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# COURSE AND OUTCOME OF PATIENTS WITH ALCOHOL USE DISORDERS FOLLOWING HOSPITAL ATTENDANCE

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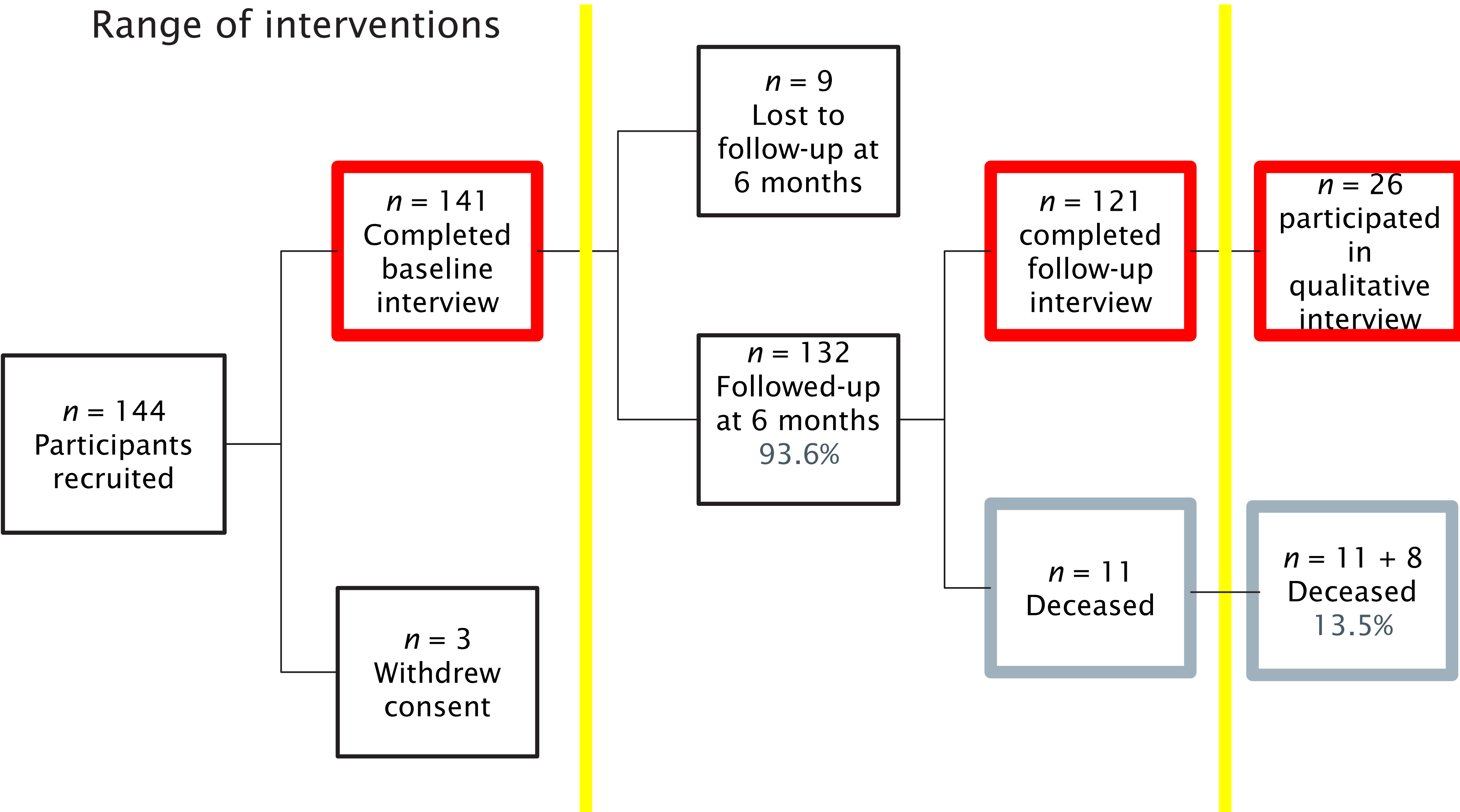
# Overview

- Patients with alcohol use disorders have high levels of morbidity and mortality, yet many make substantial changes following intervention in hospital for their alcohol use. How can we understand and optimise this ‘teachable moment’ for patients?
- Presentation of some results from a naturalistic follow-up study
- Discussion of how best to develop the evidence base to understand this highly variable patient group

Patient recruited from UHS
Clinically identified with AUD
Range of interventions

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# ACT patient demographics

## Demographics

- Male 71%
- Age 50.8 years
- Current smoker 62.4%
- Other substance use 16.3%
- Current gambling 4%
- Familial AUD 49%
- Living alone 51%
- In a relationship 24.1%
- In work or education 21.3%

