso "a" se definió el objetivo del protocolo; en el paso "b" se realizó una búsqueda de la literatura científica para recolectar evidencia; y en el paso "c", con base en la evidencia, se elaboró un diagrama de flujo de la atención de enfermería en la SAA. La recolección de datos se realizó en enero de 2019 en las siguientes bases de datos: Biblioteca Virtual en Salud, PubMed, CINAHL, PSYINFO y MEDLINE. Los resultados se presentaron en tablas y figura. Resultados: se incluyeron ocho estudios en la revisión. La evidencia apoyó la elaboración del diagrama de flujo de cuidados de enfermería en el SAA sistematizado en las siguientes fases: recepción y abordaje de consumidores de alcohol con manifestación de signos y síntomas de SAA; Seguimiento; intervenciones; y reenvío. Conclusión: con la síntesis de evidencias, fue posible desarrollar un diagrama de flujo de cuidados de enfermería en el SAA, que puede contribuir a la mejora de las respuestas de salud a esta problemática, además de ser suficiente para dar seguimiento a los pasos de validación de un protocolo clínico.

Palabras clave: Abstinencia de Alcohol; Atención de Enfermería; Enfermería; Protocolos Trastornos Relacionados conAlcohol; Trastornos Relacionados con Sustancias.

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INTRODUCTION

The global trend indicates the increasingly early use of psychoactive substances, including alcohol, and such use also occurs in an increasingly intense and problematic way, given its legality, culture of use and ease of access. The World Health Organization (WHO) estimates that 2.3 billion people, aged 15 or over, consume alcohol, which corresponds to 43% of the world population. In the Americas, Europe and the West, this consumption is recurrent for more than half of the population. Until 2016, damages resulting from alcohol consumption were related to 3 million deaths and a 5.1% reduction in life expectancy.[1]

Among people who consume alcohol, it is estimated that 237 million men and 46 million women have disorders resulting from alcohol use, namely the use of a dependent pattern. However, information about available treatments is virtually unknown. In general, it is known that in developing countries, such as Brazil, the proportion of people with alcohol dependence who access any treatment service for this issue is almost zero.[2]

In the national context, the III National Survey on Drug Use by the Brazilian Population (III LNUD) showed that alcohol is the most consumed substance by the population aged between 12 and 65 years, regardless of gender, totaling 30.1% of people who used it in the 30 days prior to the survey. Of these, 1.5% showed dependence, the second highest percentage after tobacco. Furthermore, alcohol was associated with the consumption of multiple substances (tobacco, illicit substances, and prescribed drugs) by 6.3 million Brazilians.[3]

Recognizing this problem at a global level, the United Nations (UN) determined as one of the goals of sustainable development for 2030 the reduction of harm associated with the use of alcohol, aiming at social well-being, and improving the quality of life and population health. For this, it suggests that, in addition to the need for countries to invest in specific public policies for this issue, it is essential to structure health care that addresses from prevention strategies to treatment for more severe cases of people with problems with alcohol consumption.[4]

From the perspective of health care for people who have problems with alcohol use, one of the main complications is the alcohol withdrawal syndrome (AWS). This syndrome is considered one of the criteria for diagnosing alcohol dependence and is characterized by specific signs and symptoms that appear after the interruption of alcohol use in individuals with sustained or prolonged use, whether this interruption is total or partial. The signs and symptoms appear from six hours to four days after discontinuing use and they are: psychomotor agitation, anxiety, mood changes, tremors, nausea, vomiting, tachycardia, hypertension, hyperthermia and sweating. In addition, AWS also had other important disorders, such as seizures, delirium tremens (DT) and WernickeKorsakoff syndrome (SWK), responsible for the increase in morbidity and mortality of users with alcohol dependence.[5,6]

