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Alcoholism--a Medical Bombshell

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THE past twenty-nine years have produced what may be termed a revolution concerning our thinking about alcoholism, and also, in turn, our unusual success in the arrest of alcoholism in a growing population. Major factors in this change of attitude and encouraging results have been:

1. (1) The Center of Alcohol Studies started at Yale University, 1930 by Dr. Howard Haggard. (Now at Rutgers University, New Brunswick, N. J.)
2. (2) Alcoholics Anonymous, started in 1935, a Fellowship of men and women who share their common experiences, strength, and hope which may, in turn, allow them to arrest their disease.
3. (3) The National Council on Alcoholism organized in 1944.

All three of these forces, each in its own way, have resolutely accepted the fact that the alcoholic is a sick person, that the alcoholic can be helped, and that the alcoholic is worth helping.

These facts have enabled the alcoholic to gain insight into his personal problems and give him the examples of recovery. Thomas Trotter, a British Navy physician, wrote in 1788: "Are not habits of drunkenness more often produced by mental affections than corporeal diseases? The seeds of this disease (the habit of inebriety), I suspect, like many others, are often sown in infancy. I do not merely allude to moral education. It is to be remembered that a bodily infirmity is not the only thing to be corrected. The habit of drunkenness is a disease of the mind. The soul itself has received impressions that are incompatible with its reasoning powers. The subject, in all respects, requires great address; and you must beware how you inveigh against the propensity, for the cravings of appetite for the poisonous draught are to the intemperate as much the inclinations of nature, for the time, as a draught of cold water to a traveler panting with thirst in the desert."

Withdrawal symptoms of alcohol are more severe than the withdrawal symptoms of morphine. These facts were proved by Dr. Isbell's experiments at the Addiction Research Center at Lexington, Ky. Delirium tremens and convulsions are serious symptoms of withdrawal, and untreated, result in death in from 5-15 per cent of the cases. Many of these alcoholic deaths occur in our general hospitals in patients who have been admitted for other reasons and alcoholism is not known to exist.

General attitudes of the profession and the laity alike continue to be that "Alcoholics were weak-willed, self-pampered, spineless drunks, who were digging their own graves, and should be permitted to continue doing so undisturbed."

History of the alcoholic pattern is essential in treating an alcoholic. . .the extent of his drinking pattern and prior treatment in rest homes, private treatment centers, and hospitals. . .how he has reacted to withdrawal in the past, may be very important to his future management. If he states that he does fairly well for 3-4 days and then has convulsive seizures and blackouts, you had better believe him and manage him with this in mind. Frequently we see a man who is not in too bad a shape, but who--after twenty-four hours of abstinence--becomes a raving madman.

The patient usually presents himself when "he's hurtin'." He has physical symptoms of his drinking--shakes, tremors, sweats, dry heaves, etc. He may be in your office to get your signature on an insurance blank because of absence from work, or for nothing more than to get his wife off his back by pretending that he is seeking to do something about his drinking. Regardless of his reason for being in the office, he--at this time--may be more vulnerable to the

pin-pointing of his problem because--at this particular time--he knows he is in trouble. I prefer the patient to make his own appointment at my office after the routine patients are taken care of, and not sandwiched in with other patients. The reason for this is certainly clear.

The husband or wife should accompany the patient, for in this way both understand what is said, what the problem is, and what has to be done about it. The patient is given a chance to read and answer diagnostic questions and arrive at the diagnosis of his situation. . . along with the diagnostician. In the usual typical case the patient breaks out in a grin when he is asked: "Where do you hide your liquor?" I do not ask him IF he hides his liquor, because I know that if his wife is pouring out his supply--or is continually nagging about his drinking--he will begin to sneak drinks and hide his supply. He will have adjusted his pattern of drinking to allow him to continue his drinking as long as he can. He will only drink after 6 P.M.; only drink beer; only drink at home; even *not* drink for a week, a month or a year to try to prove that he can handle the problem. He has promised his family time after time that he will quit drinking--only to find himself drunk within twenty-four hours.

The alcoholic has no use for the individuals whom he can "con" concerning his situation. Even though, when you confront him with your impression, he may become very belligerent, he will, nevertheless, respect you for your frankness and understanding. For underneath his belligerent attitude he knows you are right, even though he will not admit it.

I usually tell him that medical care to improve his well-being so that he can get drunk over and over again is not my intent, but if he wants to do something about his drinking, I'll help him all I can. If he wishes to drink himself to death it will be his problem. I'll lose no sleep over it. There is nothing more effective than placing the responsibility in his hands--for anyone can sober up an alcoholic, but the alcoholic who wants to is the only one who can stay sober.

The severe alcoholic who has had D.T.'s or convulsions should be hospitalized. Others, less severe, may be placed on medication controlled by some member of his family. The alcoholic will take medication the same way he drank--to oblivion, if possible. Never give an alcoholic any more medication than you want him to take all at once.

I will not go into details of medications which might be given to correct the disturbed physiology. Treatment of the withdrawal symptoms is clearly outlined in the various medical texts. Prior to any medication, Alcoholics Anonymous is mentioned as the best specific help for this disease (and it is well for you to be acquainted with this fellowship in your communities). If it is possible, allow this man to make a contact with a member of AA before giving him medication or allowing him to leave the office. If he is allowed to get over his sickness before making contact, he may never do it, and you may never see him again.

Medications are given to the relative and are to be dispensed by them--with "no refill" on the prescription. Since we are dealing with an addict, it is important that sedative relief of his anxieties by medication should not be continued in the average case longer than 5-10 days, because of the fact, as mentioned by Lovell & Tintara in 1948: "It is as essential for an alcoholic to refrain from sedation as it is to refrain from drinking." The alcoholic knows that the simplest solution is to quit drinking, because "he has done it thousands of times"; and he knows that the toughest thing is to try to play with it as a social drinker. It is well to point out to him that each drinking episode gets worse, and that it takes less and less to give him trouble. There was a time when he received, or seemed to receive, enjoyment out of drinking. But now he finds nothing but misery--mental and physical.

It is well to establish a therapeutic team for this patient; you--as his physician, a contact with AA, a clergyman of his faith, an attorney, an employer (Personnel Man or Medical Director), and a representative of any other areas where his problems have become obvious.

This statement I believe: "An alcoholic should never be treated in a penal, mental, or religious institution". . .but as a particular entity. His institutionalization should not *just* be domiciliary care, but educational--to give him insight as to the medical, physiological, psychological, psychiatric and spiritual nature of his illness. . .hence frequently the facilities are referred to as "The College."

Alcoholics Anonymous has had by far the most outstanding success in the solution of the problem of the alcoholic. Why? Take a look at the program of Alcoholics Anonymous, considering the twelve steps of that program.

We must accept the challenge before us concerning this public health problem, and perhaps we, as a profession, in our time may be able to pass on to the oncoming generations some evidence of our contributions to the solution of his problem--each in our own way.

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