## Alcohol profile

- Weekly units:112.5 (0 – 576)
- 67.4% had 7/7 DD
- 60.3% had 7/7 HDD
- Mean AUDIT score 29.7/40
- Mean LDQ score 18.4/30



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# ACT patient service use

**Before Index Admission**

| | | |
|---|---|---|
| **AA:** | Ever | 33.3% |
| | last 1/12 | 6.4% |
| **GP:** | Ever | 47.5% |
| | last 1/12 | 22.0% |
| **Specialist services:** | | |
| | Ever | 47.5% |
| | last 1/12 | 14.2% |

**Six months post- discharge**

- 43% access some form of support
- 39.7% specialist support
  - 35% for the first time
  - 60.4% still engaged at 6/12

**Index Admission**

- First alcohol assessment 42.6%
- Very/Positive experience 72.3%
- Negative experience 5.0%



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# Six-month follow- up

| N= 121<br>Variables (range) | Mean score at T1 (SD) | Mean score at T2 (SD) | Mean change (SD) | Mean change [95% CI] | p | Effect size (d) |
|---|---|---|---|---|---|---|
| **Past-week unit consumption** | 139.67 (120.94) | 63.78 (97.07) | -75.89 (131.38) | [-99.54, -52.24] | <.001 | 0.58 |
| **Past-week drinking days** | 5.64 (2.25) | 3.34 (3.09) | -2.31 (3.26) | [-2.89, -1.72] | <.001 | 0.71 |
| **Past-week heavy drinking days** | 5.17 (2.59) | 2.79 (3.10) | -2.38 (3.27) | [-2.97, -1.79] | <.001 | 0.73 |
| **AUD severity (AUDIT score, 0 – 40)** | 29.46 (7.40) | 19.97 (11.51) | -9.50 (9.91) | [-11.28, -7.71] | <.001 | 0.96 |
| **Psychological dependence (LDQ score, 0 – 30)** | 18.45 (10.45) | 10.93 (10.18) | -7.52 (10.05) | [-9.33, -5.71] | <.001 | 0.75 |
| **Psychological distress (HADS score, 0 – 42)** | 21.46 (12.06) | 16.52 (12.15) | -4.94 (10.97) | [-6.92, -2.97] | <.001 | 0.41 |



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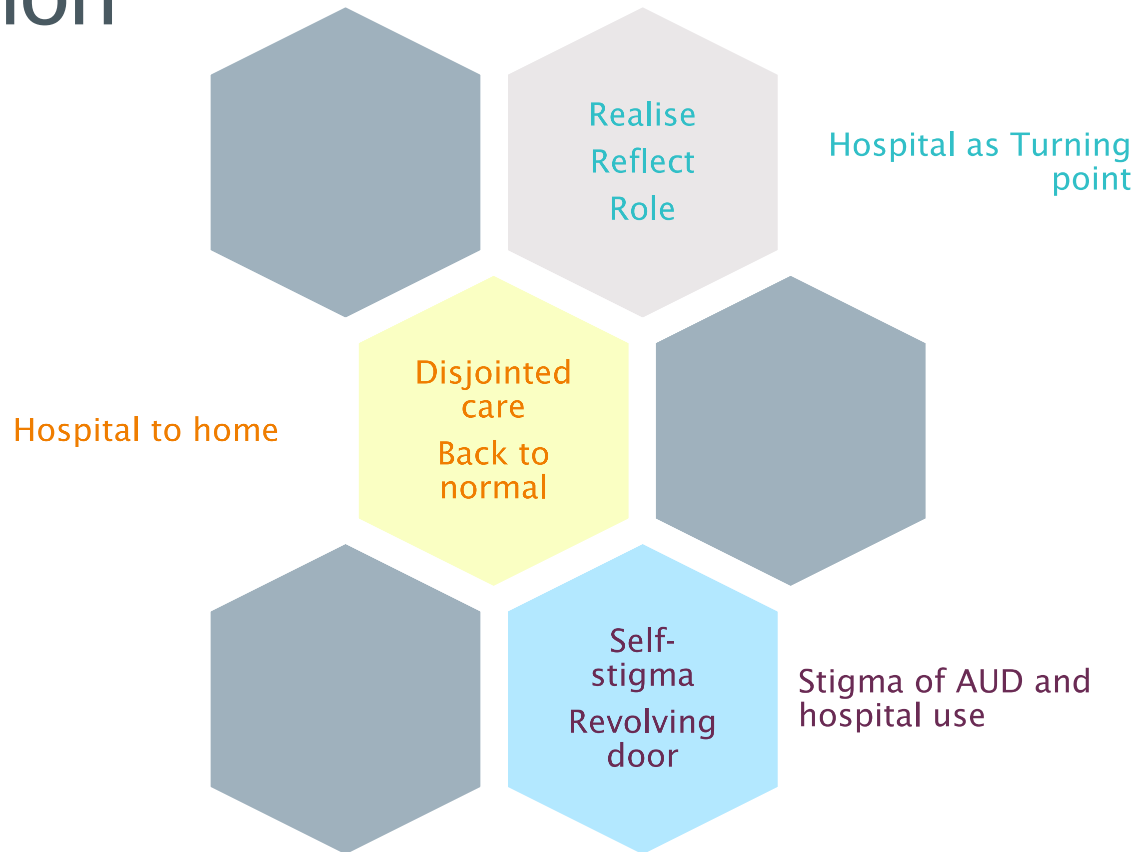
# Perception of the impact of hospital admission



