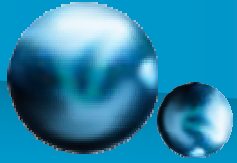


Clinical Guideline for Alcohol-related Disorders in Psychiatric, General and Community Hospitals



Phunnapa Kittirattanapaiboon, M.D
Department of Mental Health, Ministry of Public Health
December 13th, 2006

Symposium B4: Clinical Service System in Thailand
The Second National Conference
Alcohol Consumption and Related Problems in Thailand



Alcohol Consumption in Thailand

Total Adult Per Capita = 8.47

alcohol consumption in litres of pure alcohol per adult (15 years +)

Year	World Rank			
	Total	Beer	Wine	Spirits
2001	40	85	124	5
2000	43	92	132	6
1999	44	102	138	6
1998	50	102	146	9

WHO Global status Report on Alcohol 2004



Causes of Disability Adjusted Life Year (DALYs) by Sex, Thailand 1999

Rank	Disease category	Males		Disease category	Females	
		DALYs	%		DALYs	%
1	HIV/AIDS	960,086	17%	HIV/AIDS	372,956	10%
2	Traffic accidents	510,909	9%	Stroke	282,509	7%
3	Stroke	271,009	5%	Diabetes	267,155	7%
4	Liver cancer	248,083	4%	Depression	145,336	4%
5	Diabetes	168,594	3%	Liver cancer	118,384	3%
6	Ischaemic heart disease	159,188	3%	Osteoarthritis	117,994	3%
7	COPD (emphysema)	156,861	3%	Anaemia	112,990	3%
8	Homicide and violence	156,853	3%	Traffic accidents	108,449	3%
9	Suicides	147,988	3%	Ischaemic heart disease	102,863	3%
10	Drug dependence /harmful use	137,703	2%	Cataracts	96,091	2%
11	Alcohol dependence /harmful use	130,654	2%	COPD (emphysema)	93,387	2%
12	Cirrhosis	117,527	2%	Deafness	37,612	2%
13	Lung cancer	106,120	2%	Lower respiratory tract infections	34,835	2%
14	Drownings	98,466	2%	Low birth weight	33,913	2%
15	Depression	95,530	2%	Dementia	70,191	2%
16	Osteoarthritis	93,749	2%	Anxiety disorders	36,992	2%
17	Tuberculosis	93,695	2%	Schizophrenia	30,801	2%
18	Deafness	93,497	2%	Tuberculosis	30,643	2%
19	Low birth weight	91,934	2%	Birth trauma & asphyxia	57,515	1%
20	Anaemia	87,610	2%	Nephritis & nephrosis	55,258	1%

The Thai working group on burden of diseases and injures (2002). Burden of disease and injuries in Thailand: Priority setting for policy. Bureau of health policy and planning, Ministry of public health



Causes of Disability Burden in YLDs by Sex, Thailand 1999

Rank	Disease category	Males		Disease category	Females	
		YLD	%		YLD	%
1	Drug dependence /harmful use	131,029	9%	Depression	145,175	11%
2	Alcohol dependence /harmful use	107,716	8%	Osteoarthritis	117,853	9%
3	Depression	95,382	7%	Anaemia	112,859	8%
4	Deafness	93,497	7%	Diabetes	102,634	7%
5	Osteoarthritis	93,445	7%	Cataracts	96,091	7%
6	Anaemia	87,093	6%	Deafness	87,612	6%
7	Diabetes	77,650	6%	Anxiety disorders	66,835	5%
8	Schizophrenia	73,259	5%	Dementia	65,166	5%
9	Cataracts	55,133	4%	Schizophrenia	58,892	4%
10	COPD (emphysema)	44,816	3%	COPD (emphysema)	37,544	3%
11	Asthma	37,652	3%	Asthma	33,361	2%
12	Benign prostatic hypertrophy	35,533	3%	Rheumatoid arthritis	30,113	2%
13	Traffic accidents	33,837	2%	HIV/AIDS	28,610	2%
14	Dementia	32,617	2%	Stroke	25,615	2%
15	Anxiety disorders	31,266	2%	Other vision disorders	24,960	2%
16	Stroke	28,801	2%	Sexually transmitted diseases	23,033	2%
17	Other unintentional injuries	21,278	2%	Alcohol dependence /harmful use	21,568	2%
18	HIV/AIDS	20,559	1%	Bipolar disorder	17,776	1%
19	Epilepsy	18,905	1%	Edentulism	17,616	1%
20	Other chromosomal disorders	17,957	1%	Low birth weight	14,202	1%

The Thai working group on burden of diseases and injures (2002). Burden of disease and injuries in Thailand: Priority setting for policy. Bureau of health policy and planning, Ministry of public health

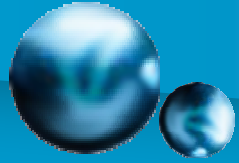
Prevalence of Mental Disorders in Thailand: A National Survey 2003

The cross-sectional descriptive research in 11,700 samples age between 15-59 y. of Thai general population

Measurement: AUDIT

	Male %	Female %	Total %
Hazardous drinking	30.97	4.61	18.15
Alcohol abuse	7.51	0.66	4.18
Alcohol dependence	4.71	0.32	2.57

Siriwanarangsun P., Kongsuk T., Arunpongpan S, Kittirattanapaiboon P., Charatsingh A. (2004). Prevalence of Mental Disorders in Thailand: A National Survey 2003. Journal of Mental Health of Thailand ,12, 177-88.



