·世界全科医学工作研究·

【编者按】中国全科医学杂志与澳大利亚Monash大学和Melbourne大学的全科医学专家和心理学专家在2012年伊始共同推出"全科医学中的心理健康病案研究"学术专栏，该专栏由澳大利亚的几位专家轮流撰写，以介绍社区常见的心理问题及其解决方法为主要内容，获得了读者的广泛好评。今年我刊将继续该学术专栏的登载，以推动我国社区心理学服务的能力建设，并带动社区心理学研究的深入。与此同时，由几位澳大利亚教授合作撰写的著作《全科医学中的精神病学》正在由中国全科医学杂志社与国内外专家合作进行翻译，期望不久在中国出版。希望通过本学术专栏和翻译名著等工作，让中国的全科医学在心理健康服务方面迈上新的台阶。在此衷心感谢担任本栏目翻译点评工作的我刊编委、澳大利亚Monash大学杨辉教授对中国全科医学发展给予的帮助和支持！

全科医学中的心理健康病案研究（二十一）
——酒精戒断综合征

Hui Yang，Grant Blashki，Fiona Judd，Leon Piterman

【关键词】 酒精依赖；酒精戒断综合征；心理健康；全科医学
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Hui Yang，Grant Blashki，Fiona Judd，等．全科医学中的心理健康病案研究（二十一）——酒精戒断综合征［J］．中国全科医学，2013，16（9）：2919-2923．［www.chinagp.net］

不仅仅在中国文化中，其实在世界各地的很多民族中，都把"喝几杯"当成日常生活的一部分，并作为与朋友和同事进行情感交流和建立社交关系的一个常见做法。虽然在大多数社区中，大多数饮酒行为是相对无害的；然而，过量饮酒会成为一个主要的社会问题，并是个体健康的一个主要危险因素。

1 病史

一天早上，婷婷带着他父亲王先生来你的诊所看病。2个月前，王先生和他的妻子红梅来到澳大利亚，与他22岁正上大学的女儿婷婷在一起生活。他可以说很简单的英语，但正常的交流比较困难。看病的时候，他需要婷婷帮助翻译。

王先生，中国山东人，49岁，身材魁梧，但面色暗淡。你第一眼看到他，就发现他是一个不快乐的人。在看病过程中的前半部分，主要是婷婷给你讲王先生的事情。婷婷说她父亲脾气特别不好，经常和她以及其他人大声争吵（用中文）。婷婷发现她父亲有的时候会激动得发抖，并且出汗。两天前他让婷婷带他看医生，说是开些药治疗头痛和眩晕、手抖和胃酸症状。

2 进一步的病史

在婷婷的翻译下，你进一步获得王先生的信息，得知他曾经是一名军人，退伍后在市政府的后勤部门工作过一段时间。

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注：Grant Blashki、Fiona Judd的作者简介见2012年第1A期，Leon Piterman的作者简介见2012年第2A期，见中国全科医学杂志社官方网站（http：//www.chinagp.net）；文后附英文来稿原文

他说自己是典型的山东人，能喝酒，15岁的时候就已经相当能喝，在政府部门工作期间曾经多次被朋友称为"酒王"。后来因为多次"喝酒误事"被政府停职。

他说自己很高兴成为"自由人"，因为这样可以下海挣很多钱。他和以前的战友一起开公司做生意。他说："你可能不知道，在中国做生意就像打仗，喝酒就是战斗的武器"。他说开始的时候认为喝酒是做生意必须要做的，到后来发现自己离不开酒了。

他的前妻是位银行雇员，刚结婚时她认为喝酒是山东男人与生俱来的本事，即便是王先生因为喝酒误事被政府停职，她也认为这是正常的、可以接受的，也不感到奇怪。可是前妻最终还是忍受不了他的喝酒。他参加好多酒席应酬，经常喝得酩酊大醉，每个星期至少醉两次。喝酒后回家对妻子动粗，争吵，砸烂家里的东西。王先生说这段时间在生意场上赚了不少钱，其中很大原因是因为能喝酒。最后，他的婚姻以离婚作为结局。