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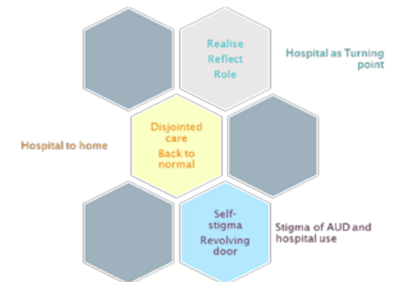
# Hospital as Turning point




- Realising the effects of alcohol consumption
  - *"When it became reality that I had the starts of scarring [of the liver] …it makes you think. I had no idea the amount I was drinking could do that…I mean that was a wakeup call. I don't want to die yet."* (Simon)
- Reflect
  - *"Being in hospital and getting 'detoxed' just gives you space to think without the alcohol fog – you can't clearly think and decide what you want intoxicated."* (Joe)
- Role of alcohol interventions
  - *"It was like a magic wand had been waved over me...I was saved by the intensive care people doing the detox...I didn't know that it had been done, or how it had been done, or even what it is." (Graham)*
  - *"They used to come and talk to me about alcohol...it didn't make me change my thinking or anything. It doesn't offend me that people might try to help...someone has got to do that in case people do want help...I guess it is [helpful] to some" (Robert)*

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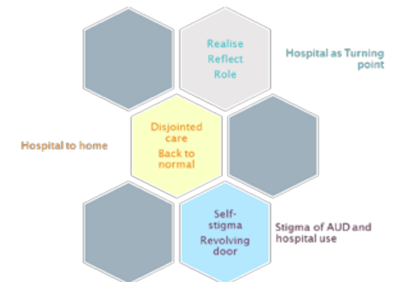
# Hospital to home




- Disjointed care
  - *"I was supposed to go down to [community treatment services], but they stitched me up. I did make the effort, but the guy was on annual leave."* (Jack)

- Back to normal ("Back in the same old situation")
  - *"I wasn't even thinking about drink. That was the last thing on my mind, but once I saw it, there it goes in my mind. I have just been detoxed and given 4 cans."* (Nathan, who had accepted accommodation in a 'wet house' to avoid being street homeless on discharge from hospital)

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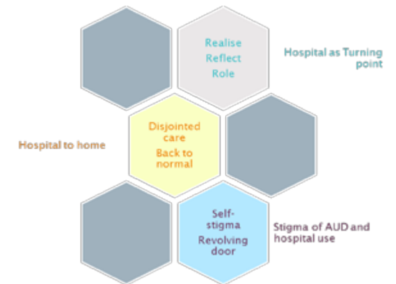


# Stigma of AUD and hospital use

- Self-stigma
  - *"Several times I have been in hospital, and I hate myself for that because to me it feels like I am taking up a bed and I am wasting the doctor's time because there are people who are really sick out there….[for me] it was my fault, it was self-inflicted."* (Barbara)
- Revolving door
  - *"It has become more of a 'normal' thing for me, whereas to begin with you react with shock-horror, 'what am I doing here?' Whereas I got to the stage where I was like, 'oh look, I'm here again'."* (Donna)

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# Physical needs of patients not met in community

- 11 (8%) of sample had died within 6 months
  - All male (mean 46 years, range 36-74)
- None engaged with community services at baseline,
  - 4/11 had never been assessed in secondary care
- Hepatology services go to Community addiction services
- Need for alcohol services to come to the physically ill patient
  - Tele health
  - Assertive outreach and home visits
  - GP surgeries/ poly clinic

# Implications for practice

- Need for treatment pathways
- Maximise opportunities for screening and brief interventions at all health care contacts
- Dismissing people as ‘not motivated to change’ not therapeutic
  - Flexible and fluid concept changing with time, place and social interactions
  - Every interaction is a potential ‘teachable moment’
  - Coming into hospital (psychiatric or acute) is a time of ‘autobiographical disruption’, but could become autobiographical ‘illumination’

# Implications for research

- Define and understand range of explanatory models in this group
  - Impact of different physical and mental health co-morbidities
- Define range of interventions and map against models of behaviour change
  - Interactions of pharmacological and psychosocial interventions
- Examine ways of defining what is a positive outcome
- Examine impact of interventions dependent on length of alcohol history and previous treatment attempts