

Clinical Scenarios

A 45-year-old man presents to the emergency department with restlessness and tremors.

He is anxious and pacing in the hallway. Initial vital signs show a heart rate of 120 beats per minute and blood pressure of 169/104 mmHg; other vital signs are normal. On further questioning by the nurse, he states that he is nauseous and wants something to help with 'the shakes'. During the consultation the patient admits to heavy alcohol use and that he is trying to cut down on drinking. He also says that his current symptoms started to develop about 6 hours after his last drink.

He has a history of hypertension for which he takes atenolol.



- ? What treatment would you give?
- ? When would you start this treatment?
- ? What impact would his hypertension have on the management plan?

To find the answers to these and other important questions, have a look at this BMJ Best Practice treatment algorithm and add hypertension as a comorbidity.

[Read more about this BMJ Best Practice topic](#) →

Other useful topics:

[Alcohol-use disorder](#) →

[Essential hypertension](#) →

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