Delirium tremens and other alcohol psychoses

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Putting an end to high-scale alcohol consumption that has continued for several days or weeks leads to both physical and psychological withdrawal symptoms. Common symptoms include insomnia, anxieties and phobias. More serious withdrawal symptoms may include mild, temporary hallucinations, e.g. auditory and optical illusions.

In the most serious cases an alcohol psychosis may develop. One of these psychoses is called delirium tremens, colloquially known as DT's. Initial symptoms include anxiety and insomnia, sometimes also withdrawal convulsions. As the patient's state deteriorates, his level of consciousness decreases, he becomes incoherent and loses the sense of time and place. He suffers from intense auditory, optical and tactile illusions as well as from delusions that feel very real to him. Restlessness, trembling and excessive activity of the sympathetic nervous system, e.g. sweating and palpitations, are also common. Many other conditions, like intracranial bleeding, may induce similar symptoms.

Deliriums tremens develops after the patient has stopped drinking, usually on the second or third day of abstinence, and lasts for some days. Sometimes a similar condition, the so-called intoxication delirium, may develop during a binge. The reason for delirium is a dysfunction of the brain cells and the entire nervous system, brought about by heavy drinking and its sudden ending.

Delirium may be life-threatening, so monitoring and treatment in a hospital ward may be necessary. If the patient suffers from severe phobias, he may try to hurt himself or others. The treatment takes place either at the somatic or the psychiatric ward. An M1 referral is needed when the patient is referred to a psychiatric hospital, as the patient's ability to recognize his own condition is weak or variable. The patient needs a peaceful environment, tranquillizers and thiamine and his somatic state must be monitored. The patient will fully recover, but if the heavy drinking begins again, the chances of a new delirium are increased.

Another common form of alcohol psychosis is alcoholic hallucinosis. This condition typically involves lifelike hallucinations, especially auditory illusions. Actual incoherence does not occur. The condition may begin to develop already during the drinking period or within 1-2 weeks after the drinking has stopped; the patient's condition will improve considerably within a week and within six months he will fully recover. In addition to hallucinations, the patient may suffer from delusions, such as jealousy and paranoia. The symptoms can be alleviated with neuroleptic psychopharmaceuticals, either as in- or outpatient treatment. Also alcohol-induced amnesia may be a form of psychosis. The patient's short-term memory is considerably weakened for a long period of time. It becomes difficult for him to learn new things and his sense of time is weakened. When talking to others the patient may make up stories to fill the gaps in his memory. Sometimes there are also great changes in the patient's emotions, personality or behaviour. All of these symptoms may be alleviated after a long period of abstinence, but some of the symptoms may become permanent and even demand long-term institutional care.

All of these psychotic states that may appear after the detoxification are treated as part of a long-term treatment and rehabilitation plan. The goal is permanent abstinence, as a patient who has once suffered from alcohol psychosis 'can't take his liquor anymore' and relapsing back into heavy drinking will more easily lead to a new state of psychosis – or even permanent disability.

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