The factors that influence the appearance and evolution of these injuries are multiple, such as gender, pattern of alcohol consumption, biological and psychological characteristics of each individual, genetic vulnerability, sociocultural factors, among others.[7] Seizures are associated with severity and the duration of the AWS and reach about 8% of users. DT, on the other hand, affects 5% of people who frequently report AWS, regardless of the level of severity. Due to the physical and psychological complications of DT, this can be considered the most serious damage resulting from SAA, whose mortality rates vary between 5 and 15% of users.[7,8] SWK, in turn, is a chronic condition resulting from AWS which has the highest mortality rate (17%). Because its symptoms are easily confused with the clinical findings of acute intoxication, it needs attention and specific knowledge for its identification and correct treatment.[9]

Given the above, it is possible to say that a closer look by the entire health team for AWS and its complications is essential and, therefore, professionals need to be prepared to identify its signs and symptoms, intervene in this clinical condition, recognize the best health service indicated for such management and preventing injuries. As an essential part of the health teams at all levels of care, the importance of the Nursing team to act in front of the AWS is highlighted, since it will probably be the professionals who will carry out the first contact with the users, thus being able to guide the care actions in services.[5,6]

That said, in order to systematize and improve the clinical practice of Nursing in the care of AWS, the creation of protocols and instruments that guide their conduct is suggested. Scientific studies present this proposal, however, in general, protocols developed with a focus on medical practice. Those who address the role of Nursing do not delimit practical resources and behaviors that can be applied in clinical practice, which justifies the need to develop clinical protocols for AWS care aimed at this category in a more detailed way and encompassing primary care even the specialized.[5,7]

To contribute to this gap, in order to equip the Nursing team to identify and adequately intervene in AWS, this study aims to carry out a literature review and, through the synthesis of evidence, prepare a flowchart of Nursing care in AWS, as an initial step in the construction of a clinical protocol.

MATERIAL AND METHOD

In this study, the first steps (a, b and c) of elaboration of a clinical Nursing Protocol (NP) for management in AWS situations were performed. The next steps will be developed by another study. These include a) definition of the protocol's objective; b) research of the scientific literature to survey scientific evidence that supports the protocol theme; c) creation of a service flowchart; d) validation of the result by professionals and users who will use the protocol; e) implementation plan.[10]

The definition of the protocol's objective (step a) was carried out based on scientific evidence and on the practical needs of the research nurses in this study: promotion of adequate and systematized Nursing care for people in AWS.

Step b was conducted using the integrative review (IR) methodology of the literature, which provides the synthesis of knowledge and the incorporation of the applicability of the results of significant scientific evidence into practice.[10] The following steps were carried out: a) definition of the problem, review topic in the form of a question; b) sample selection (after defining the inclusion criteria); c) characterization of the studies (the information to be collected guided by an instrument is defined); d) analysis of results; e) presentation and discussion of findings.[11]

The PEO strategy (acronym P: population = adults (aged 18 years or over); E: exposure = alcohol withdrawal syndrome (AWS) and O: outcome = protocol) was used to prepare the study's guiding question, which consisted of: what is the knowledge available in the literature about assessment protocols for alcohol withdrawal syndrome?[11]

The following inclusion criteria were defined: scientific articles, indexed, available in full in Portuguese, English, and Spanish, published by the deadline of December 31, 2019, in addition to those that were developed with adults (18 years or older) on the theme of Nursing care in AWS. Studies specifically dealing with fetal alcohol syndrome were excluded.

Data collection was conducted by two reviewers independently in January 2019 in the databases: BVS, PubMed, CINAHL and PSYCINFO, according to the Boolean descriptors and operators presented in Figure 1.

After identifying the articles, they were exported to the EndNote reference manager software to identify duplicates and organize the studies found. The selection of studies followed the recommendations of the Preferred Item method for Systematic Reviews and Meta-Analyses (PRISMA),[12] represented in Figure 2.

Data were analyzed and organized using a digital instrument formulated by the researchers, containing article title (identification); authors; year; language and results. They will be presented in table format.

Step c of creating the Nursing care flowchart in the AWS was based on the results of the studies included in the literature review.