Level of Thai Health Care System

Region

Specialized Hospital
University hospital

Province

General
Hospital

Private
hospital

District

Community hospital

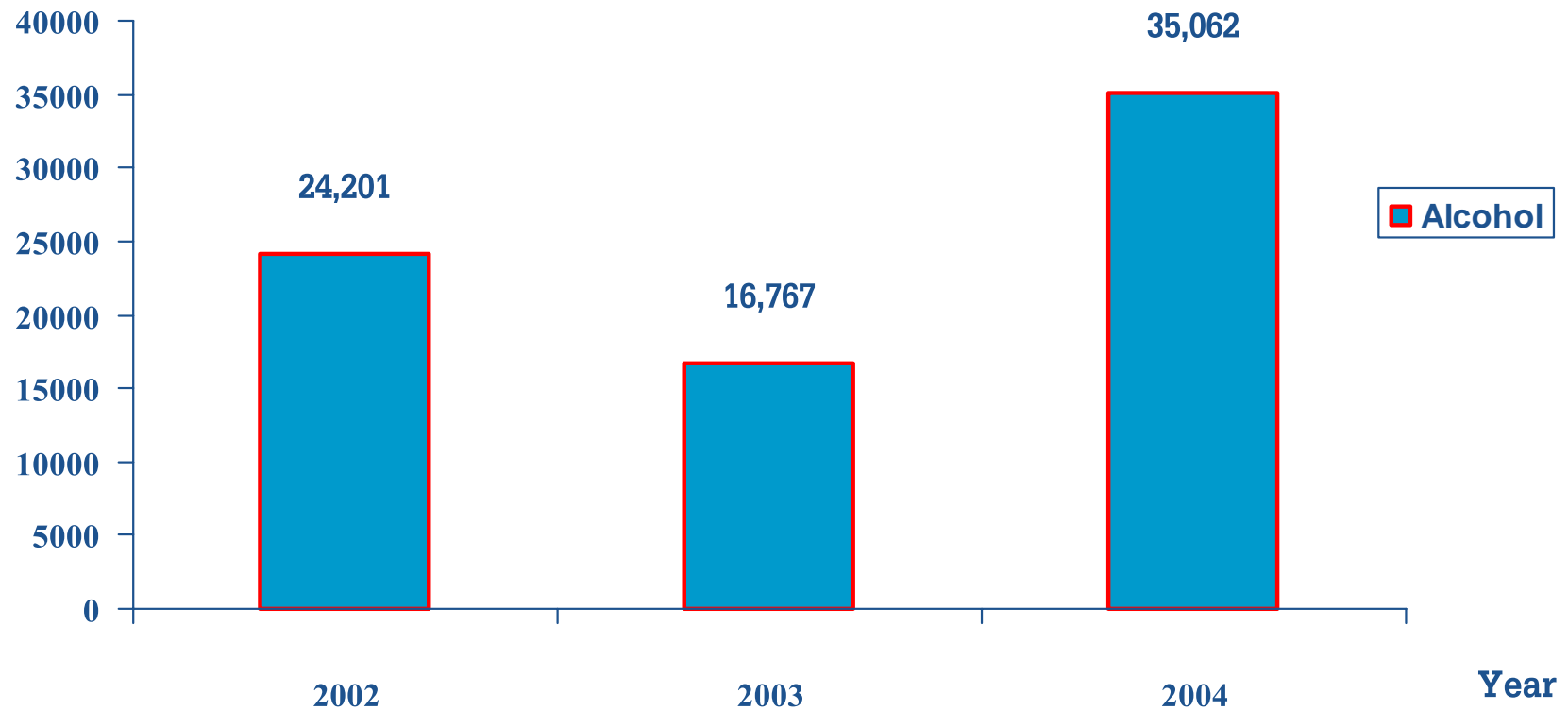
Sub-district (Tumbon)

