



A Perspective Study on the Interventions provided for Clients with Alcohol Use Disorder of Rajah Rehabilitation Centre.

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Dedicated to the Recovering Alcoholics

INTRODUCTION

Alcohol dependence is a major public health problem in many developing countries. Epidemiological studies conducted in India show high prevalence of alcohol dependence (Mohan et al., 1983. Premarajan et al, 1983). The follow-up studies in India suggest that significant proportion of these patients do respond to intervention. Bagardia et al. (1982) reported that more than 50% of the patient who continued to take disulfiram showed good to moderate improvement. Desai et al, (1993) found that 6 to 8 months following the initial contact. 36% remained abstinent during the follow up period.

Certain issues are to be addressed while conducting follow up evaluation. For assessing the efficacy of treatment, an optimum period of 1 year has been advocate (Lundwall and Beckland (1971). They consider that patients' outcome at the end of one year predicts later functioning and helps in assessing the efficacy of treatment. Further self reports alone are not sufficient to

measure the treatment outcome (fuller, 1989). This study was designed to evaluate the interventions provided for the patients with alcohol dependence.

MATERIAL AND METHOD

The treatment programme consists of 15 days in -patients stay and subsequent out-patient follow up for 1 year. The treatment team consists of a consultant psychiatrist, clinical psychologist, psychiatric social worker, hypno therapist, and a psychiatric nurse. A detailed initial assessment using a proforma was done. Information was gathered from the patients and the key informant. Socio-demographic details including marital status, education, occupation, employment, socio economic status (Kuppuswamy, 1976). Details were obtained regarding the use of alcohol, including abstinence and treatment in the past. Family history of alcoholism, suicide, and any other mental illness were recorded. Information on alcohol use, dependence feature and alcohol related problems were obtained.

Initially he patient undergoes

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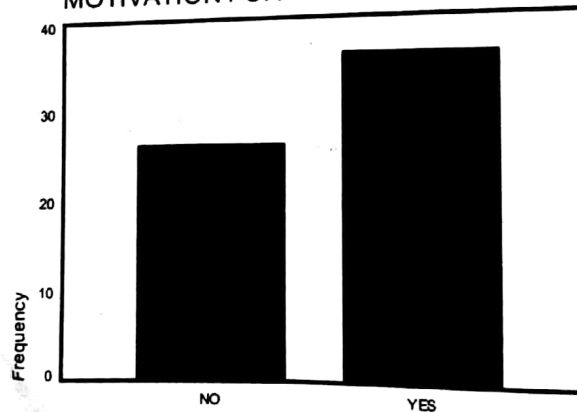
ANALYSIS AND INTERPRETATION MOTIVATION FOR THE TREATMENT

detoxification with medication and the patients are provided counselling services, group therapy, hypno therapy, cue exposure therapy, psycho education. All patients with out any medical or psychiatric contraindications are offered disulfiram. All patients were also informed in detail about the experience they are likely to undergo if they consume alcohol while on disulfiram. After discharge from the hospital, patients are advised to attend the follow up. The patients around the hospital locality are required for supervised medication. Rest of the patients has to come and collect weekly when they come to attend AA meeting. Follow up details including abstinence, craving for alcohol, any drinking episode, problems in social, familial, occupational areas are enquired and reported.

Motivation counselling begins with the assumption that the responsibility and capacity for change lei within the client. The therapist begins by providing individualized feedback about the effects of the patients drinking. Working together, therapist and the patients explore the benefits of abstinence, review treatment options, and design a plan to implement treatment goals. Motivational counselling overcomes patients' reluctance to enter treatment more effectively than did conventional techniques.

