Overview of Pharmacotherapy Options for Withdrawal Management

The following is a summary comparison of withdrawal management pharmacotherapies. Other medications with insufficient evidence for withdrawal management (e.g., valproic acid) were not included.

Drug Name	Benzodiazepines	Carbamazepine	Gabapentin	Clonidine
Drug class	Benzodiazepines	Anticonvulsant		α-adrenergic agonist
Use	For severe symptoms	For mild to moderate symptoms		Can be used alone for mild symptoms or as an adjunct
Concurrent alcohol use	 Potentiate the effects of alcohol; can lead to serious safety risks, including over-sedation, falls, delirium, respiratory depression (e.g., non-fatal or fatal overdose), and prolonged hospitalization 	No well-described safety risk	 Abstinence recommended during treatment due to risk of additive CNS-depressive effects Note: Studies suggest at therapeutic doses gabapentin is not likely to increase sedation or motor impairment. 	Risk of additive effect on lowering blood pressure
Contraindications	 Severe respiratory insufficiency Sleep apnea Myasthenia gravis Narrow angle glaucoma 	1. Hepatic disease 2. Bone marrow depression 3. Serious blood disorder 4. Atrioventricular heart block 5. Pregnancy	1. Hypersensitivity to gabapentin	Sinus node function impairment Severe bradyarrhythmia Galactose intolerance
Cautions	 Lactose intolerance Liver dysfunction Renal impairment Breastfeeding or pregnancy 	 Associated with rare blood dyscrasias and Stevens Johnson Syndrome with long-term use The HLA-B*15:02 and HLA-A*31:01 alleles increase risk of carbamazepine toxicity³⁴⁵ 	Renal impairment	Hypotension in sensitive patients

Drug Name	Benzodiazepines	Carbamazepine	Gabapentin	Clonidine		
Side effects	 Drowsiness, dizziness Less common: changes in skin colour, nausea, headache, blurred vision, tremors, hypotension, GI disturbances, memory loss 	Dizziness, pruritus, ataxia, headache, drowsiness, nausea (all usually minor and temporary)	 Higher doses may cause ataxia, slurred speech, drowsiness Profile is better than other anticonvulsants 	Hypotension, dry mouth, dizziness, fatigue, headache, nausea, vomiting, constipation, malaise, sleep disorder, sedation, erectile dysfunction		
Specific populations	 For older adults and in patients with cirrhosis or severe liver dysfunction, use lorazepam or oxazepam (shorter acting) For the general population, use diazepam or chlordiazepoxide (long acting) 	 Increased risk of toxicity in Asian populations, due to the higher frequency of a particular gene Cannot be used during pregnancy 				
	YOUTH Withdrawal symptoms are rare in youth, and most of those with symptoms do not require medications. In the very rare case where medications are needed, the same approach that is used with adults can be used with youth, and consultation with an addiction specialist is recommended.					
	PREGNANCY Inpatient withdrawal management is preferred, to allow close monitoring of fetal movement, heart rate and vital signs. Due to adverse effects on the developing fetus, carbamazepine and clonidine should be avoided. If the benefits of medication outweigh the risks of continued alcohol use to the pregnant person and fetus, then benzodiazepines (short-acting lorazepam or oxazepam) or gabapentin are preferred.					
	BREASTFEEDING Benzodiazepines can be excreted into breast milk. There is limited information on gabapentin. If medications are used, infants should be monitored closely for drowsiness and low weight gain.					
	See the withdrawal management medication table for pregnancy and postpartum for more details.					