Health center

Village

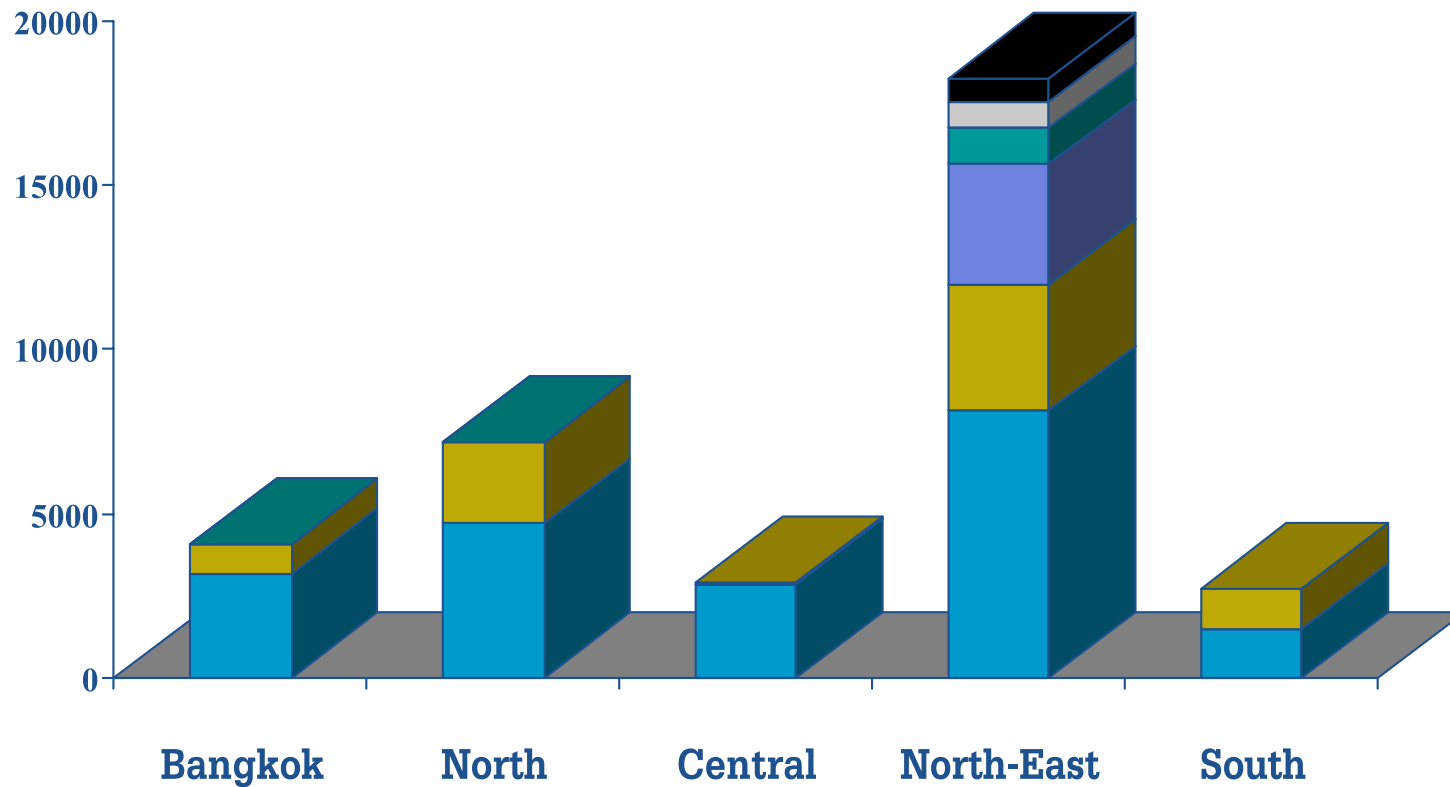
Community health post

Alcohol Patients in Psychiatric Hospitals



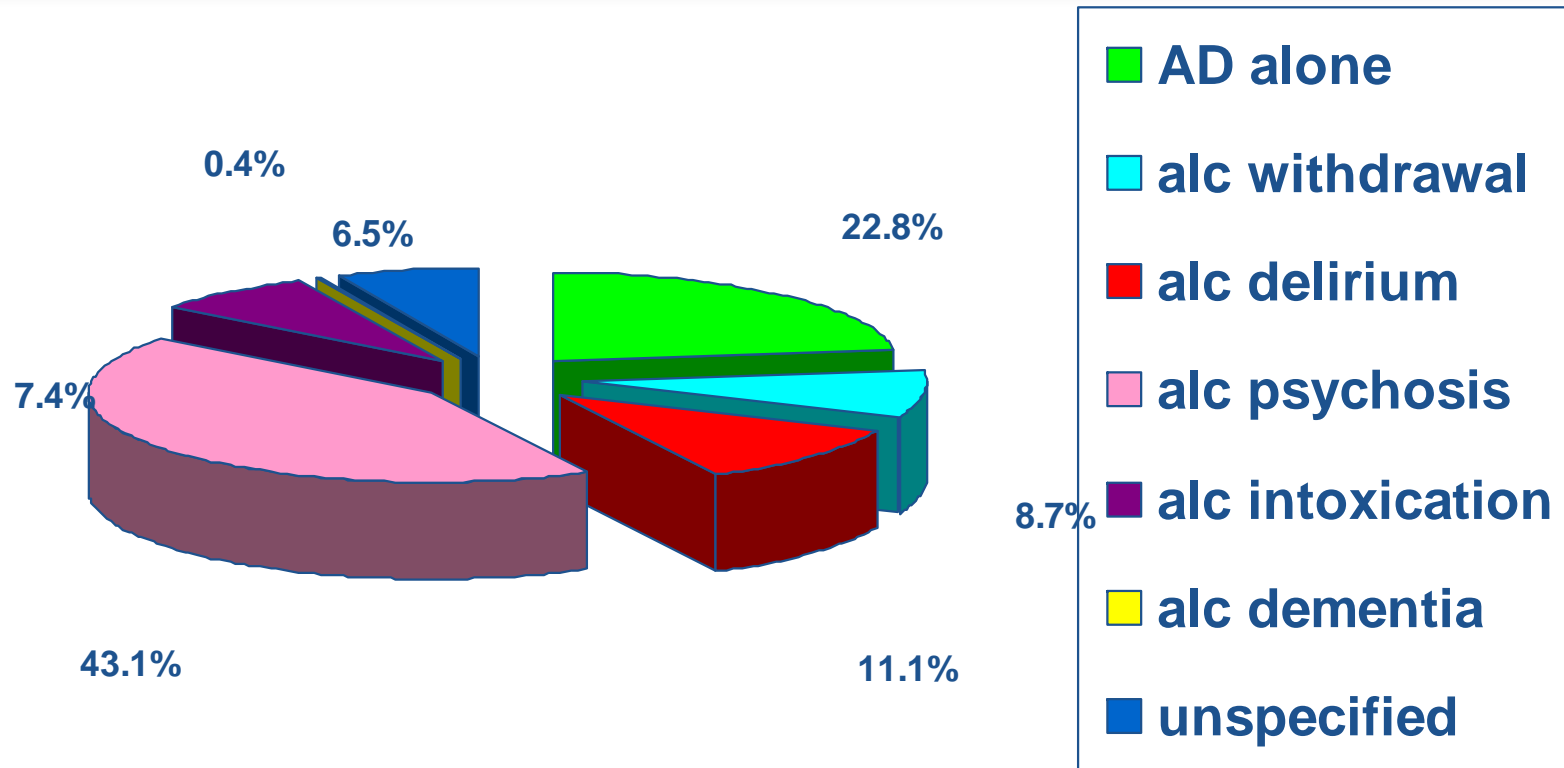
The Graph showed the number of Alcohol patients attending service at psychiatric hospitals, Department of Mental Health during 2002-2004