	Frequency	Percent
NO	26	41.9
YES	36	58.1
Total	62	100.0

MOTIVATION FOR THE TREATMENT



MOTIVATION FOR THE TREATMENT

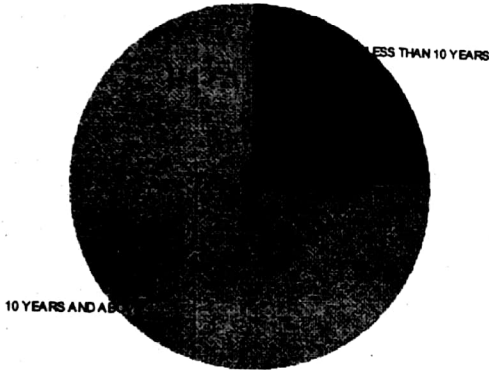
41.9% of the clients did not have motivation for the treatment. 58.1% of the patients had motivation for the treatment.



TOTAL DURATION OF ALCOHOL INTAKE

	Frequency	Percent
LESS THAN 10 YEARS	15	24.2
10 YEARS AND ABOVE	47	75.8
Total	62	100.0

TOTAL DURATION OF ALCOHOL INTAKE

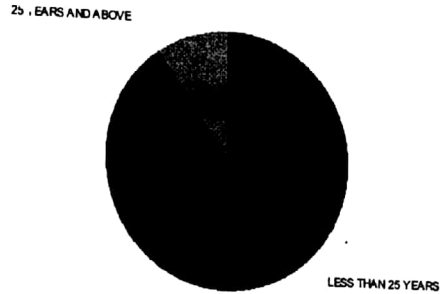


24.2% of the clients have less than 10 years of alcohol intake. 75.8% of the Clients have more than 10 years of alcohol intake.

AGE OF ALCOHOL ONSET

	Frequency	Percent
LESS THAN 25 YEARS	56	90.3
25 YEARS AND ABOVE	6	9.7
Total	62	100.0

AGE OF ALCOHOL ONSET



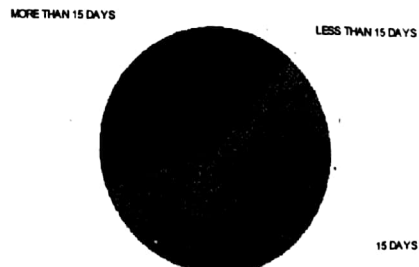
90.3% of the alcoholic patients have early onset of alcohol intake i.e., below the age of 25. 9.7% of the alcoholic patients have late onset of alcohol intake.

INPATIENT TREATMENT DURATION

The treatment programme consists of 15 days in-patient stay in the case of clients with alcohol use disorder. Those clients with comorbid psychiatric illness will have more than 15 days hospitalization.

	Frequency	Percent
LESS THAN 15 DAYS	43	69.3
MORE THAN 15 DAYS	19	30.6
Total	62	100.0

INPATIENT TREATMENT DURATION



11.3% of the alcoholic patients had discontinued the treatment because of the lack of motivation for the treatment. 58.1% of the alcoholic patients had 15 days treatment. 30.6% of the alcoholic patients had treatment more than 15 days

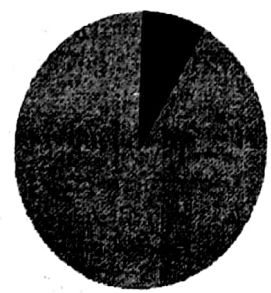
PSYCHO-SOCIAL METHODS OF INTERVENTION

I. COUNSELLING

Counselling generally consist of straight forward information on the negative consequences of alcohol consumption along with practical advice on strategies to achieve abstinence. Among alcoholics with severe marital/ familial problem efforts for strengthening their marital/ familial relationship through shared activities and the teaching of communication and conflict evaluation skills.

	Frequency	Percent
NO	5	8.1
YES	57	91.9
Total	62	100.0

COUNSELLING



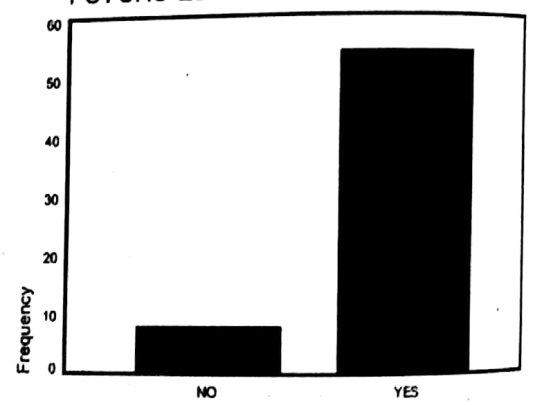
91.9% of the alcoholic patients have received counselling services as part of their treatment plan. 8.1% of the patients have not received counselling due to discontinuation the treatment.

