

Clinical Institute Withdrawal Assessment for Alcohol – Revised (CIWA-Ar): description, strengths and knowledge gaps^[1]

Purpose

The Clinical Institute Withdrawal Assessment for Alcohol – Revised (CIWA-Ar) is a clinician rating tool for assessing and monitoring alcohol withdrawal.

Drug(s) of Concern

Alcohol

Observation Period

Five minutes

Populations Tested

- Males^[2,3]

Settings Tested

- General hospital^[2,4]

Diagnostics

Utility:

- ✓ Easy to administer and score
- ✓ Relatively short
- ✓ Retains the clinical usefulness, validity & reliability of the CIWA-A^[5]

Psychometric properties:

- None found

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Nausea & Vomiting	Tremor
<p>Ask "Do you feel sick in the stomach? Have you vomited?"</p> <p>0 No nausea and no vomiting</p> <p>1 Mild nausea with no vomiting</p> <p>2</p> <p>3</p> <p>4 Intermittent nausea, with dry retching</p> <p>5</p> <p>6</p> <p>7 Constant nausea, frequent dry retching & vomiting</p>	<p>Arms extended, elbows slightly flexed & fingers spread.</p> <p>0 No tremor</p> <p>1 Not visible, but can be felt fingertip to fingertip</p> <p>2</p> <p>3</p> <p>4 Moderate</p> <p>5</p> <p>6</p> <p>7 Severe, even with arms not extended</p>
Tactile Disturbances	Auditory Disturbances
<p>Ask "Have you any itching, pins & needles sensations, any burning, any numbness or do you feel bugs crawling under your skin?"</p> <p>0 None</p> <p>1 Very mild itching, pins & needles, burning or numbness</p> <p>2 Mild itching, pins & needles, burning or numbness</p> <p>3 Moderate itching, pins & needles, burning or numbness</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p>	<p>Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"</p> <p>0 Not present</p> <p>1 Very mild sensitivity</p> <p>2 Mild sensitivity</p> <p>3 Moderate sensitivity</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p>
Paroxysmal sweats	Visual Disturbances
<p>Observation during assessment.</p> <p>0 No sweat visible</p> <p>1 Barely perceptible sweating, palms moist</p> <p>2</p> <p>3</p> <p>4 Beads of sweat obvious on forehead</p> <p>5</p> <p>6</p> <p>7 Drenching sweats</p>	<p>Ask "Does the light appear to be too bright? Is its colour different? Does it hurt your eyes? Are you seeing things you know are not there?"</p> <p>0 Not present</p> <p>1 Very mild sensitivity</p> <p>2 Mild sensitivity</p> <p>3 Moderate sensitivity</p> <p>4 Moderately severe hallucinations</p> <p>5 Severe hallucinations</p> <p>6 Extremely severe hallucinations</p> <p>7 Continuous hallucinations</p>
Anxiety	Headache, fullness in the head
<p>Ask "Do you feel nervous?"</p> <p>0 No anxiety, at ease</p> <p>1 Mildly anxious</p> <p>2</p> <p>3</p> <p>4 Moderately anxious or guarded so anxiety is inferred</p> <p>5</p> <p>6</p> <p>7 Equivalent to acute panic, states as seen in delirium or acute schizophrenia reactions</p>	<p>Ask "Does your head feel different? Does it feel as though there is a band around your head?" Do not rate for dizziness or light headedness.</p> <p>0 Not present</p> <p>1 Very mild</p> <p>2 Mild</p> <p>3 Moderate</p> <p>4 Moderately severe</p> <p>5 Severe</p> <p>6 Very severe</p> <p>7 Extremely severe</p>
Agitation	Orientation
<p>Not accounted for by cold symptoms or allergies.</p> <p>0 Normal activity</p> <p>1 Somewhat more than normal activity</p> <p>2</p> <p>3</p> <p>4 Moderately fidgety & restless</p> <p>5</p> <p>6</p> <p>7 Paces back & forth during most of the interview or constantly thrashes about</p>	<p>Ask "What day is this? Where are you? Who am I?"</p> <p>0 Orientated & can do serial additions: Ask person to perform serial addition of 3s up to 30, e.g., 3,6,9</p> <p>1 Cannot do serial addition or is uncertain about date</p> <p>2 Disoriented by date by no more than 2 calendar days</p> <p>3 Disoriented by date by more than 2 calendar days</p> <p>4 Disoriented for place and/or person</p>
TOTAL SCORE	

Administrator, Rater, Scoring and Interpretation

Administrator: Clinician/Worker

Rater: Clinician/Worker

Scoring & interpretation: The CIWA-Ar comprises ten questions.

Nine questions are scored from 0-7, and one question (orientation) is scored from 0-4. A total score is calculated by summing responses to all 10 questions. The minimum total score possible is 0, and the maximum total score possible is 67 (i.e. total score range: 0-67).

CIWA-Ar score interpretation

Score	Interpretation
0-9	Mild withdrawal – not normally requiring additional medication
10-20	Moderate withdrawal
20 & above	Severe withdrawal

Resources

Tool citation: Sullivan, J., Sykora, K., Schneiderman, J., et al. *Assessment of alcohol withdrawal: the revised Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar)*. *British Journal of Addiction*, 1989. 84(11): 1353-1357.^[5]

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Training & manual: None found.

Other: None found.

Knowledge Gaps

The CIWA-Ar has been widely mentioned in policy and guideline documents for monitoring withdrawal from alcohol. Several concerns have been raised in the literature regarding the CIWA-Ar:

- Clients eligible for screening:
 - The CIWA-Ar is not a screening tool for those most at risk of alcohol withdrawal, rather it detects withdrawal symptoms in those at a known elevated risk and quantifies their severity^[2, 6]
 - The CIWA-Ar requires verbal responses and it has not been recommended for use if a patient is cognitively impaired or has communication difficulties,^[2] for example, when there is a language barrier^[7] or where a reliable history cannot be provided.^[7]
- Interpreting results:
 - Qualitative description of certain withdrawal symptoms may be prone to some misinterpretation and may result in falsely elevated scores;^[8] as well as overlooking symptoms associated with medical comorbidities.^[2, 9]
- Implementation fidelity:
 - Clinicians/workers may have a poor understanding of the CIWA-Ar protocols and its limitations.^[10] There is a need to ensure that patients are first screened for problem drinking and risk of withdrawal prior to administering the CIWA-Ar.^[6]

References

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