王先生一年后再婚。他说要给新妻子和婷婷更好的生活，就把她们送到澳大利亚，自己仍留在中国做生意。他说可以有更多的机会做生意，同时也有更多的机会喝酒。他说"喝白酒就是在吃饭"。他喜欢喝50度以上的白酒，每天至少两瓶。他时常喝得烂醉，被朋友送到医院。他说"我要喝酒，做生意需要喝酒，我也喜欢喝酒"。

婷婷担心他的健康和安全，希望他来澳大利亚和家人团聚。王先生说，婷婷的话他一定要听，所以他就到了澳大利亚。不过王先生发现在澳大利亚很难找到酒友，而且两个国家做生意的方式也不一样。他还发现在澳大利亚喝酒是一种很贵的消费。

婷婷补充他父亲的话，说他几次尝试减少喝酒，但是都没能成功，戒酒坚持不过两个星期。婷婷发现他有的时候做出拿酒瓶倒酒的动作，可是面前根本没有酒瓶和酒杯。她说父亲只是有些血压高和脂肪肝，没有其他身体上的疾病。

王先生说他最近一个月有恶心和胃灼热的感觉，“喝得不多，因为喝完了不舒服”。没有呕吐，大便颜色正常。他注意到自己脸色泛红，双手颤抖。他非常喜欢女儿婷婷，但喝酒后和婷婷争吵，事后感到非常自责，“我自己控制不住自己”。婷婷说现在的父亲好像变了一个人，最近经常思维混乱，有几个晚上醒来在房间里走来走去，说自己好像还在中国。

3 体检

王先生在诊室里走来走去，坐立不安。你发现他出汗很多，双手轻轻颤抖。皮肤颜色正常，巩膜白色，瞳孔对称，对光反应正常。他的面色呈红色，手掌呈红色，胸腹部呈现蜘蛛网样血管纹。腹部膨胀，提示有腹腔积液。上腹部有轻度压痛。平衡走路试验结果较差。不发热，血压120/80 mm Hg（1 mm Hg＝0.133 kPa），脉搏66次/min。没有其他阳性发现。

他的定向能力尚可，但有的时候分不清你是谁，也不知道全科诊所的地理位置。他的短期记忆较差，你让他记住3件事，5 min后他只能回忆出1件。他没有幻觉，也没有知觉异常。没有自杀想法。

4 提问

4.1 可能的诊断是什么？

4.2 应该考虑哪些其他诊断？

4.3 需要进一步做哪些检查？

4.4 怎样治疗这个病人？

5 解答

5.1 可能的诊断 考虑到病人重度饮酒以及最近因为胃痛突然减少饮酒，可能是酒精戒断综合征（alcohol withdrawal syndrome，AWS）。酒精戒断综合征的发生可能与乙醇刺激的突然解除造成脑内γ-氨基丁酸（GABA）抑制效应的降低及交感神经系统被激活有关。大约一半的酒精依赖者会出现戒断综合征。这个综合征主要表现为三组症状：交感神经系统过度活跃状态（出汗、血压增高、发热等），胃肠消化系统的特征（恶心、腹泻、厌食、呕吐等），认知和知觉的改变（焦虑、烦躁、睡眠问题等）[1]。戒断综合征通常发生在上次饮酒6～24 h，或者饮酒量减少之后，如果坚持戒酒的话，多在戒酒后第五天到第七天自行消失。有些病人在此期间出现戒断妄想或幻觉，或者出现酒精戒断癫痫发作。

酒精依赖不仅仅是经常饮酒，而是还表现出明显的物质滥用的问题。病人表现为对酒精的渴望和耐受，并出现戒断行为和强迫饮酒行为。病人的饮酒量不断增加，以达到醉酒状态和效果。

5.2 考虑其他诊断 对于突然思维混淆的病人，除了酒精戒断原因外，还应该考虑其他原因。王先生可能有肝功能衰竭和肝性脑病，因为肝病容易出现思维混淆的症状。其他主要的问题要考虑到感染（比如胸部或尿路感染），也有可能因为过量饮酒跌倒造成脑内出血，应该做CT检查。另外，还有其他血液病和化学失衡引起思维混淆，应该通过血液检查得到确认或排除（如低血糖、贫血、维生素缺乏），只有排除了这些因素，才能确认酒精戒断综合征。上腹部疼痛可能是消化性溃疡引起的，不过过量饮酒可以造成门静脉高压，导致食管静脉曲张，也会导致腹痛，并导致急性出血。

