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FIVE YEARS OF ALCOHOL DE-ADDICTION SERVICES IN A TERTIARY CARE GENERAL HOSPITAL

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ABSTRACT

This paper highlights the characteristics of 800 alcohol-dependent patients treated at a drug de-addiction centre, over a period of 5 years. The mean score on SADD (severity of alcohol dependence data) questionnaire was 23.95, which indicates a severe level of dependence. Follow-up analysis of 607 cases showed that 379 (62.4%) patients had not utilised the follow-up services beyond one month. Discussion focuses on retaining patients in follow-up.

Key words : Alcohol dependence, de-addiction, retention, follow-up

Alcohol is one of the most widely abused drugs. There is a notably high prevalence of alcoholism in Pondicherry, a coastal town in South India (Premarajan et al.,1993). The Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) hospital located in Pondicherry is home to a recognised drug de-addiction centre.

This de-addiction unit, attached to the department of Psychiatry, JIPMER, was established in 1990, based on a directive issued by the Ministry of Health and Family Welfare, Government of India. This brief communication highlights the socio-demographic and clinical profile of alcoholics treated in this centre, and focuses on the issue of the high drop out rate in the treatment program.

MATERIAL AND METHOD

This report is based on 800 individuals with an ICD-10 diagnosis of alcohol dependence syndrome who utilised the services of this centre over a period of 5 years from January 1995 to December 1999. Baseline clinical assessment included a semi-structured proforma to elicit details regarding alcohol consumption, SADD (severity of alcohol dependence data questionnaire; Raistrick et al.,1983) and APQ (alcohol problem questionnaire; Drummond, 1990). Decision regarding hospitalisation was based on various clinical parameters and the severity of dependence.

After management of the acute withdrawal state, patients attended group therapy sessions, combined with alcohol education and counselling. Marital and family therapy, and cognitive behavioural interventions were used when indicated. Suitability for disulfiram therapy was assessed based on the client's motivation, mental status, physical condition, and availability of a supportive relative. Patients were encouraged to attend follow-up once a week.

RESULTS

800 patients [796 (99.5%) men and 4 (0.5%) women] with alcohol dependence were treated in this de-addiction centre over a period of 5 years from 1995 to 1999. Mean age was 39.7 (8.66) years. Majority (44.4%) of the patients belonged to the 35-44 yr. age group. Based on the socio-economic status scale (Kuppusamy, 1976), majority of patients belonged to the upper-

lower (IV) and lower (V) socio-economic classes (35.9% and 29.1% respectively). 42.5% of the patients had been referred by physicians, while 52.5% were brought by family members and friends. Only 5% were self-referred. It was also observed that 70% of patients cited discomfort due to withdrawal symptoms as the primary reason for seeking treatment.

67.1% of the patients had family history of alcohol-dependence syndrome. Average scores obtained by the patients on SADD and APQ are listed in the table. Delirium tremens and withdrawal seizures were observed in less than one-fifth of the cases.

TABLE
DEMOGRAPHIC FEATURES, FAMILY HISTORY & CLINICAL PROFILE

Gender	
- Male	796 (99.5%)
- Female	4 (0.5%)
Marital status	
- Single	85 (10.6%)
- Married	689 (86.1%)
- Divorced	26 (3.3%)
Positive family history of alcohol dependence	537 (67.1%)
Positive family history of suicide	114 (14.3%)
Mean age (years)	39.71 (±8.66)
Mean age at first use of alcohol (years)	23.18 (±6.92)
Mean age at onset of daily use of alcohol (years)	30.07 (±8.71)
Mean duration of daily use of alcohol (years)	9.71 (±7.96)
Mean SADD score	23.95 (±9.04)
Mean APQ total score	21.05 (±7.00)

Note : SADD = Severity of Alcohol Dependence Data questionnaire
APQ = Alcohol problem questionnaire

Of these 800 patients, 321 (40.1%) received in-patient care. Follow-up data of 607 cases seen between 1995 and 1998 was analysed. 28 (4.6%) had attended follow-up for more than one year, while 48 (7.9%) had come for follow-up visits for 6-12 months. 152 (25.1%) patients attended follow-up for 1-6 months, while 379 (62.4%) patients dropped out from the follow-up clinic in less than a month. Though 407 (50.9%) patients were prescribed disulfiram, only 98 (12.3%) patients had complied for at least 6 months.