RESULTS

Eight scientific articles met the criteria and were included in the review. These were published between 2000 and 2019: 50% (four) in English and 50% (four) in Portuguese (Brazil). As a result, most of them address the use of scales for the quick and safe identification of signs and symptoms of AWS and, on occasion, they presented strategies to avoid the serious complications of SAA. Figure 3 presents the characterization of the studies included in the review.

Fgure 1 - Descriptors used in searches in the BVS, PubMed, CINAHL, PSYCINFO databases. São Paulo, SP, Brazil, 2020

Data base	Search Strategy
BVS	(protocol*) AND (álcool OR alcohol)) AND (instance:"regional") AND (mh:("Síndrome de Abstinência a Substâncias" OR Sindrome de Abstinencia a Substancias") AND: limit:("humans") ("Síndrome de Abstinência Alcoólica" AND (instance:"regional") AND (fulltext: ("1")
PubMed	("Alcohol Withdrawal Syndrome") AND protocol) AND / nursing
CINAHAL	(MH "-Alcohol Withdrawal Syndrome/NU")
PSYCINFO	"Alcohol Withdrawal Syndrome" AND Any Field: Protocol

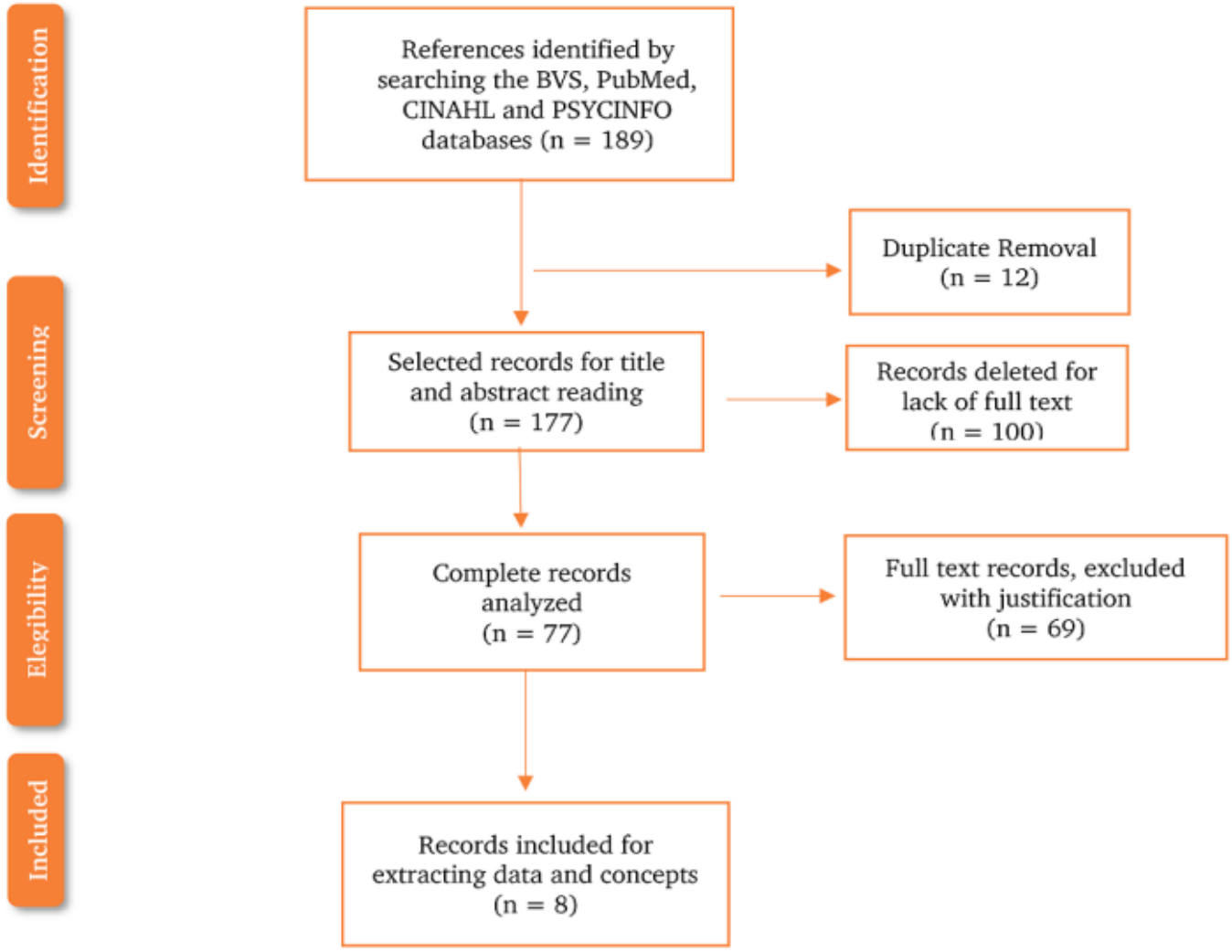

Figure 2 - Study selection process according to the Preferred Item for Systematic Reviews and Meta-Analyses (PRISMA).[12] São Paulo, SP, Brazil, 2020

From the results of the studies included in the review, a flowchart of care was elaborated containing the systematization of Nursing care for alcohol users who present AWS. The evidence supported the organization of the flowchart in the following phases: welcoming and approaching alcohol users with signs and symptoms of SAA; Tracking; interventions; and forwarding. The complete flowchart is shown in Figure 4.

DISCUSSION

The creation of protocols in Nursing comprises a set of actions and decisions focused on health outcomes. Flowcharts present these processes in a clear and intuitive way. The creation of a Nursing care flowchart has several advantages, such as: presenting a global view of the process to be developed; standardization of communication between Nursing professionals; clear definition of the limits of action, the actions to be taken, as well as who should carry out these actions; highly relevant in the training of new professionals.[10]

The analyzed studies presented evidence for the development of the construction of a Nursing care flowchart in AWS. The detailed objectives of the future clinical protocol represented by the flowchart in Figure 4 are: reception - identify signs and symptoms of AWS; screening - to assess the AWS phase in which the user is (mild, moderate, or severe) and what is the need for care (specialized, intensive); interventions - implement the necessary Nursing care for each case; and referral - to ensure adequate follow-up and referral to the services of the care network, when necessary.

It was possible to identify, through the analysis of the studies, the quality of urgency and emergency of the SAA and the importance of identifying the signs and symptoms