鉴于王先生的情况，要考虑是否存在因为酒精导致的其他潜在问题。酗酒病人最常见的是焦虑障碍，特别是社交焦虑障碍和广场恐怖/惊恐障碍。虽然焦虑障碍不能完全解释王先生几个月来的表现，但焦虑障碍与他长期酒精依赖有密切关系。

5.3 进一步的检查 对王先生来说要考虑各种鉴别诊断。最好给他做比较全面的血液和尿液检查，从而排除糖尿病、感染（如尿路感染）或甲状腺的异常。在血液检查项目中，要特别关注他的肝功能和肾功能。对于酒精依赖的病人，要检查是否存在因醉酒跌倒导致的脑部创伤和硬膜下水肿，如果病人曾经跌倒，应该做脑部CT检查。如果可以的话，通过胃肠镜检查评估上腹部疼痛的原因，是否存在溃疡或食管静脉曲张。

5.4 治疗和管理 当遇到王先生这样的急性症状病人的时候，要想到他可能存在一些长期的问题，需要长期的观察和管理。一个关键的问题是王先生是否真的准备好要戒酒！行为改变阶段模型[2]是评价成瘾病人改变行为阶段的很有用的工具。大多数饮酒病人处于“意识前期”，根本没有想要停止成瘾行为。不过生活的挫折和家人及朋友的劝说会让他们进入下一个阶段“意识期”，他们在认真考虑要戒酒。全科医生可以采用动机谈话的方法，帮助病人从意识前期进入到意识期。动机谈话通过鼓励病人多思考戒酒的好处，并考虑成瘾行为的代价，帮助病人改变想法。当病人进入下一个阶段“准备改变期”，那么医生就可以抓住机会帮助病人，给病人提供医学和社会上的帮助。即便是成功戒酒的病人，也需要持续的帮助，来管理和预防“反复期”。

酒精戒断综合征的治疗目的，应该包括中断过度和规律饮酒模式，缓解酒精戒断症状，识别戒断导致的并发症，维持持续的治疗，以及帮助病人解决其他健康问题[3]。酒精戒断管理可以在医院、病人家里、全科医学诊所、急救服务等场所进行。对于轻度和中度的病人来说，门诊服务是最有效、最安全和成本最低的方法。在社区里的戒酒项目对中度和重度的病人来说是比较合适的，病人集中在某个社区场所接受服务。对于重度的病人或者并发症严重的病人，比较适合医院的住院治疗。这些场所方面的选择还要考虑到服务的可及性。有震颤性谵妄的病人需要严密的监护治疗。王先生的病例是一种复杂的情况，他有肝脏疾病的症状，而且有认知损伤的情况，并存在震颤性谵妄的危险，所以全科医生应该鼓励他住院治疗。

全科医生可以经常地监测戒酒病人的躯体和心理状况。同时全科医生可以提供药物上的帮助。常规剂量的苯二氮䓬类药物如Valium可以减少戒断症状，然后逐渐减量。很多酗酒的病人营养状况差，所以应该经常补充多种维生素。

给病人提供支持性咨询是很有必要的，要给病人提供信息，比如酒精戒断的性质和过程，对渴望饮酒和常见症状的应对方法。通过对病人的心理教育，王先生会认识到自己是酒精依赖者，而惟一的解决方法是戒酒。重要的一点是让病人认识到酗酒行为是病理原因造成的，而不是个人的缺点或道德问

题。婷婷和她的朋友可以帮助王先生。戒酒的环境应该保持安静平和。在有些国家，有一些自我帮助组织或志愿者组织，比如戒酒无名会，在那里人们可以通过分享经验、优势、希望，来解决常见的戒酒中存在的问题。

全科医生还可以帮助病人制定长期的康复计划。全科医生通常与病人保持持续的医疗服务的关系，而且戒酒也是个长期的过程（至少三年），因此全科医生很适合帮助病人戒酒。戒酒是一个循序渐进的过程，要逐步地减少酒精摄入，并让戒断症状最小化。康复计划的目标是预防反复。对于戒酒的病人来说，大多并不需要住院服务，但当病人的戒断症状和并发症比较严重时，全科医生要密切关注。如果病人出现精神病性症状，全科医生应该把病人转诊到精神病学专家那里。如果病人还有其他的躯体健康问题，医生也要密切地监测。

