Attempts to Falsely Alter Assessment of Autonomic Activity During Alcohol Withdrawal

Withdrawal from alcohol and sedative hypnotic drugs is seen in many hospital settings, not just in detoxification units but in medical, surgical, and other units as well. Alcohol withdrawal severity and the amount of medication needed to control withdrawal symptoms can vary greatly among different individuals. Benzodiazepine agents remain the treatment of choice for alcohol withdrawal syndromes. Compared to fixed benzodiazepine agent regimens, symptom-triggered approaches to dosing may offer several advantages. These approaches consist of monitoring withdrawal symptoms and providing medications only when a certain threshold of withdrawal symptoms appears, often resulting in a decrease in the amount of medication needed and in the duration of treatment (Daeppen et al., 2002; Reoux & Miller, 2000). Thus, instead of fixed-schedule regimens, many clinicians now order benzodiazepine agents to be given only when a predetermined level of withdrawal symptoms is present, using guidelines such as the Clinical Institute Assessment Withdrawal Scale for Alcohol (CIWA) (Reoux & Oreskovich, 2006). Assessment and monitoring of autonomic status by nursing staff are paramount in this type of approach.

Some patients are unhappy with the lower doses of benzodiazepine agents that are given with such symptom-triggered protocols. Our nursing staff have observed several patients attempt to deceive them about the severity of their autonomic symptoms during periodic assessment of withdrawal to procure larger or more frequent doses. One such attempt involved a patient trying to increase sweating by covertly exercising vigorously in his bathroom. Another patient similarly would sit on a heating vent for prolonged periods of time to induce perspiration. Some patients have attempted to increase heart rate by rapidly pacing around the hall during the few minutes immediately preceding assessment. One patient, who was not aware that he could be observed on camera, performed jumping jacks for several minutes and then ran to the nurse, asking that his heart rate be measured immediately. With the use of automated devices to record heart rate, some patients have tried to falsely increase the detected rate by tapping their fingers or subtly shaking their arms, legs, or torso. Although blood pressure is not part of the CIWA protocol, it is obtained regularly in many detoxification programs. Our staff have observed patients attempt to falsely elevate blood pressure readings by clinching their fists, squeezing the cuff if the nurse was not attentive, tensing the biceps muscle under the cuff, or subtly tensing their abdominal muscles and bearing down—in essence performing a type of Valsalva maneuver.

Attempts may also be made to misrepresent other aspects of with-
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Clinicians are likely to rely heavily on quantifiable data to make decisions regarding the amount and frequency of medication administration during withdrawal. Some of the new and unusual ways patients attempt to deceive staff about the severity of their withdrawal may present unique challenges. Nursing staff represent the primary—and perhaps the only—point at which this behavior can be detected and addressed. Nurses should be alert that during assessment of autonomic variables, innovative attempts may be made by certain patients to alter the results of these assessments.

REFERENCES

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