Figure 3- Characterization of the studies included in the review. São Paulo, SP, Brazil, 2020

Title	Authors	Year	Results
Evaluation of un-medicated, self-paced, alcohol withdrawal[13]	Craig M, Pennacchia A, Wright NR, Chase WH, Hogarth L.	2011	- Alcohol reduction program to prevent AWS; - Reduction of alcohol consumption assessed by self-report, percentage of alcohol in breathing and diary of notes on the amount of drink ingested during 10 days and without medication; - Group discussion to assess the reduction in alcohol use and the appearance of AWS symptoms; - Effective and safe method to reduce alcohol consumption in severely dependent clients.
Hos is alcohol withdrawal syndrome best menaged in the emergency departament?[14]	Jane L	2009	- Use of scales (CIWA-ar, SAWS and AWS scale) for quick and safe identification of signs and symptoms of AWS; - User care model through the identification of signs and symptoms, monitoring of these signs and symptoms and implementation of care; - Strategies to avoid severe complications.
Improving alcohol withdrawal outcomes in acute care[15]	Melson J, Kane M, Mooney R, McWilliams J, Horton T	2014	- Reduce the incidence of DT on users in AWS; - Early identification of signs and symptoms of AWS through scales (CIWA-ar); - Aimed at doctors and nurses; - Guidance and communication with the client's family members.
Protocol for the assessment of alcohol withdrawal syndrome by Nursing professionals in emergency services: pilot test[16]	Luís MAV, Lunetta ACF, Ferreira PS	2008	- Experience of Nursing professionals after using the CIWA-ar scale to identify the signs and symptoms of AWS; - CIWA-ar as a guide for identifying the severity of AWS; - Improvement in the development of care provided by these professionals.
Substance use disorders and evidence-based desintoxication protocols[17]	Rundio Jr, Albert	2013	- Protocol developed between medical and Nursing professionals; - Use of the CIWA-air scale to identify signs and symptoms of AWS; - Nurses are trained to prescribe medications for AWS, due to the protocol implemented in the health institution.
Psychiatric complications of chronic alcohol use: withdrawal syndrome and other psychiatric illnesses[18]	Maciel C, Kerr-Corrêa F	2004	- Main complications of AWS; - Helps to understand the development of AWS, thus, assisting in early diagnosis and proper treatment.
Training of Nursing teams to care for alcohol withdrawal syndrome: an integrative review[19]	Ponce TD et al.	2016	- Training strategies for Nursing teams regarding AWS; - Trainings included scales such as CIWA-ar, to assess customers; - Update on the topic of AWS for Nursing professionals.
Consensus on alcohol withdrawal syndrome (AWS) and its treatment[7]	Laranjeira R et al.	2000	- Shows how AWS develops, its main complications, as well as the best form of management and treatment; - Classifies AWS as mild/moderate and severe.