对于王先生的情况，还应该考虑文化因素的影响。王先生自己对戒酒的意识还不是很强烈，因为他认为自己"天生就能喝酒"。他可能在与医生沟通的过程中存在障碍，在澳大利亚不能准确地与医生谈自己的体验和心情。专业翻译或者会普通话的全科医生可能会很有帮助。

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· World General Practice/Family Medicine ·

【Introduction of the Column】 The Journal presents the Column of Case Studies of Mental Health in General Practice; with academic support from Australian experts in general practice, psychology and psychiatry from Monash University and the University of Melbourne. The Column's purpose is to respond to the increasing needs of mental health services in China. Through study and analysis of mental health cases, we hope to improve understanding of mental illnesses in Chinese primary health settings, and to build capacity amongst community health professionals in managing mental illnesses in general practice. Patient-centred whole-person approach in general practice is the best way to maintain and improve the physical and mental health of residents. Our hope is that these case studies will lead new wave of general practice and mental health development both in practice and research. A number of Australian experts from the disciplines of general practice, mental health and psychiatry will contribute to the Column. A/Professor Blashki, Professor Judd and Professor Piterman are authors of General Practice Psychiatry. The Journal cases are helping to prepare for the translation and publication of a Chinese version of the book in China. We believe Chinese mental health in primary health care will reach new heights under this international cooperation.

Case Studies of Mental Health in General Practice (21)
——*Alcohol Withdrawal Syndrome*

Hui Yang, Grant Blashki, Fiona Judd, Leon Piterman

【Key words】 Alcohol dependence; Alcohol withdrawal syndrome; Mental health; General practice

Similar to other cultural and ethnic groups, Chinese people accept 'having a drink' as part of everyday life and it is often a part of building social relationships and interacting with friends or even work colleagues. While alcohol is often used in a relatively harmless manner by many in the community, alcohol over consumption is a major social problem as well as important risk factor for individuals' health.

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1 History

One morning, Tingting brought her father Mr Wang to your general practice clinic. He had arrived in Australia with his wife Hongmei, only two months earlier and was currently living with Tingting, a 22 year old university student. Mr Wang does not have fluent English and therefore Tingting translated the conversation between you and Mr Wang.

Mr Wang is 49 years old and originally came from Shandong in China. He is a man of large build and immediately you notice that he looks unhappy. During the early phase of consultation, the discus-

sion is primarily a conversation between you and Tingting as she reports her father's bad temper, and explains that he often argues with her and others with confused words (in Mandarin) . She had also noticed that sometimes he would be shaking with emotion and also would work up a sweat. Two days ago, he told Tingting that he wants to see doctor for a script for treating his headache and feelings of faintness, shaking hands and stomach acid symptoms.

2 Further history

With the help of Tingting's translation you obtain further information about Mr Wang. You discover that Mr Wang was a Chinese veteran, and that after retiring from the military force, he was allocated to the logistic department of local government. He explains that along with all the other fellows of Shandong, he became a 'capable drinker' since he was 15 years old. In fact, he became a 'drinking champion' during the time when he worked for local government. He is embarrassed to tell that finally he was sacked by his government supervisor as he was making " lots of trouble" after heavy drinking.

He tells you, via translation, that he was happy to be 'free', because he could make more money in business. He found retired comrades – in – arms and opened a private company. 'You might not know, business in China is a battlefield and alcohol is one of the weapons or tools', he said. He explained that 'initially, I had to drink for my business, but eventually I found I cannot do without it'.

His ex – wife was a bank official. He describes that during their early stage of marriage, she thought that drinking must be an intrinsic feature of Shandong man. Even when Mr Wang had to leave his government job, she still thought that this was normal, acceptable and no surprise. However, she eventually could not put up with his drinking especially when he heavily engaged in drinking events. He often drank heavily, at least twice a week, and on these occasions, he bullied and argued with her and broke things at home. Mr Wang said he earned a lot money from the business during this time, which he attributed in part to 'the alcohol business culture', but ultimately his wife divorced him.