II. PSYCHO EDUCATION

Awareness about the alcoholism, its harmful effects-physical, Psychological, social, financial, about relapse, factors relating to relapse and relapse prevention strategies are explained to the clients.

	Frequency	Percent
NO	8	12.9
YES	54	87.1
Total	62	100.0

PSYCHO EDUCATION



87.1% of the alcoholic patients have received psycho education. 12.9% of the alcoholic patients have not received psycho education.



72.6% of the alcoholic patients have not received Hypno Therapy because this service was not available in the hospital while the patients were undergoing treatment. 27.4% of the alcoholic patients have received Hypno Therapy.

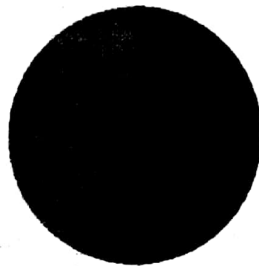
SUPERVISED MEDICATION

The disulfiram medication interferes with the body's metabolic of alcohol, resulting in an accumulation of acetaldehyde. Alcohol consumed in the presence of disulfiram result in nausea, vomiting, headache and less commonly chest pain. Disulfiram (250mg) was administered to the clients those who could comply with the treatment remain abstinence for months when compared to the who has poor compliance (Myers et al., 1994)

	Frequency	Percent
NO	36	58.1
YES	26	41.9
Total	62	100.0

SUPERVISED MEDICATION

YES



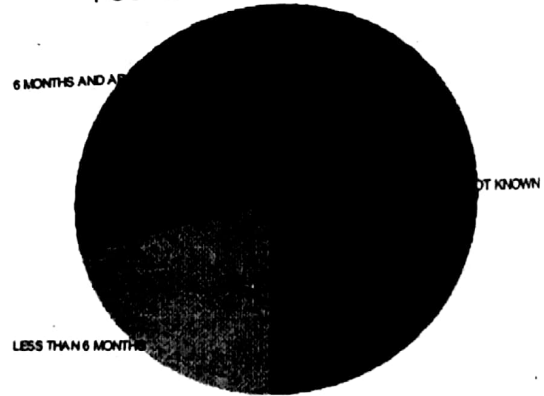
NO

41.9% of the patients' undergone de-addiction treatment had come for supervised medication. 58.1% of the alcoholic patients did not have supervised medication.

POST DISCHARGE SOBRIETY

	Frequency	Percent
NOT KNOWN	31	50.0
LESS THAN 6 MONTHS	13	21.0
6 MONTHS AND ABOVE	18	29.0
Total	62	100.0

POST DISCHARGE SOBRIETY



21% of the alcoholic patients remained sober for less than six months. 29% of the patients remained sober for more than six months. 50% of the patients' sobriety is not known to the hospital.

POST DISCHARGE FOLLOW UP

	Frequency	Percent
LESS THAN 6 MONTHS	39	62.9
6 MONTHS AND ABOVE	23	37.1
Total	62	100.0



alternative resources are lacking, when alcohol is accessible, and when the individual believes that alcohol will help to reduce the stress (Fouquereau et al, 2003; Perreira & Sloan, 2001; Jose et al, 2000; Sadava & Pak, 1993).

