ASAM Abstract Submissions:

Sample Workshop Session Abstract

Preparing a strong abstract can be challenging, particularly when it is unclear what separates a good submission from an exceptional one. The annotations in this guide explain what made each section of this workshop session abstract particularly effective, highlighting concrete strategies that can be applied to other submissions.

Section One

Background & Purpose

50–350 words

Alcohol withdrawal syndrome (AWS) is a potentially life-threatening condition that occurs when individuals with chronic, heavy alcohol use abruptly reduce or cease consumption.[1] While most cases are mild, a subset of patients develop severe, complex, or treatment-resistant presentations requiring urgent intervention across emergency, inpatient, and critical care settings.[2] AWS may begin with anxiety and tremor and progress to seizures, hallucinosis, and delirium tremens (DT), with significant morbidity and mortality if untreated.[1] In addition to severe AWS, some patients exhibit resistant alcohol withdrawal (RAW) necessitating alternative treatment strategies and an escalation of hospital-based care.[3] Finally, many hospitalized patients are admitted for reasons other than AWS and require medications that can interact with AWS treatments (e.g., opioids or other sedating medications). Managing complex, severe, and resistant cases of AWS can be exceptionally challenging for clinicians, often requiring nuanced clinical judgment, rapid escalation of care, and coordination across multiple disciplines to prevent serious complications.[2]

Define acronyms upon first use.

The discussion of literature is specific rather than broad or vague. The literature clearly demonstrates a specific problem or need that the session will then address.

This advanced workshop session aims to enhance healthcare professionals' ability to assess and manage severe, complex, and RAW presentations. At the end of this session, attendees will be equipped to recognize and treat patients at risk for and experiencing severe AWS, initiate appropriate pharmacologic and supportive care, and translate emerging evidence into practice.

The aim is clear, concise, and attainable. The aim is clearly connected to the identified clinical need and appropriate for the intended audience.

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Section Two

Session Plan & Teaching Methods (Bulleted Outline)

50–350 words

Teaching methods were intentionally selected to support the aims of the session. There is a clear emphasis on practical application through realistic clinical examples.

This advanced session will use a combination of didactic presentations, small group case discussions, and audience Q&A. These teaching methods were chosen to provide a strong evidence-based foundation through expert-led instruction while also promoting active engagement and application of knowledge through discussion and problem-solving. By connecting new content to participants' prior clinical experience and providing opportunities to analyze realistic cases, the session will enhance knowledge retention, clinical reasoning, and the translation of best practices into patient care.

Difficulty level is clear.

Outline can be in a bulleted or narrative format as long as it is specific and includes time allotments.

Session Outline:

- Introduction (5 minutes)
- Overview, Screening, and Diagnosing Severe and Resistant AWS (15 minutes)
  - Didactic review of prevalence, risk factors, and challenges.
  - Discuss screening and diagnostic challenges and validated tools to assist with risk stratification, including the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) and CIWA-Ar, as well as the Minnesota Detoxification Scale (MINDS) and Richmond Agitation-Sedation Scale (RASS).
- Complex AWS Treatment Approaches (20 minutes)
  - Didactic review of current guideline approaches from both ASAM and the Society for Critical Care Medicine.
  - Review existing evidence and clinical protocols, including symptom-triggered versus fixed-dose regimens and use of phenobarbital, dexmedetomidine, ketamine, and indications for intubation.
- Small group discussion of Multiple Case Examples (20 minutes)
  - In groups of 6-8, attendees will work through 4 cases selected to highlight unique clinical needs such as AWS in older adults or those with co-occurring conditions.
- Audience Q&A (10 minutes)
- Conclusion (5 minutes)
  - Summarize key clinical pearls.

Session is organized with a logical flow from topic to topic.

Provides specific details or examples of what would be discussed rather than just broad section headings

Items in each section are reasonably achievable in the allotted time frame.

Includes time for active application in small groups. Workshops, like this one, must include a minimum of 20 minutes of activities in groups of 2-10 learners.

All section time allotments add up to 75 minutes, the length of an ASAM session.

Clear emphasis on applicability.

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Section Two

Session Plan & Teaching Methods (Narrative Outline)

50–350 words

Outline can be in a bulleted or narrative format as long as it is specific and includes time allotments.

Items in each section are reasonably achievable in the allotted time frame.

Session is organized with a logical flow from topic to topic.

All section time allotments add up to 75 minutes, the length of an ASAM session.

Teaching methods were intentionally selected to support the aims of the session. There is a clear emphasis on practical application through realistic clinical examples.

This advanced session will begin with a 5-minute introduction outlining learning objectives and the clinical significance of severe and resistant alcohol withdrawal syndrome (AWS). Following that, a 15-minute didactic overview will review the prevalence, risk factors, and diagnostic challenges associated with severe AWS, including validated screening and risk stratification tools such as the Prediction of Alcohol Withdrawal Severity Scale (PAWSS) and CIWA-Ar, as well as the Minnesota Detoxification Scale (MINDS) and Richmond Agitation-Sedation Scale (RASS).

Next, during the 20-minute complex AWS treatment segment, faculty will examine current recommendations from ASAM and the Society for Critical Care Medicine, highlighting evidence-based approaches including symptom-triggered versus fixed-dose regimens, the use of phenobarbital, dexmedetomidine, ketamine, and indications for intubation.