Mr Wang re – married a year after and said he decided it was time to give a good life to his daughter and his new wife, and then sent them to Australia whilst he remained in China. He explains that he had more opportunity to be doing business and as part of that engage in heavy drinking. 'Bai – Jiu (Chinese spirits) is my food', he said. He preferred to drink over 50% alcohol Chinese liquor, two bottles a day, at least. Unfortunately, he was sent to the hospital emergency several times after nights of very heavy drinking. However, he said, 'I need drink, for business and because I enjoy it'. Tingting worried for his health and safety, and suggested he come to Australia to be with his family. Mr Wang explained, " I really love my Tingting and so I listened to my daughter and agreed to come" . However, Mr Wang found it difficult to find drinking companions and also found that being a businessman in Australia is not like in China. Also he found alcohol to be more expensive.

Tingting added that her father had tried several times to reduce his alcohol intake but had been unsuccessful. Even when he tried every week he found he'd go back on the bottle the week after. Sometimes, Tingting even found her father holding an 'invisible bottle and cup', and seemed to be playing out a fantasy of drinking. She said her father had no significant physical illness apart from high blood pressure and a fatty liver and was otherwise fit and strong.

On further history Mr Wang reports nausea and a burning feeling in the stomach in the last month and 'less able to drink because he feels uncomfortable,' he said. No vomiting reported and his stools were normal in colour. He has noticed that his cheeks have been very flushed and that his hands have been shaky. His daughter tells you that he is not himself and is often confused lately – in fact a few nights before he woke at night and was wandering around the house thinking he was back in China.

3 Examination

Mr Wang appears on edge during the examination. He was sweating and his hands were shaking, but no jaundice was evident. Looking at his eyes his sclera were white and his pupils were equal and reactive to light. His cheeks were flushed and his palms were red and he had spider naevi over his chest and abdomen. He had a swollen abdomen suggestive of ascites and some mild tenderness in the epigastric region. His balance on walking heel to toe was poor. No fever, BP 120/80 mm Hg (1 mm Hg = 0.133 kPa), Pulse 66/min. No other significant physical findings.

He was orientated in time but he was not clear on who you are and where the practice was located. His short term memory was poor and he could only remember one of the 3 items you ask him to remember five minutes later. No hallucinations or perceptual abnormalities. No suicidal thoughts.

4 Questions

4.1 What is the probability diagnosis?
4.2 What other diagnoses should be considered?
4.3 What further investigations are required?
4.4 How should Mr Wang be treated?

5 Answers

5.1 What is the probability diagnosis? Alcohol Withdrawal Syndrome (AWS) is likely especially with the history of heavy drinking and the recent sudden cut back on drinking because of stomach pains. AWS is characterised by central nervous system hyperactivity that occurs when people suddenly stop or significantly reduces alcohol consumption. About half of alcohol – dependent patients develop withdrawal symptoms. The AWS includes three groups symptoms: autonomic hyperactivity (sweeting, hypertension, fever, etc.), gastrointestinal features (nausea, diarrhea, anorexia, vomiting, etc.) and cognitive and perceptual changes (anxiety, agitation, disturbed sleep, etc.)[1]. Onset of the AWS is usually between six and 24 hours after the last drink or following reduction in alcohol drinking. In severe cases, alcohol withdrawal delirium or hallucinations or alcohol withdrawal seizures can occur.

Alcohol dependence is characterised by repeated alcohol use despite significant substance – related problems. Repeated drinking results in tolerance, withdrawal and compulsive drinking behaviour. Craving, a strong subjective to drink, is common. Tolerance, the need to use greatly increased amounts to achieve intoxication or the desired effects of drinking, is a key feature of alcohol dependence.

5.2 What other diagnoses should be considered? Because of

the acute confusion there are a number of important diagnoses to consider as well as the possibility of alcohol withdrawal. It is likely that Mr Wang has some liver failure and hepatic encephalopathy and this too can present with confusion. Other important diagnoses to think of are infection (for example a chest or urine infection) and also the possibility of a subdural haematoma from a fall is not uncommon in the setting of excess alcohol use and a CT scan should be considered. There are a raft of other haematological and chemical imbalances that could cause confusion and should be checked for on a blood test (e. g. low glucose, anaemia and vitamin deficiencies) before assuming alcohol withdrawal is the only problem. The epigastic pain may be a peptic ulcer, but excess alcohol intake can also cause portal hypertension leading to oesophageal varicoses that can cause abdominal pain and also an acute severe bleeding so this needs to be considered too.