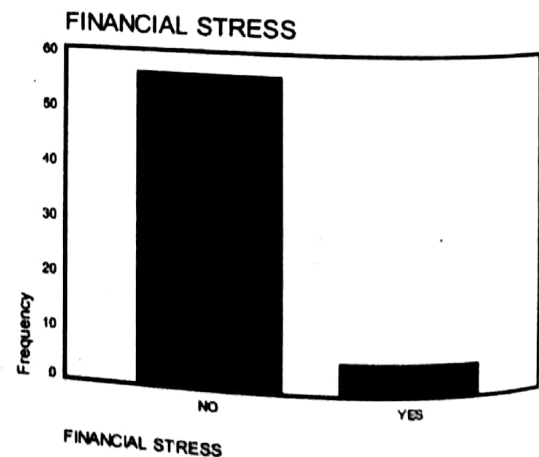
Stress, Alcoholism, and Relapse: Stress may be linked to social drinking, and the physiological response to stress is different in actively drinking alcoholics compared with nonalcoholic (Wand & Dobs, 1991). Researchers report that animals preferring alcohol over water have a different physiological response to stress than animals that do not prefer alcohol (Ehlers, 1995). Nonetheless, a clear association between stress, drinking behaviour, and the development of alcoholism in humans has yet to be established. There may, however, in the already established alcoholic, be a clearer connection between stress and relapse: Among abstinent alcoholics personally threatening, severe, and chronic life stressors may lead to alcohol relapse (Brown et al, 1990). Brown and colleagues (1995) studied a group of men who completed inpatient alcoholism treatment and later experienced severe and prolonged psychosocial stress prior to and independent of any alcohol use. The researchers found that the subjects who relapsed experienced twice as much severe and prolonged stress before their return to drinking as those who remained abstinent. In this study, severe psychosocial stress was related to relapse in alcoholic males who expected alcohol to reduce their stress. Those most vulnerable to stress-related relapse scored low on measures of coping skills, self-efficacy, and social support.

Stress-related relapse was greatest among those who had less confidence in their ability to resist drinking and among those who relied on drinkers for social support. Although many factors can influence a return to drinking, it appears that stress may exert its greatest influence on the initial consumption of alcohol after a period of abstinence.

Training clinical staff to accurately appraise patients' drink-provoking stressors may help staff to identify individuals at risk for relapse. One route to relapse prevention is the teaching of coping skills were patients learn how to deal with these stressors without drinking.

I. FINANCIAL STRESS

	Frequency	Percent
NO	56	90.3
YES	6	9.7
Total	62	100.0





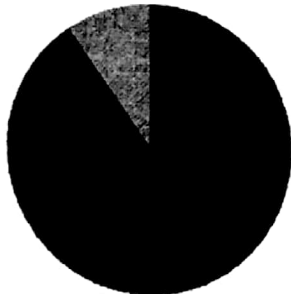
9.7% of the relapsed alcoholics have financial stress.

II. MARITAL/ FAMILY STRESS

	Frequency	Percent
NO	56	90.3
YES	6	9.7
Total	62	100.0

MARITAL/ FAMILY STRESS

YES



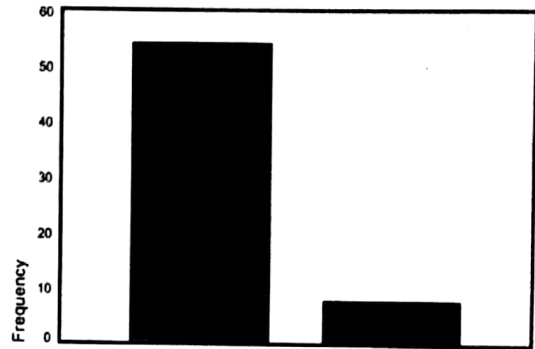
NO

9.7% of the relapsed alcoholic patients have marital/family stress.

III. JOB STRESS

	Frequency	Percent
NO	54	87.1
YES	8	12.9
Total	62	100.0

JOB STRESS



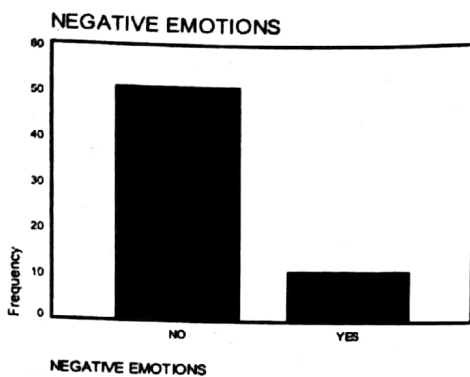
JOB STRESS

12.9% of the relapsed alcoholics have job stress.