Alcohol Patients in Psychiatric Hospitals



The Graph showed the number of Alcohol patients attending service at psychiatric hospitals , Department of Mental Health, in the year 2004 classified by region

Alcohol Patients in Psychiatric Hospitals



The Graph showed the number of Alcohol patients attending service at psychiatric hospitals in the year 2004 classified by diagnosis



Alcohol Patients in Psychiatric Hospitals

Summary

- Increased number of serious/complicated alcoholic patients
- No specific alcohol management in some psychiatric hospitals (eg. detoxification)
- Staffs had limited knowledge and skills in alcohol management
- No specific psychosocial intervention for alcoholic patients
- High number of undetected medical/psychiatric comorbidity patients

Alcohol Problems in General Hospital

- **General outpatient clinic at university hospital**
 - **Problem drinking: 7.5% (Male 25%; Female 0.2%),**
 - **Alcohol-related problem: 56%**

(Sawitree;1993)

- **Male Patients admitted at Lumphun General Hospital
1998**
 - **Alcohol problem: 51.8%**
 - **Alcohol dependence: 26.2%**

(Vivat;1998)

Alcohol Problems in Community Hospital

405 sample age 15+ y in 5 community hospitals in Chiang Mai and Lumphun

Measurement: AUDIT

Results:

Sex: Female 61.7% ; Male 38.3%

Mean age: 47.9 \pm 15.8 Years

	Male %	Female %	Total %
Hazardous drinking	21.9	2.0	9.6
Alcohol abuse	5.8	0	2.2
Alcohol dependence	11.6	0.8	4.9

Boonjareon H., Kittirattanapaiboon P., Mahatnirunkul S. (2006). Prevalence of Depressive Disorders in Outpatients of Five Community Hospitals Located in Chiang Mai and Lamphun (In press)

Alcohol Problems in Gen/Com Hospitals

Conference: 3 com. hospitals and 8 gen. hospitals

Summary:

- 1. Increase prevalence of alcohol related problems,
No routinely alcohol screening procedure**
- 2. Intervention: BA/BI, Matrix
No detoxification guideline, no alcohol withdrawal
monitoring, high risk group**
- 3. Staff: Lack of knowledge and experiences on alcohol
management, no guideline or standard treatment**
- 4. Patients: Lack of motivation, poor attitude**



