**Clinical question**

How effective are pharmacological interventions for the treatment of alcohol withdrawal syndrome (AWS)?

**Bottom line**

Benzodiazepines showed a protective benefit against alcohol withdrawal symptoms, in particular seizures, when compared to placebo, and a potential benefit for other outcomes (adverse effects and dropouts) when compared with antipsychotic drugs. Data on potential harms were sparse. Results did not provide sufficient evidence in favour of anticonvulsants for the treatment of AWS, but anticonvulsants seemed to have limited side effects. There was insufficient evidence of the effectiveness and safety of baclofen as only 1 study considered this treatment, or of gamma-hydroxybutyric acid for which no strong differences were observed in the comparisons with placebo, benzodiazepines and anticonvulsants.

**Caveat**

The quality of evidence was high for 3% of the results, moderate for 28%, low for 48% and very low for 20%. No definitive conclusions about the effectiveness and safety of benzodiazepines were possible, because of the heterogeneity of the trials, both in interventions and in the assessment of outcomes.

**Context**

Alcohol abuse and dependence represents a very serious health problem worldwide, with major social, interpersonal and legal consequences. There is little research data on the comparative effectiveness and cost–benefit of pharmacological treatments.

**Cochrane Systematic Review**


This review contains 114 studies involving 7333 participants.

**PEARLS**

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PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases. View PEARLS online at: www.nzdoctor.co.nz; www.nzgg.org.nz; www.cochraneprimarycare.org