IV. NEGATIVE EMOTIONS

The relapsed alcoholic individuals frequently report that negative emotional states trigger their return to drinking. A parametric laboratory study was conducted to assess the separate and combined effects of exposure to alcohol related stimuli and induced negative moods in abstinent alcoholic patients. The author also sorts to determine if reactivity to alcohol cues or reactivity to negative mood induction predicted relapse soon after the treatment. (j abnorm psychol. 1997 may; 106(2): 243-50

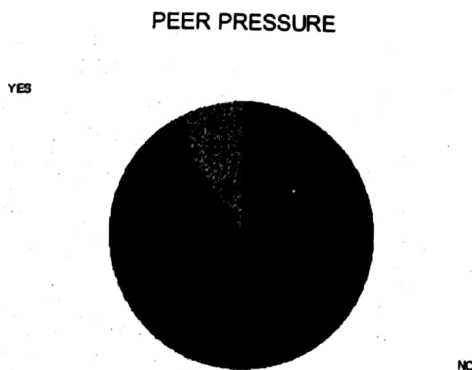
	Frequency	Percent
NO	51	82.3
YES	11	17.7
Total	62	100.0



17.7% of the relapsed alcoholics have negative emotions.

PEER PRESSURE

	Frequency	Percent
NO	56	90.3
YES	6	9.7
Total	62	100.0



9.7% of the relapsed alcoholic patients were having peer influence.

DISCUSSION

Understanding of the mechanisms behind the successful outcome of the treatment for alcohol dependence is still incomplete. Various sociodemographic and drinking variables have been studied. Older age, lesser duration of drinking, social stability, abstinence in the past, less severe alcohol related problems and better initial level of functioning have been identified by various researches as predicting good outcome (Polich et al., 1980; Elal Lawrence et al., 1986; Sannibale, 1989). In India Desai et al (1993) found that duration of dependence and the number of treatment related abstinence periods were the best predictors. Marital status, post treatment stress score and age at onset of dependence were good predictors. But Gibbs and Flanagan (1977) in their review of 45 published articles on prediction of outcome could not find any stable general predictor.

Motivation was evaluated in our study initially for the reason that it fluctuates over a period of time. Further those who came regularly to collect disulfiram also had an opportunity to meet the team member once in fifteen days to discuss about their problems. Disulfiram is a popular treatment modality for alcohol dependence. The length of treatment with disulfiram is an important issue and practice varies widely. It appears that in our population using a pharmacological intervention always enhances the motivation of the individual and makes the hospital visit more purposeful and meaningful for the individual.



No comparison was attempted with an outpatient group. This is because majority of patients would either get admitted or drop out even before detoxification is completed. Since the study includes only patients who completed four weeks of inpatient treatment programme, the study might have included only patients with better motivation. The definite method of determining the efficacy of a particular treatment is the randomized controlled clinical trial, which is extremely difficult to undertake in alcohol research. Saunders (1989) points out that studies without a controlled design and random assignment can also point to a promising treatment and steps to recovery.

Although it is suggested that out-patient treatment is as good as inpatient treatment, it does not seem to be practical in the Indian situation. Initially external control is necessary to help the patient keep away from alcohol which the hospital seems to provide them. Future research should include a large sample and a control group with periodic evaluation to arrive at any reasonable conclusion regarding treatment efficacy.

CONCLUSION

Since the data is collected from the case record the study is very limited. Controlled clinical trials as the adjunctive treatment arm to psychosocial interventions are clearly warranted to substantiate these studies. Further more, studies also need to be designed that address treatment for the common co morbid conditions observed in this population.

Continued research on alcohol effect in the brain and on the links between brain and Behaviour, which has already led to the development of medication to reduce craving, is likely to provide clinicians with a range of highly specific medication that will, when used in conjunction with behavioral therapies, improves the chance for recovery and the lives of those who suffer from alcohol abuse and dependence.

The study of relapse in alcoholism has thrown light into various problems that alcoholisms are facing. Better understanding of these factors will definitely help in the better outcome of deaddiction efforts.

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