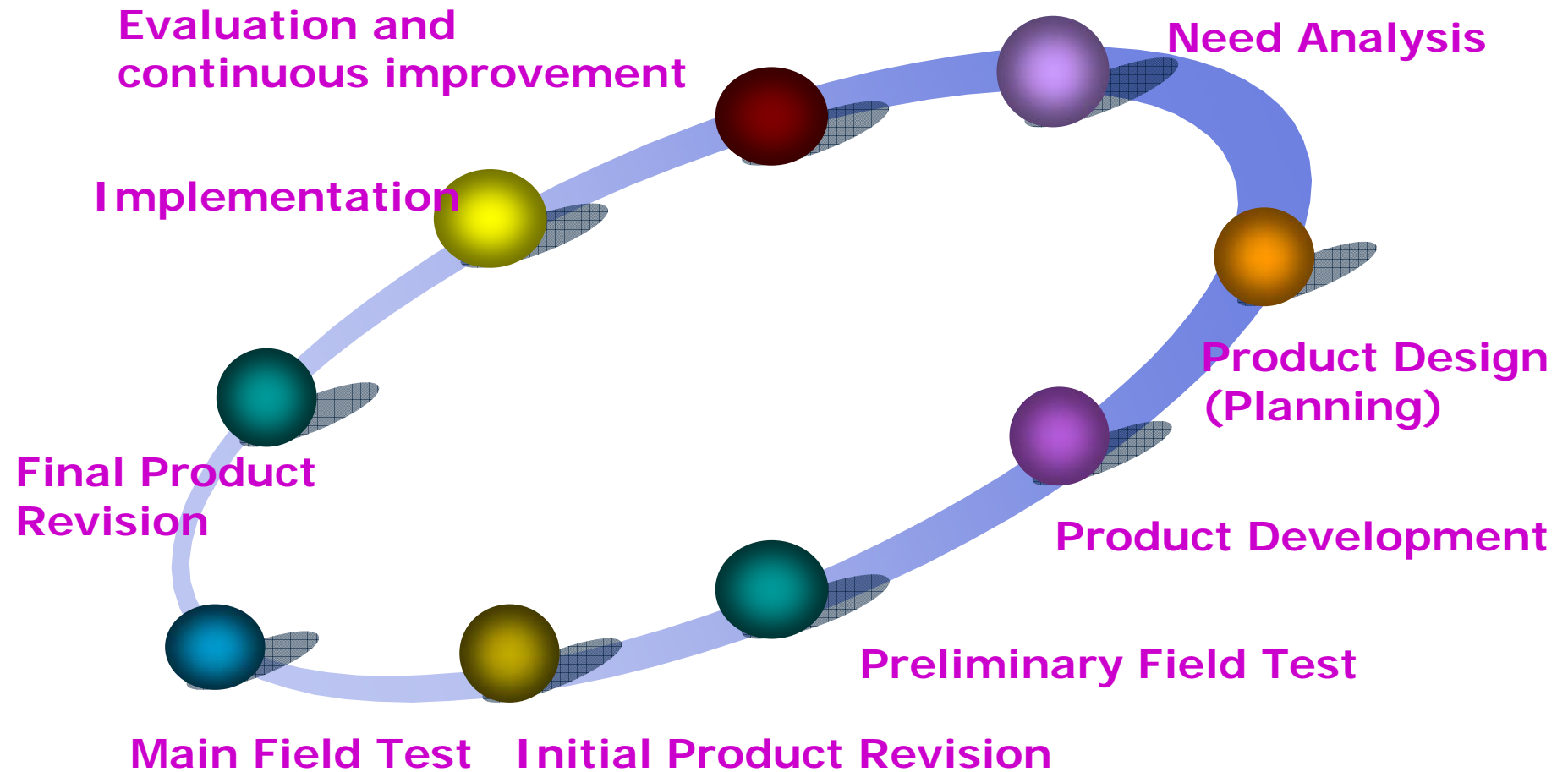
Department of Mental Health

Alcohol prevention and treatment projects (2005-2006)

- ***Clinical guideline of alcohol management in psychiatric hospital***
- ***Clinical guideline of alcohol management in general hospital and community hospital***
- Brief intervention training
- Community based treatment program
- Community prevention program



Research and Development



Clinical guideline of alcohol management in **psychiatric hospital**





Process of CPG development

17 Nov 05: First draft meeting

- CPGs sharing from 4 main psychiatric hospitals
- Develop first draft of clinical guideline of alcohol management in psychiatric hospital

