

Your Clinical Practice

Please answer the following questions based on your current practice of managing acute alcohol withdrawal syndrome (AAWS)

- * 1. Please provide the approximate total number of cases of acute alcohol withdrawal syndrome (AAWS) that you see in your practice over a 6 month period?

- * 2. Please provide the approximate number of cases of SEVERE AAWS that you see in your practice over a 6 month period?

For the purpose of this survey, severe alcohol withdrawal is defined as withdrawal that features seizures or hallucinations, or the presence of symptoms refractory to Clinical Institute Withdrawal Assessment for Alcohol (CIWA) based benzodiazepine protocol.

- * 3. Which of the following adjuvant therapies (in addition to benzodiazepine based protocols) have you used in your practice, in the treatment of SEVERE AAWS?

Please mark all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> None of the following | <input type="checkbox"/> Clonidine | <input type="checkbox"/> Phenobarbital |
| <input type="checkbox"/> Haloperidol | <input type="checkbox"/> Dexmedetomidine | <input type="checkbox"/> Propranolol |
| <input type="checkbox"/> Carbamazepine | <input type="checkbox"/> Propofol | |
| <input type="checkbox"/> Valproic Acid | <input type="checkbox"/> Baclofen | |

Other (please specify)

- * 4. In which stage of alcohol withdrawal do you consider using phenobarbital?

Please mark only one

- On initial assessment, if the patient has a known history of severe alcohol withdrawal.
- During treatment, if the current withdrawal episode is refractory to benzodiazepine dosing as per local CIWA triggered protocol.
- If there is evidence of withdrawal hallucinations or seizures.
- If the patient's clinical status requires ICU Admission.
- Never, I do not use phenobarbital in my practice.

* 5. Which formulation of Phenobarbital do you most often use in SEVERE alcohol withdrawal?

Please mark only one

- Oral
- Intravenous
- Intramuscular
- Not Applicable; I do not use phenobarbital in my practice

* 6. Which of the following possible side effects limits your use of phenobarbital in the setting of SEVERE alcohol withdrawal.

Please mark all that apply

- Respiratory depression
- Drug-drug interactions
- Hypotension
- Liver Toxicity
- Decreased level of consciousness requiring intubation
- I am unfamiliar with the side effect profile

* 7. Which of the following preexisting conditions would contribute to your decision to NOT use phenobarbital in the treatment of SEVERE alcohol withdrawal.

Please mark all that apply

- Porphyria
- Cirrhosis
- Pregnancy
- None of the above
- I am unfamiliar with the contraindications

Current Knowledge Around Phenobarbital Use

Please answer the following questions based on your current understanding of phenobarbital in the treatment of SEVERE acute alcohol withdrawal syndrome (AAWS)

* 8. Which of the following signs and symptoms do you consider to be most consistent with SEVERE acute alcohol withdrawal syndrome (AAWS)?

Please mark all that apply

- Persistent nausea and vomiting
- CIWA-Ar Score of >15 after 60 mg of Diazepam
- Presence of hallucinations
- Presences of seizures

*9. When administered intravenously, phenobarbital takes approximately how long to reach peak concentration in the brain?

Please mark only one

- Less than 1 hour
- Approximately 4 hours
- Approximately 8 hours
- Approximately 24 hours
- I do not know

* 10. The HIGHEST level of evidence supporting the use of IV phenobarbital for the management of SEVERE AAWS in adults is:

Please mark only one

- Case reports/ case series
- Cohort Studies (Prospective, retrospective)
- A single randomized controlled trial
- More than one randomized controlled trial
- Systematic review of multiple randomized controlled trials
- I do not know

Current Attitudes Toward the Use of Phenobarbital in Severe Alcohol Withdrawal

Please answer the following questions regarding your current attitude towards the use of phenobarbital in the treatment of SEVERE acute alcohol withdrawal syndrome (AAWS).

* 11. Further randomized controlled trials are needed to optimize the treatment for SEVERE AAWS

1 - Strongly Disagree

2

3

4

5 - Strongly Agree

* 12. I am comfortable using phenobarbital in addition to benzodiazepines in the treatment of SEVERE AAWS

1 - Strongly Disagree	2	3	4	5 - Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. I would feel comfortable prescribing phenobarbital to a patient who is admitted to a monitored setting (frequency of vital monitoring more than Q4H)

1 - Strongly Disagree	2	3	4	5 - Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 14. I would feel comfortable enrolling patients in a trial conducted in an appropriate monitored setting comparing IV phenobarbital as an adjuvant treatment to symptom-based benzodiazepine therapy vs. symptom-based benzodiazepine therapy alone, in adults with SEVERE AAWS

1 - Strongly Disagree	2	3	4	5 - Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographic Information

* 15. Please select your specialty

Please mark all that apply

- Internal Medicine
- Psychiatry
- Critical Care
- Emergency Medicine
- Family Medicine
- General Surgery
- Anesthesiology
- Other

* 16. In which of the above selected specialties do you spend the majority of your clinical time?

Please mark only one

- Internal Medicine
- Psychiatry
- Critical Care
- Emergency Medicine
- Family Medicine
- General Surgery
- Anesthesiology
- Other

* 17. Do you specialize in addiction medicine?

- Yes
- No

* 18. How many years have you been in practice as an independent practitioner?

* 19. What percent of your practice is spent doing clinical work? (0h)

20. What is your University Rank?

- Clinical Associate
- Lecturer
- Assistant Professor
- Associate Professor
- Full Professor

* 21. What is your age (years)?

- 25-30
- 30-40
- 40-50
- > 50

* 22. What is your gender?

Male

Female

Prefer not to say

23. Please provide any comments

Please deposit the completed questionnaire into the pre-labelled envelope provided and deposit in your in-hospital mail outbox to be sent to Dr. Karen Burns