Looking back over Mr Wang's history, the possibility of an underlying problem which he has self 'treated' with alcohol should be considered. This is most commonly an anxiety disorder, and in particular social anxiety disorder and agoraphobia/panic disorder should be considered. Whilst this would not explain Mr Wang's symptoms over the past month, it could be a significant contributor to his long - term alcohol dependence.

5.3 Further investigations? In light of the broad number of differential diagnoses to consider with this presentation it would be well worth doing a blood and urine test to check for things such as diabetes, infection or a thyroid abnormality. Importantly does he have evidence of liver failure on his blood tests? In someone with a history of alcohol abuse it would be important to make sure that there has not been a head injury and a suspicion of a subdural haematoma should prompt a CT scan of the head to exclude this. Ideally if available this patient needs a gastroscopy to further assess his epigastric pain to see if he has an ulcer or oesophageal varicoses.

5.4 Treatment and management? Once the acute clinical presentation has been sorted out there are a number of longer term issues to consider in Mr Wang's care. A critical question to consider is if Mr Wang is actually ready to try withdrawing from alcohol! The Diclemente Stages of Change Model is very useful way to consider patients readiness to change in relation to an addiction such as alcohol[2]. Many people are in the pre - contemplative stage, that is, they don't really want to stop their addictive behaviour. However, eventually and usually prompted by a crisis or pressure from family, people move into what is termed the contemplative stage, that is, they are seriously thinking about giving up the alcohol. A GP can help a patient move to this stage by using an approach called motivational interviewing which encourages the patient to reflect on the benefits and costs of their addictive behaviour. Finally when the patient is in the ready to change stage, there is a great opportunity to help the patient with medical and social support services. Even after a successful withdrawal patients will need ongoing assistance to avoid and manage relapses.

The objective of alcohol withdrawal services include to interrupt pattern of heavy and regular alcohol use, to alleviate withdrawal symptoms, to prevent severe withdrawal complications, and to facilitate linkages to ongoing treatment[3]. If possible, alcohol withdrawal management could occur in hospital, a patient's home, a general practice, or an ambulatory service. Outpatient services are the most effective, safe and low - cost approach for a patient with mild to moderate symptoms. Community residential withdrawal is appropriate for moderate to severe withdrawal patients; while hospital (inpatient) treatment is suitable for severe withdrawal complications. This of course depends on the availability of services in any setting. Patients with a history of delirium tremens or withdrawal need high supervision care. For the case of Mr Wang – complex case and in reality given the liver signs and cognitive impairment as well as high risk for DTs - hospital admission could be advocated by the GP.

GPs are helpful for regularly monitoring patients who withdrawing from alcohol. GPs can provide pharmacological assistance. Often regular doses of benzodiazepines such as Valium are useful to minimise withdrawal symptoms and can be gradually tapered. Many alcoholic patients are nutritionally deficient and multi B vitamins and thiamine are given regularly.

Supportive counselling is also essential, such as patient information about the likely nature and course of alcohol withdrawal, and strategies to cope with common symptoms and cravings. Through education, Mr Wang can be helped to come to terms with the idea that he is alcohol dependent (alcoholic) and the only solution is to stop drinking. It is most helpful to view alcoholism and behaviour as due to a pathological reason instead of personal weakness or moral problem. Tingting and her Chinese friends can be of great assistance for Mr Wang. A quiet and peaceful environment will also helpful. In some countries, alcohol self - help groups or volunteer organisations can be found, such as Alcoholics Anonymous, where people share experience, strength and hope with each other and may help solve their common problems and help others to recover from alcoholism.

GPs can also help patients with long term rehabilitation. GPs are ideal person who help patient because it will be a long term process (at least three years) and require a long term and trustful relationship. The target of rehabilitation plan is to prevent relapse. If patient has psychiatric symptoms, the GP could refer the patient to a psychiatric service. For a patient who has medical conditions, closer monitoring is also important.

Cultural factors should also be considered for the case of Mr Wang. He may have defined himself as 'naturally a good drinker' which could be an obstacle. He might also have a communication problem when sharing experiences with the doctor and their services and a professional interpreter or a doctor who can speak Mandarin would be preferable to using a family member as the translator.

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