through the classification between mild, moderate, and severe, as this assessment will guide the most adequate Nursing care. It is noteworthy that the conducts may vary depending on the institution and the guidelines on clinical Nursing protocols.[14-19] Only one study addressed aspects of prevention of AWS[13] and, for this reason, this aspect was not included in the elaboration of the flowchart. It may, however, be the focus of another specific study, as it is extremely important to include this topic in the final clinical protocol.

Four studies addressed the importance of anamnesis to anticipate the identification of possible signs and symptoms of AWS, taking into account the person's history of alcohol use and seeking information on the quantity and frequency with which the subject consumes, the consumption pattern, how long do you use these drinks and, mainly, how much you drank in the last episode or how long ago you stopped drinking alcohol. Together, signs and symptoms of previous AWS should be evaluated, as well as a history of the need for hospital support for this issue.[7,15-17] Performing a quality

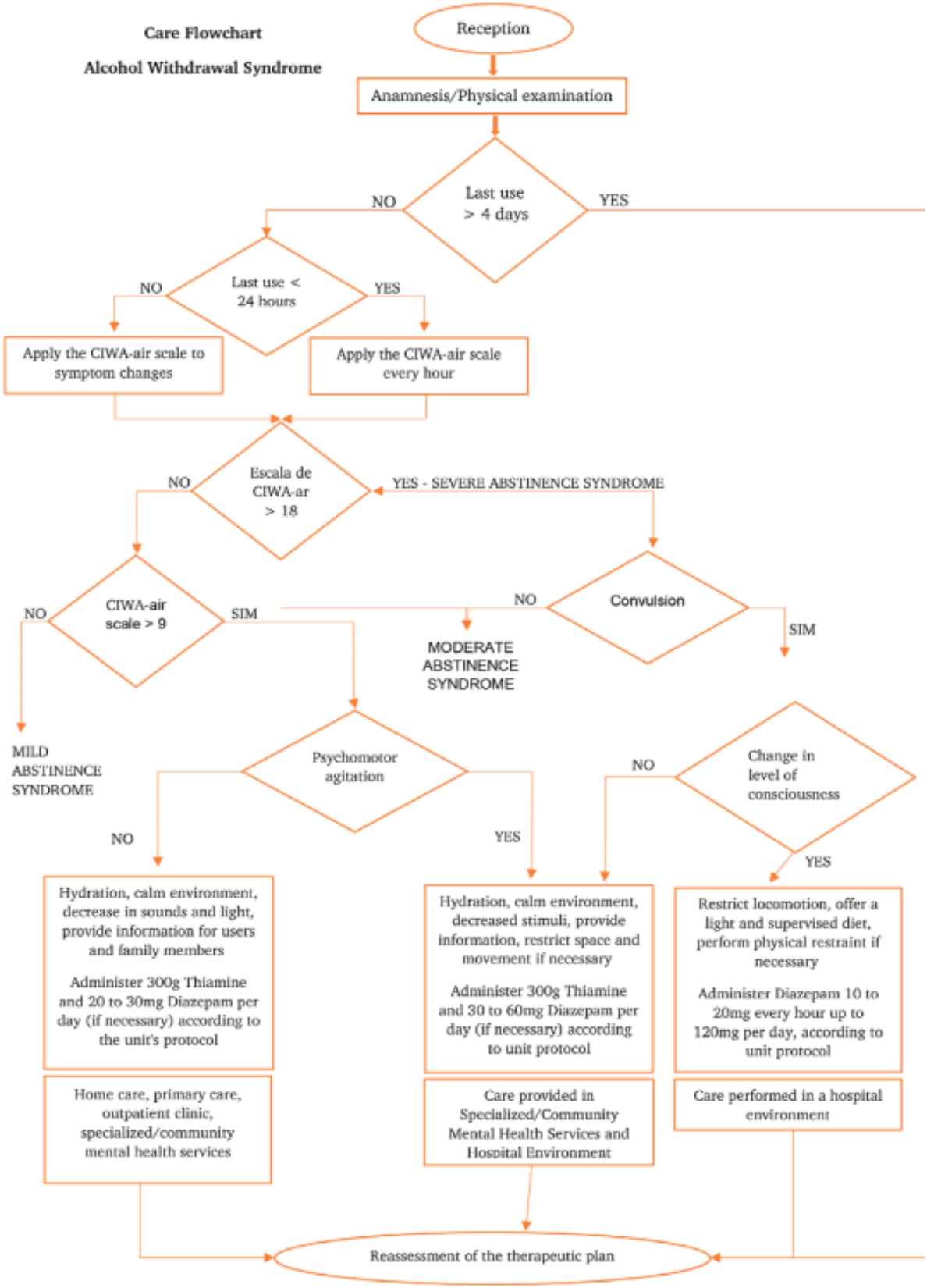

Figure 4- Flowchart of Nursing care in Alcoholic Withdrawal Syndrome - AWS. São Paulo, SP, Brazil, 2020

medical history reduces the chances of an AWS evolving into a more serious clinical complication.[17]

The early identification of signs and symptoms can be considered the most important step in assisting AWS, as it was covered in detail by all the studies included in the review. Five of these studies used or suggested the Clinical Withdrawal Assessment Revised CIWA-ar scale to assess and classify the manifestation of AWS.[7,14-17,19]

