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MANAGEMENT OF ALCOHOL USE DISORDER IN A PATIENT WITH PARKINSON'S DISEASE: A CASE REPORT

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OBJECTIVE: Alcohol Use Disorder (AUD) is common in elderly populations; however, its management becomes more complex in the presence of neurological comorbidities such as Parkinson's disease. Limited data exist regarding safe detoxification and maintenance strategies for AUD in patients receiving dopaminergic treatment.

CASE: (The patient consent must be provided and specified with appropriate terms). Written informed consent was obtained from the patient.

A 64-year-old male, primary school graduate and retired, presented to the psychiatric outpatient clinic requesting treatment to discontinue alcohol use. He had a long history of alcohol consumption and had met diagnostic criteria for AUD for the past five years. Four years earlier, he was diagnosed with Parkinson's disease by neurology and was treated with levodopa 125 mg/day. The patient had been followed by psychiatry for three years due to insomnia and anxiety and was receiving sertraline 50 mg/day and quetiapine 50 mg/day with partial benefit. Recently, his alcohol consumption had progressively increased, and he reported tolerance and withdrawal symptoms including restlessness, insomnia, and irritability.

At admission, the patient's CIWA-Ar score was 11, indicating mild to moderate alcohol withdrawal.

Detoxification treatment was initiated with thiamine 300 mg/day and lorazepam 3 mg/day. Lorazepam was gradually tapered according to CIWA-Ar scores and discontinued as withdrawal symptoms subsided. The CIWA-Ar score progressively decreased and reached 0 during follow-up. For maintenance treatment, sertraline was increased to 100 mg/day due to persistent anxiety symptoms, and naltrexone 50 mg/day was initiated. At 1-, 3-, and 6-month follow-ups, the patient remained abstinent from alcohol, with a euthymic mood and no worsening of Parkinsonian symptoms.

DISCUSSION: This case demonstrates that CIWA-Ar–guided detoxification and naltrexone maintenance treatment can be safely and effectively applied in elderly patients with Parkinson's disease and AUD. This case supports the clinical feasibility of individualized AUD treatment strategies in neurologically complex elderly patients, emphasizing the importance of careful monitoring, standardized assessment tools, and appropriate pharmacological selection.

Keywords: Alcohol use disorder, elderly patients, CIWA-Ar, naltrexone