

Specialty guides for patient management during the coronavirus pandemic

# Clinical guide for the management of people with alcohol dependence during the coronavirus pandemic

8 April 2020 Version 1

As clinicians, we all have general responsibilities in relation to coronavirus and we should seek and act on national and local guidelines. We also have a specific responsibility to ensure that essential care continues with the minimum burden on the NHS. We must engage with those planning our local response. We may also need to work outside our specific areas of training and expertise, and the General Medical Council (GMC) has already indicated its support for this in the exceptional circumstances we may face: [www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus](http://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus)

Patients with alcohol dependence present to a wide range of health services, either in crisis with complicated alcohol withdrawal, or with alcohol dependence underlying their other medical condition(s). In response to pressures on the NHS, we should seek the best local solutions to continue the proper management of non-elective patients with alcohol dependence in need of care, for whom there will be very little (if any) specialist advice available, while developing and protecting resources for the response to coronavirus.

In addition, societal factors such as reduced income, being isolated at home, and inconsistent access to usual levels of alcohol use may result in an increased number and frequency of patients presenting in acute alcohol withdrawal, at a time when services are least able to deal with them.

Patients with alcohol dependence are a vulnerable group due to the high prevalence of co-morbid physical and mental health problems, both related to and independent of their alcohol use disorder.

Due to the minimal provision of alcohol teams, identification and management will need to be undertaken by general staff.

## Categories of people with alcohol dependence to consider

- **Emergency department presentations:** Consideration for the proper management and diversion of patients presenting in alcohol withdrawal to minimise harm and reduce representation, taking into account individual risk factors and clinical needs.
- **Obligatory admissions and inpatients to acute trusts:** Patients with complications of alcohol withdrawal, for example, delirium tremens (DTs) or Wernicke Korsakoff Syndrome (WKS), and with underlying conditions, for example, decompensated liver disease, continue to require admission and medical management. Early identification at triage is essential to optimise treatment and expedite discharge to minimise length of stay and reduce likelihood of readmission.
- **Obligatory admissions and inpatients to mental health trusts:** Patients with serious mental disorder and co-morbid alcohol dependence continue to require admission and management. Early identification on admission is essential to ensure appropriate management to avoid delay and expedite discharge to minimise length of stay and reduce likelihood of readmission.
- **Secondary mental health community services:** Patients presenting to and managed in community mental health services with co-morbid alcohol dependence will require more integrated management of alcohol dependence to reduce crisis presentations.
- **Primary and community care:** Patients presenting to primary and community care settings or NHS 111 should be offered harm minimisation advice and signposted to community addiction services.

## When planning your local response, please consider the following:

### Leadership

- It is recommended that each acute and mental health trust should designate someone with appropriate skills acting as COVID-19 alcohol lead at any given time from available staff. The COVID-19 alcohol lead will be responsible for offering specialist support to staff across the organisation in terms of the protocols for safest management of patients, and pathways to partner agencies.
- Alcohol leads must be competent to offer guidance on current best practice specifically relating (but not limited) to alcohol-dependent patients presenting with:
  - COVID-19, and risks of respiratory depression during medically assisted alcohol withdrawal
  - complicated severe alcohol withdrawal
  - comorbid opioid use.

## Emergency department presentations

- Referral for mental health assessment where appropriate.
- Consistent harm minimisation advice and signposting to available resources (community and online) if admission not required. Obligatory admissions and inpatients to acute and mental health trusts.
- 5% (acute) and 25% (mental health) inpatient beds are occupied by someone with alcohol dependence. People with alcohol dependence often have multiple co-morbidities putting them at increased risk of more severe manifestations of coronavirus infection.
- Alcohol lead to ensure:
  - clear local/regional agreed policies and pathways for safe discharge into community, especially for those started on a detox but discharged before completion
  - availability of suite of clinical tools for management of alcohol withdrawal
  - safeguarding of vulnerable adults and children remains essential
  - integrated management of alcohol dependence, any co-morbid condition and coronavirus by non-specialist teams
  - links with community addiction services to provide remote support if necessary for those discharged to prevent readmission.

## Secondary mental health community services

- Co-morbid alcohol dependence is not to be considered as a barrier to accessing mental health services.
- Mental health services should maintain and optimise the health of patients with co-morbid alcohol dependence within their services over the course of the pandemic and should not underestimate the importance of these contributions to the overall health service response.
- Mental health staff will need to familiarise themselves with alcohol harm minimisation advice, to best support patients as part of their care plan.
- Many contacts can be performed remotely, which will provide vital support for patients and their families and help reduce crisis presentations.
- There is a need to establish joint working with community addiction services.
- Senior clinicians need to support staff in risk management to prevent unproductive referrals to attendances at hospital.
- The possibility of a seven-day service may need to be considered.

## Safeguarding

It is our understanding that [Community Services Prioritisation Plan](#), [The COVID 2020 Act](#), [COVID-19 Changes to the Care Act 2014](#) and the variety of [COVID-19 guidance](#) are all indicating that safeguarding children and adults is as critical during COVID-19 as it is statutory at other times. Staff across the health and care sector are advised to:

1. download the free NHS Safeguarding App <http://www.myguideapps.com/projects/safeguarding/default/>, which has local safeguarding contacts
2. follow #COVIDSafeguarding via @NHSsafeguarding, who will be posting daily updates and key messages
3. join our COVID Safeguarding digital community of practice via <https://future.nhs.uk/connect.ti/safeguarding/view?objectID=18981104>