The CIWA-ar scale has 10 items and its final score classifies the severity of SAA as mild from 0-9 points, moderate from 10 to 18 points or severe>18.[15] This scale provides subsidies for the planning of immediate intervention and has quick application from two to five minutes and evaluates the following items: nausea and vomiting, tremors, sweating, anxiety, agitation, tactile disorders, hearing disorders, visual disorders, headaches and orientation in time and space.[17,19,20]

One of the studies highlights the need for short and easy-to-apply instruments due to the prevalence of AWS visits occurring in urgent and clinical emergency settings.[14] And in the case of Brazil, it is also commonly reported in specialized services for alcohol and other drugs, the Centers of 24-hour Psychosocial Care (CAPS ad III).[19,20]

Two studies report the appearance of mild to moderate signs and symptoms in the first 24 hours after the last dose of alcohol ingested by the user. This type of symptom is installed in about 90% of cases and courses with: psychomotor agitation, anxiety, tremors, sweating, nausea, vomiting, headache, increased heart rate, pulse, and temperature (the increase in temperature can be up to 2 °C.) They still show changes in appetite, sleep, mood, and interpersonal relationships, for example, change in the usual style of relating, difficulty in communication, difficulty in taking responsibility for their actions, leading to irritability and distress. It has no complications or severe clinical or psychiatric comorbidities.[15,20]

