Inpatient Addictions Treatment:

A Service Evaluation

Dr Catherine Crowe, ST5, East Lothian Substance Misuse Service
Dr Rebecca Lawrence, Consultant Psychiatrist, The Ritson Clinic

NHS Lothian

Aims

The Ritson Clinic is a 12-bed inpatient unit providing addictions treatment to adults. It serves a largely urban population in South East Scotland of 850000 and provides alcohol detoxification to patients with significant comorbidities as well as opioid replacement titration, conversion and detoxification. There were four aims of this service evaluation.

1.To describe the demographic characteristics of patients admitted to inpatient addictions services.
2. To identify the reasons for admission.
3. To look at the feasibility of cognitive screening to inform decisions about aftercare.
4. To establish the rates of engagement, lapse and relapse at 6 weeks post discharge.

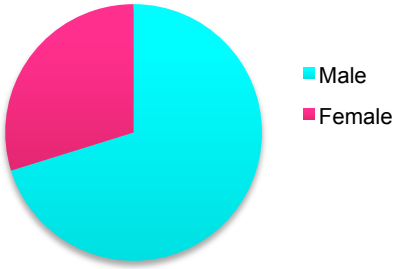
Method

Data were collected on 315 consecutive admissions over a 12-month period. Data collection sheets were filed in each patient's case notes and were completed by the junior doctor at the point of patient discharge. The data was input into an Excel spreadsheet and analysed using Excel. Patient keyworkers were emailed at 6 weeks post discharge and asked a standard set of questions about engagement, lapse and relapse.

Results

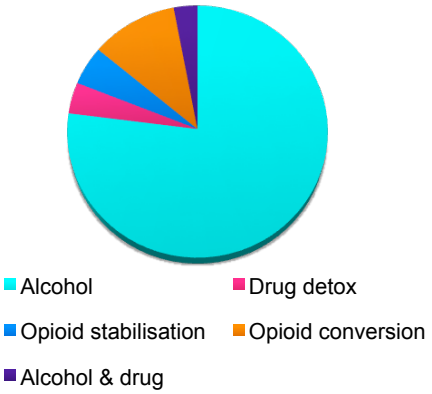
70% of patients admitted to the unit were male and the average age of patients was 42 years. Mean length of stay was 10.2 days and patients had a mean of 1.0 previous admissions to the ward (range 0-11). All patients admitted for alcohol detoxification met the SIGN 74 criteria for inpatient treatment.

Admissions by sex



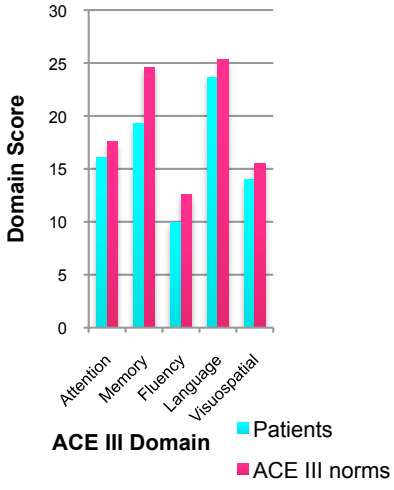
77% of patients were admitted for benzodiazepine-assisted alcohol detoxification and 20% for changes to their opioid prescribing (11% high-dose methadone to buprenorphine conversion, 5% opioid stabilisation or titration and 4% opioid detoxification). 3% of patients were admitted for alcohol detoxification and changes to their opioid prescribing.

Reason for admission



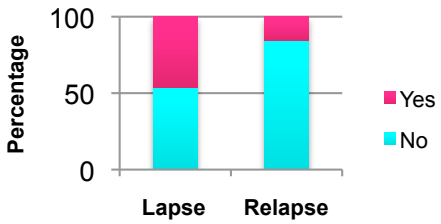
58% of patients admitted for alcohol detoxification underwent an Adenbrooke's Cognitive Assessment III (ACE III) post detoxification and pre-discharge. The mean score was 83.1 (ACE III normative control mean score 96.0, 95% CI 95.2-96.6).

ACE III scores post alcohol detox (n=146)



Follow-up data were available for 124 patients (39.3%). A mean of 3.1 appointments were offered per patient, of which a mean of 2.3 were attended. 46% of patients for whom data were available had at least one lapse with the index substance in the 6 weeks following admission but 84.7% did not relapse to dependent substance misuse.

Abstinence at 6 weeks (n=124)



Conclusions

Decisions regarding ward admission for alcohol detoxification have been made in accordance with SIGN 74 criteria, however its withdrawal for a full review makes it necessary to consider alternatives.

1. The Sign 74 criteria should be replaced by the NICE guideline criteria on referral paperwork.

There are no validated tools to assess cognitive function in patients immediately post alcohol detox. However some objective measure of cognitive functioning is desirable to inform discharge planning. ACE III has the advantage of examining frontal function. A low ACE III score should prompt further investigation into level of disability.

2. A WHODAS should be completed for all patients with ACE III <82.

A higher rate of community keyworker feedback is desirable to enable quality improvement on the ward.

3. The requirement for and importance of feedback from keyworkers at 6 weeks post-discharge should be highlighted on the referral form.

This evaluation was presented to ward staff and their input sought on assimilating the recommendations into usual clinical practice before distribution to the community teams for consultation.

References

SIGN 74: The management of harmful drinking and alcohol dependence in primary care
NICE Guideline: Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence
Hsieh, S. et al *Validation of the ACE III in frontotemporal dementia and Alzheimer's disease.* Dement Geriatr Cogn Disord 2013; 36: 242-250

No conflicts of interests