A 20-minute, case-based discussion will follow, during which attendees will work in small groups (6-8 attendees) to discuss multiple clinical scenarios designed to illustrate the management of patients with unique needs, such as older adults and individuals with co-occurring conditions.

The session will conclude with a 10-minute audience Q&A and a 5-minute summary of key takeaways and practice implications.

This session will use a combination of didactic presentations, small group case discussions, and audience Q&A. These teaching methods were chosen to provide a strong evidence-based foundation through expert-led instruction while also promoting active engagement and application of knowledge through discussion and problem-solving. By connecting new content to participants' prior clinical experience and providing opportunities to analyze realistic cases, the session will enhance knowledge retention, clinical reasoning, and the translation of best practices into patient care.

Difficulty level is clear.

Provides an evidence-based foundation.

Provides specific details or examples of what would be discussed rather than just broad section headings

Includes time for active application in small groups. Workshops, like this one, must include a minimum of 20 minutes of activities in groups of 2-10 learners.

Clear emphasis on applicability.

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Section Three

References

50–350 words

Includes 3-6 references from scholarly or scientific sources. At least 2 sources are from the past 3 years. Citations are in AMA format.

1. National Institute on Alcohol Abuse and Alcoholism. Alcohol's effects on the body. Updated January 2025. Accessed September 18, 2025. https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body
2. Canver CC, Newman J, Gomez A. Alcohol withdrawal syndrome: clinical spectrum and management. J Addict Med. 2025;19(2):101-109.
3. Asllanaj B, Chang E, Hassan MA, McWhorter Y. Barbiturates versus benzodiazepines for the treatment of severe alcohol withdrawal syndrome: a systematic review and meta-analysis. J Biol Today's World. 2022;11(4):001-007.
4. Mezzadri L. Screening for alcohol use disorder and management of alcohol withdrawal syndrome in critical care patients. Crit Care Nurse. 2024;44(1):46–54. doi:10.4037/ccn2024423
5. Hundert S, Dunn AS. Inpatient management of alcohol withdrawal: a review. Can J Gen Intern Med. 2023;18(1):12–18.
6. Chan GM, Hoffman RS, Gold JA, Whiteman PJ, Goldfrank LR, Nelson LS. Racial variations in the incidence of severe alcohol withdrawal. J Med Toxicol. 2009;5(1):8-14. doi:10.1007/BF03160974

Section Four

Diversity, Health Equity, & Inclusivity

20–200 words

Inclusion of diverse patient populations.

Inclusion of culturally sensitive treatment approaches.

Inclusivity of all members of the care team.

This workshop advances diversity, equity, and inclusion by examining AWS management across diverse patient populations and care settings, including older adults and patients with complex comorbidities. Through case-based learning, participants will explore patient-centered, culturally sensitive approaches to care while considering factors that may contribute to healthcare disparities. The session also highlights interprofessional collaboration among physicians, pharmacists, nurses, and other healthcare professionals to support equitable access to evidence-based treatment and improve outcomes for patients experiencing severe and resistant AWS.

Discussion of the impacts of healthcare disparities.

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Section Five

Short Marketing Description

30–80 words

Briefly describe why the session will be important.

Mention the goal/aim of the session.

Quick highlight of topics covered.

Managing severe and resistant alcohol withdrawal syndrome (AWS) requires rapid decision-making, nuanced clinical judgment, and coordinated care across multiple disciplines. This advanced, interactive, case-based workshop prepares clinicians to assess and treat complex AWS presentations using validated tools and current treatment guidelines. Attendees will explore pharmacologic strategies, escalation protocols, and approaches for special populations, including older adults, pregnant patients, and those with co-occurring conditions.

Keep the description concise.

Briefly describe the format.

Sample session proposal adapted from the ASAM 57th Annual Conference session "Advanced Management of Alcohol Withdrawal: Case-Based, Evidence-Informed Solutions" presented by Tessa L. Steel, MD, MPH; Melissa B. Weimer, DO, MCR, DFASAM; Ryan JJ Buckley, MD, MPH.

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Sample Poster Session Abstract

Section Four

Conclusion & Discussion

20–200 words

Conclusion is specific rather than broad or vague. Conclusion is also directly related to the study question and the study results.

Initiation of LAIB on the day of discharge from the hospital withdrawal management program by way of the hospital low-barrier bridge clinic was both feasible and effective (n=75). Furthermore, patients who received LAIB had lower 30-day readmission rates compared to their pre-LAIB readmission rates. Such care coordination helps patients to quickly receive LAIB without delay and could save healthcare expenses by preventing hospital readmissions.

Limitations are explicitly acknowledged and described.

Our study was limited by its retrospective design, which only allows us to report on associations between receipt of LAIB and 30-day readmissions. A deliberate randomized trial would be necessary to demonstrate causality. The presence of some patients from the co-located IOP confounds some of the inferences about the bridge clinic, as we were unable to easily separate LAIB administrations from the two programs in the dataset.

Clear discussion of implications.

This study adds to the growing body of evidence for the role of bridge clinics in the care of people who use drugs. It is also the first study that we have seen to examine readmission rates as a measure of efficacy for LAIB. Such data could be used to support future cost-effectiveness arguments for payers to cover inpatient administration of long-acting injectable medications.