When not assisted in this phase, the signs and symptoms of SAA can progress to more serious complications, namely: seizures, DT, Wernicke Korsakoff syndrome (SWK) and Marchiava Bignami syndrome. These complications can still be accompanied by all the signs and symptoms of mild to moderate AWS and are addressed by two studies.[14,18]

In order of prevalence and time, after abrupt cessation of alcohol consumption, generalized seizures (usually tonic-clonic) occur, with an incidence within the first 48 hours after discontinuing use in approximately 40% of cases. These can be complicated for DT in about 3% of people. DT, a brief confusional state that starts one to four days after stopping alcohol use, can last, on average, 10 to 12 days and is one of the most serious complications of AWS.[14,18,20]

SWK, on the other hand, is a long-term complication, consisting of a set of neuropsychiatric signs and symptoms resulting from severe nutritional deficiency in thiamine (vitamin B1), and therefore it is not easily diagnosed, however, it directly affects people's functionality and if not treated correctly, it can progress to stupor and coma.[14,18,20]

Marchiafava Bignam syndrome is mentioned in only one study and characterized as a rare disease that affects elderly people, presenting stupor and coma, as well as all other signs and symptoms of SAA, in some cases, dementia conditions were described. progressive, with symptoms such as dysarthria, slow and unstable movements, transient sphincter incontinence, hemiparesis, and aphasia.[18]

One study described a program to reduce alcohol consumption with a prevention approach for AWS as a strategy that can be used in any service in the health care network. It proposes peer support group meetings, with the reduction program of alcohol use without a pharmacological approach, a type of support that can be organized and offered by the Nursing team.[13]

Given the need for systematized support for assistance to AWS in all its types, mild, moderate, and severe, two studies carried out in Brazil pointed out difficulties in conducting this care by nurses, especially in psychosocial care services such as CAPSad III.

There is a lack of autonomy to assume the management of these signs and symptoms without protocols that allow prescribing and administering drugs, even when users spend the night only under Nursing care.[16,19] An exception was identified in a study that presented a care protocol from Nursing to the AWS in England, where there is autonomy to prescribe medications for alcoholic detoxification according to the previously pre-established pattern between doctors and nurses.[17]

The importance of addressing the psychosocial aspects of AWS beyond its clinical manifestation is highlighted. In this sense, it suggests that the nurse has the role of welcoming this subject, promoting listening and, when possible, involving the family or the support network in the care and monitoring process, avoiding more serious complications and hospitalizations.[15]

Three studies report the importance of care flowcharts for assistance in the AWS, as an instrument to systematize care and aid in the conduct of care, taking into account the skills and resources that nurses have to take on this care.[14,17,19] However, this will be possible based on the validation of care protocols that take into account the importance of these professionals in providing care to people who use alcohol, and invest in training and continuing education spaces.

This review points out gaps in the literature, identifying a limited number of studies focused on Nursing care in AWS. It is noteworthy that for the professional to provide quality care, it is essential to have more in-depth studies that help in the knowledge and improvement of management, as well as autonomy to conduct assessments and prescribe the necessary care.

As limitations of this study, we can highlight the lack of clinical research, that is, publications aimed at professional practice. Thus, the need to develop studies that test the effectiveness of tools such as the flowchart presented here is evidenced.

It is noteworthy that, despite the low number of publications and lack of clinical research, it was possible to develop a flowchart to support Nursing care in AWS.

CONCLUSION

The analysis of the studies found in this review allowed the construction of a flowchart for Nursing care in the AWS. This tool can be a guide for planning the care of nurses in health services, seeking autonomy and protagonism in this profession that fully responds to the care of people with problems with alcohol use in the care network.

This flowchart was conceived in the logic of comprehensive care, which can only be achieved when the user receives systematized, humanized care, with a quick response to their needs and based on evidence. This tool was built through the review of scientific evidence of the best Nursing practices in response to the different levels of severity of AWS.

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