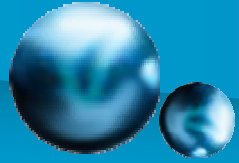


22 Dec 05: experts and stakeholder discussion

- Academic issues
- Possibility in variable settings

23 Dec 05: Revised the GCP by working group

- Pilot test



Process of CPG Implementation

28 Feb-2 Mar 06: Training all 13 psychiatric hospitals

- CPG training
- Psychosocial intervention: MI, CBT



Mar-Jul 06: Implementation

16 Aug 06: Report meeting



Clinical guideline of alcohol management in **psychiatric hospital**



**Flow activities of alcohol management in
psychiatric hospital**



Flow activities of alcohol management in psychiatric hospital

REFER
WALK IN

Alcohol problem

Alcohol assessment

Diagnosis: Alcohol induced disorders

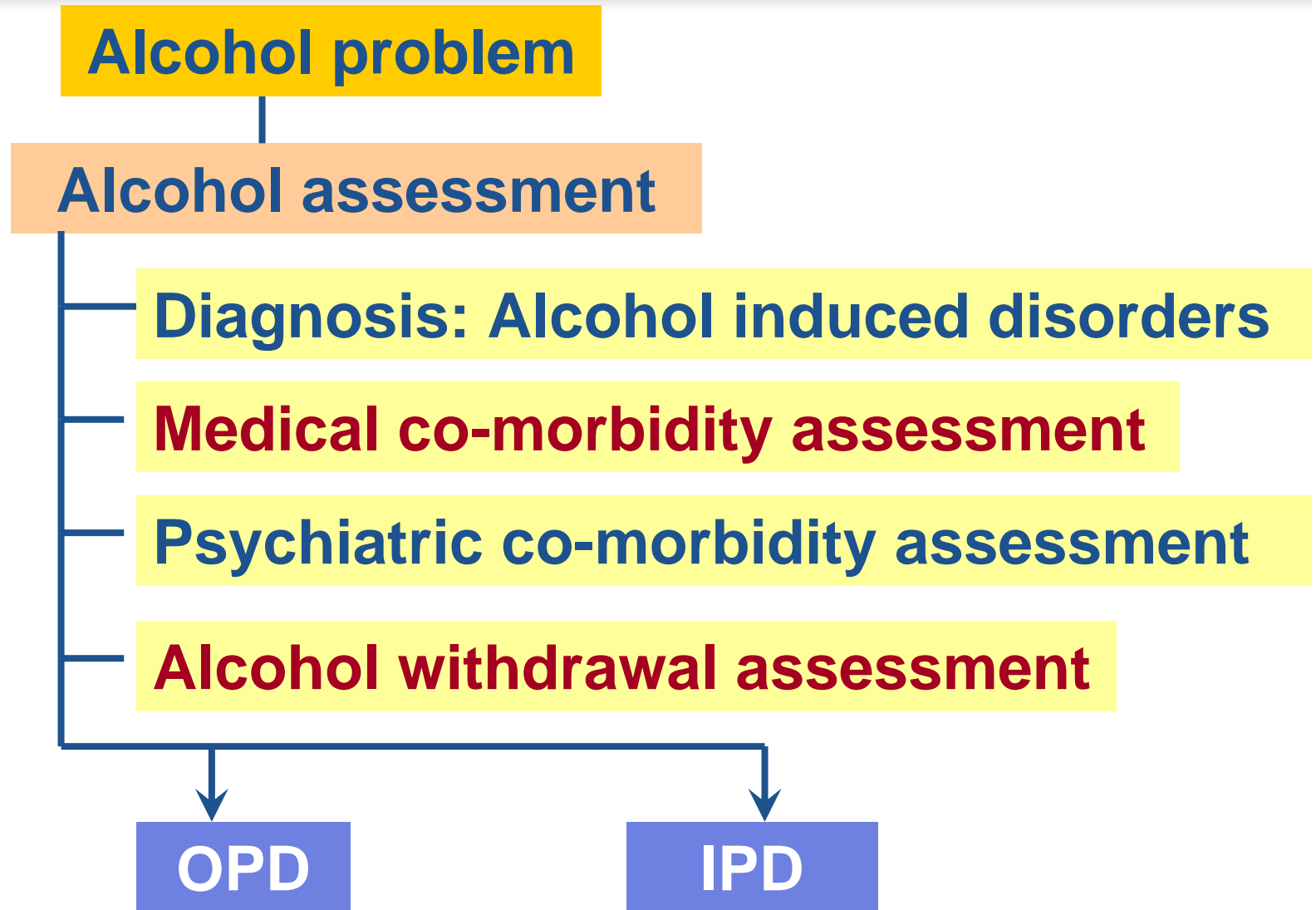
Medical co-morbidity assessment

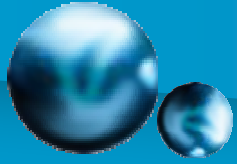
Psychiatric co-morbidity assessment

Alcohol withdrawal assessment

OPD

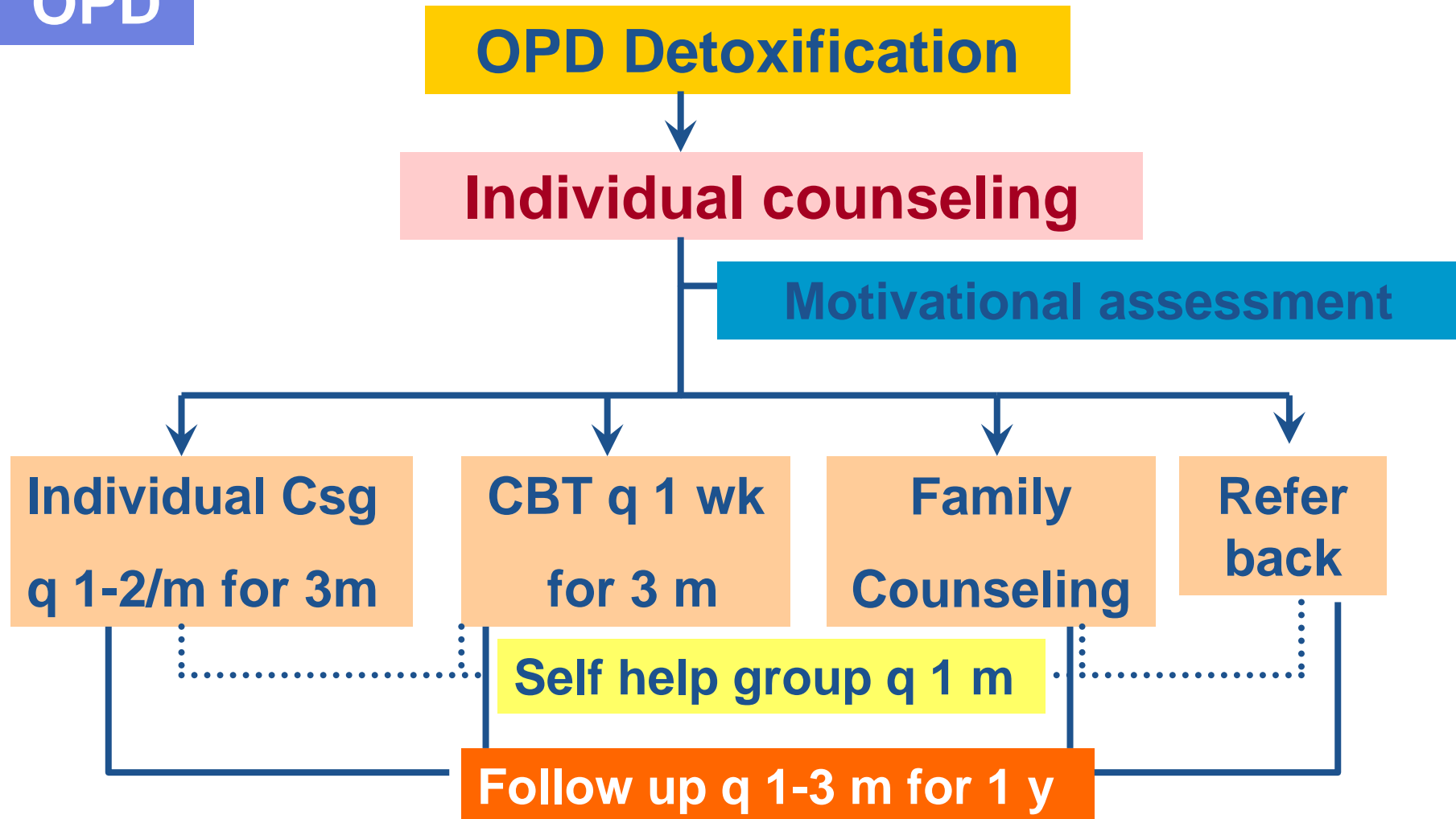
IPD





Flow activities of alcohol management in psychiatric hospital

OPD





Flow activities of alcohol management in psychiatric hospital

IPD

Doctor/nursing assessment

IPD Detoxification

Alcohol withdrawal assessment and monitoring

Crisis Group

Acute Group

Sub-acute Group

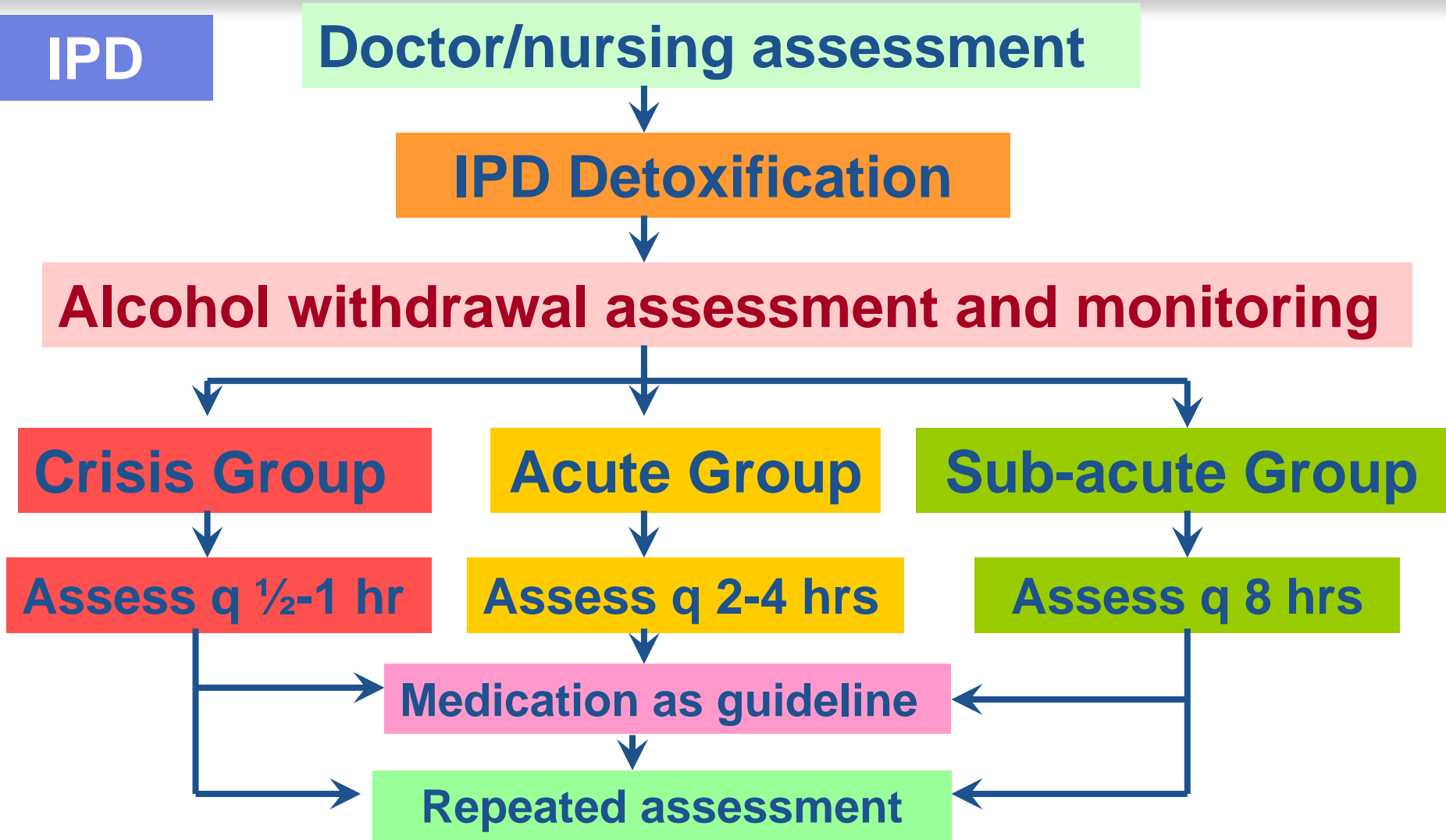
Assess q ½-1 hr

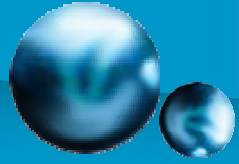
Assess q 2-4 hrs

Assess q 8 hrs

Medication as guideline

Repeated assessment





