Patient engagement and follow up after specialist in-patient alcohol detoxification in Scotland

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Aims

There is a limited evidence base relating to patient engagement and outcomes following specialist in-patient alcohol detoxification, especially within a Scottish population. It is also widely recognised that further evaluation of the cost-effectiveness of relapse prevention medication for alcohol dependence is required (NTA, 2006). Previous research in this field has been challenged, not only by variations in treatment delivery, but also by variations in motivational factors in this patient population. This patient group are likely to disengage with service, relapse and consequently be difficult to follow-up. This survey aimed to establish baseline immediate follow up data following an admission for specialist alcohol detoxification. These data will be used to inform the design of a proposed Scottish, multi-centre, randomised controlled trial of a relapse prevention medication. This has also instigated the beginnings of a longer term database of this type of data in Lothian.

Method

Over a six week period, patients admitted for alcohol detoxification to the Ritson Clinic (specialist in-patient addictions unit) were provided with information about the proposed trial. All these patients had been referred according to the SIGN 74 Guideline criteria, and therefore had had previous complications (such as seizures or delirium tremens) or had little social support. They also had a high rate of co-morbid significant physical and mental health diagnoses.

All patients received treatment as usual (see box).

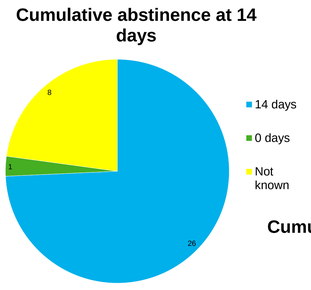
A cohort of these patients were selected according to whether they met inclusion/exclusion criteria for the potential clinical trial (available from authors), and asked for consent to follow up.

To obtain measures of patient engagement and short-term outcomes, the cohort was followed up at 2, 4 and 6 weeks post discharge. Trainees telephoned patients directly (self-report) and an account of patient progress was also obtained via keyworkers.

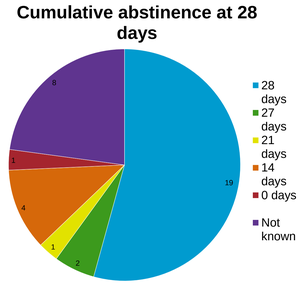
Results

The total number of patients in the cohort was 35 (27 men and 8 women; > 18years). All had a diagnosis of alcohol dependence syndrome. All but one stated that they were aiming for abstinence at 6 weeks, and 29 consented to phone follow-up. 30 said they would in theory consent to participate in the potential clinical trial of relapse prevention medication which would include questionnaires and follow-up blood tests.13 were discharged on disulfiram, 12 on acamprosate and 6 on baclofen. Cumulative days of abstinence and time to first drink were recorded at 2, 4 and 6 weeks (see pie charts).11 patients were totally abstinent at 6 weeks. Time to first heavy drinking, and number of heavy drinking sessions were less reliably obtained.

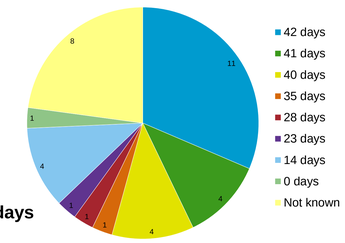
Cumulative abstinence at 14 days



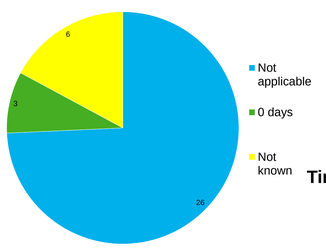
Cumulative abstinence at 28 days



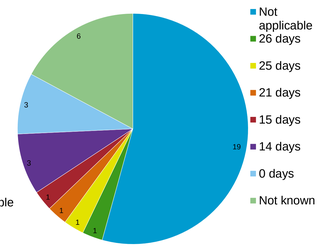
Cumulative abstinence at 42 days



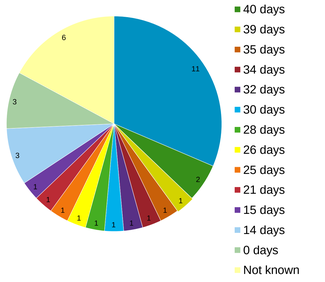
Time to first drink at 14 days



Time to first drink at 28 days



Time to first drink at 42 days



Treatment as usual

All patients admitted for alcohol detoxification are assessed by medical and nursing staff. They are breathalysed and screened for drugs, and bloods are taken (FBC, U&Es, LFTs, glucose, clotting screen; Mg, Phosphate & Ca if concerns about refeeding). Other investigations (eg ECG) are done if indicated. Patients are given parenteral thiamine (dose dependent on risk of deficiency and symptoms) and started on a standard chlordiazepoxide reducing regime. All are expected to attend the ward group programme. Referral to physiotherapy, occupational therapy and dietician is made if required. CPN or keyworker follow up is arranged, and other psychosocial interventions (including 12 step, Smart Recovery groups and help with employment) identified. Patients are offered relapse prevention medication (disulfiram, plus acamprosate, naltrexone or baclofen) as appropriate. Most admissions last 1 -2 weeks.

Addenbrooke's Cognitive Examination (ACE-R) (Mioshi et al, 2006) is carried out routinely on day 7, and any concerns identified are followed up in the community by CPN / psychology.

Since this survey was performed, acamprosate is also now offered routinely for neuroprotection (2012 BAP guidelines) Motivation is also now assessed using the Readiness to Change Questionnaire (Rollnick et al, 1992).

Conclusion

This study describes follow-up and immediate outcomes of treatment as usual following specialist in-patient alcohol detoxification. It will inform the proposed relapse prevention medication trial grant application; and set the stage for an ongoing database of outcomes and variables to guide further audit, research and service development to enhance abstinence and engagement with relapse prevention services following planned in-patient detoxification.

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