DISCUSSION

Retention in the treatment program for a reasonable period of time is important for a successful outcome in substance abuse disorders (Erickson et al.,1995). Our results indicate that there is a high degree of dropout of patients in the initial months following detoxification, though absence of adequate information about relapse rates is certainly a limitation. Multiple factors could have contributed to this heavy dropout. First of all, the majority of our clients have started consuming alcohol early and an average period of 9 years has elapsed before they sought treatment. At the time of contact, they showed a high level of dependence. This hospital, being a tertiary care centre, might be attracting clients who may basically carry a poor prognosis. Further, the majority of our clients seek treatment to gain relief from acute withdrawal and physical symptoms, and with the subsidence of withdrawal symptoms, the motivation to attend follow-up might be lost.

Other factors could have contributed to poor retention in follow up. A high rate of dropout of alcoholics during follow-up is reported by Vanicelli et al. (1976) and O'Connor and Daley (1985), who attributed this to inadequate tracing techniques. The tracing technique adopted by this centre was by word of mouth and by postal reminders. This technique could not be supplemented by home visits due to lack of personnel. The development of efficient tracing techniques may enhance retention in treatment.

One has to address problems peculiar to clients from the low socio economic class, who constitute the majority of our patients, and are especially likely to suffer from financial stress, and unemployment. Manual labourers who return to their jobs immediately after treatment resume alcohol consumption to relieve bodily pain after a hard day's work. The guilt that follows may prevent them from seeking help again. In addition, those who give up alcohol in a protected environment may succumb to a fear of peer isolation in the community, and eventually relapse.

It is generally accepted that disulfiram is effective in the short-term treatment of alcohol dependence (Abraham et al., 1997). However, its contribution to retention in treatment remains inconclusive. It is interesting to note that the majority who utilised the de-addiction follow-up services for more than six months are the ones who were on disulfiram. Carroll et al. (1998) observed that disulfiram treatment was associated with significantly better treatment retention. A similar trend has been observed in our centre.

It is apparent that a detailed study is required to enhance our comprehension of the reasons behind the poor retention of alcoholics in follow-up.

REFERENCES

Abraham,J., Chandrasekaran,R. & Chitraleka,V. (1997) A prospective study of treatment outcome in alcohol dependence from a de-addiction centre in India. *Indian Journal of Psychiatry*, 39, 18-23.

Carroll,K.M., Nick,R., Ball,S.A., McCance, F. & Rounsavile,B.J. (1998) Treatment of cocaine and alcohol dependence with psychotherapy and disulfiram. *Addiction*, 93, 713-727.

Drummond,C.D. (1990) The relationship between alcohol dependence and alcohol related problems in a clinical population. *British Journal of Addiction*, 85, 357-366.

Erickson,J.R., Stevens,S., McKnight,P. & Figuerado,A.J. (1995) Willingness for treatment as a predictor of retention and outcome. *Journal of Addictive Diseases*, 14, 135-150.

Kuppusamy,B. (1976) Manual of socio-economic status scale (Urban), Manasayan, Delhi.

O'Connor,A. & Daley,J. (1985) Alcoholics- A twenty-year follow-up. *British Journal of Psychiatry*, 146, 645-647.

Premarajan,K.C., Danabalan,M., Chandrasekaran,R. & Srinivasa,D.K. (1993) Prevalence of psychiatric morbidity in an urban community of Pondicherry. *Indian Journal of Psychiatry*, 35, 99-102.

Raistrick,D., Dunbar,G. & Davidson,R. (1983) Development of a questionnaire to measure alcohol dependence. *British Journal of Addiction*, 78, 89-95.

Vanicelli,M., Pface,B. & Ryback,R.S. (1976) Data attrition in follow-up studies of alcoholics. *Journal of Studies on Alcohol*, 37, 1325-1330.

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