Flow activities of alcohol management in psychiatric hospital

IPD

Repeated assessment

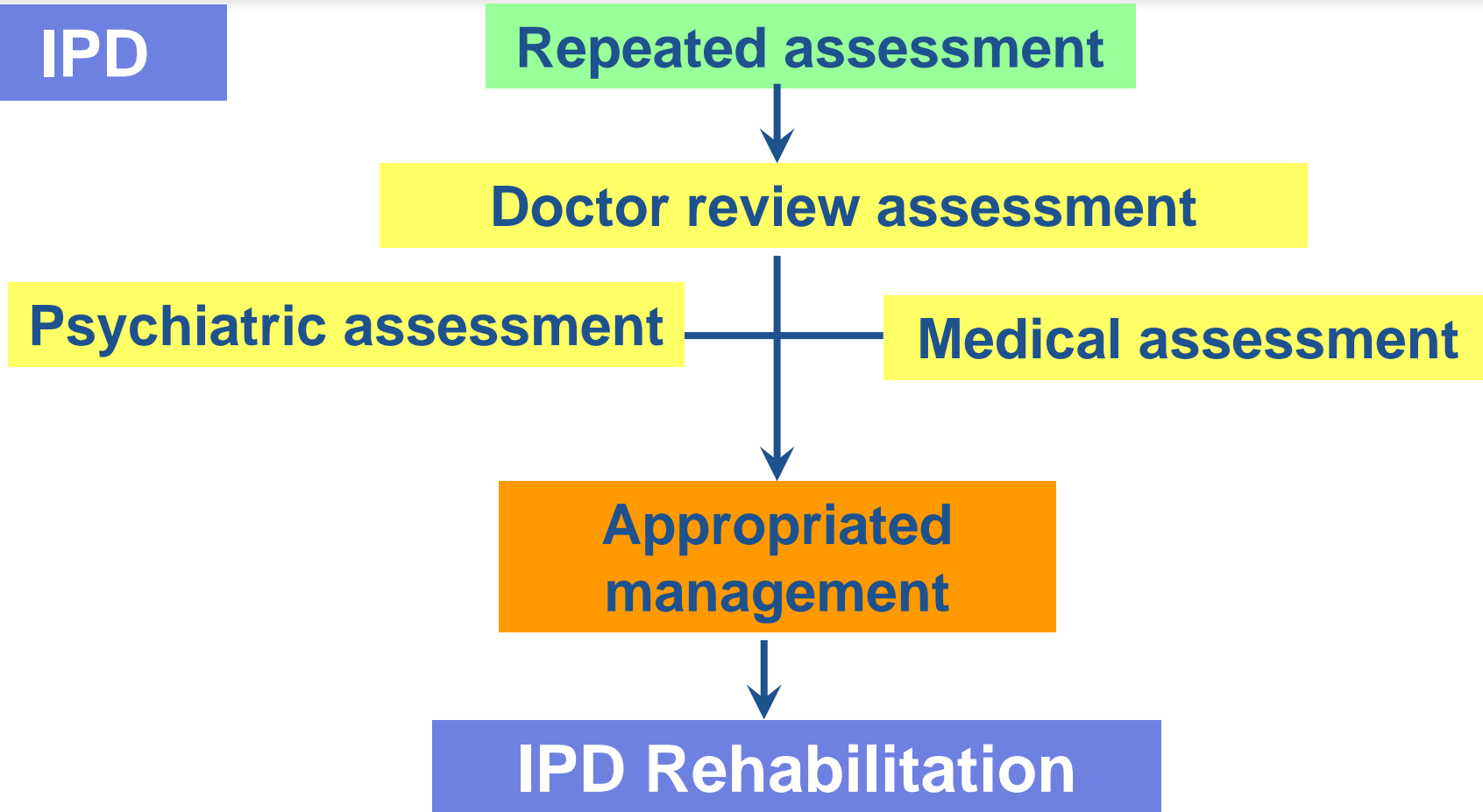
Doctor review assessment

Psychiatric assessment

Medical assessment

Appropriated management

IPD Rehabilitation





Flow activities of alcohol management in psychiatric hospital

IPD

IPD Rehabilitation

Individual counseling

Motivational assessment

CBT every day for 5 days

Group Counseling

Family Counseling

Group education

Discharge plan/evaluation

Refer OPD

Follow up q 1-3 m for 1 y

Refer back



Flow activities of alcohol management in psychiatric hospital

REFER
WALK IN

Psychiatric problems

Alcohol screening

Alcohol
dependence

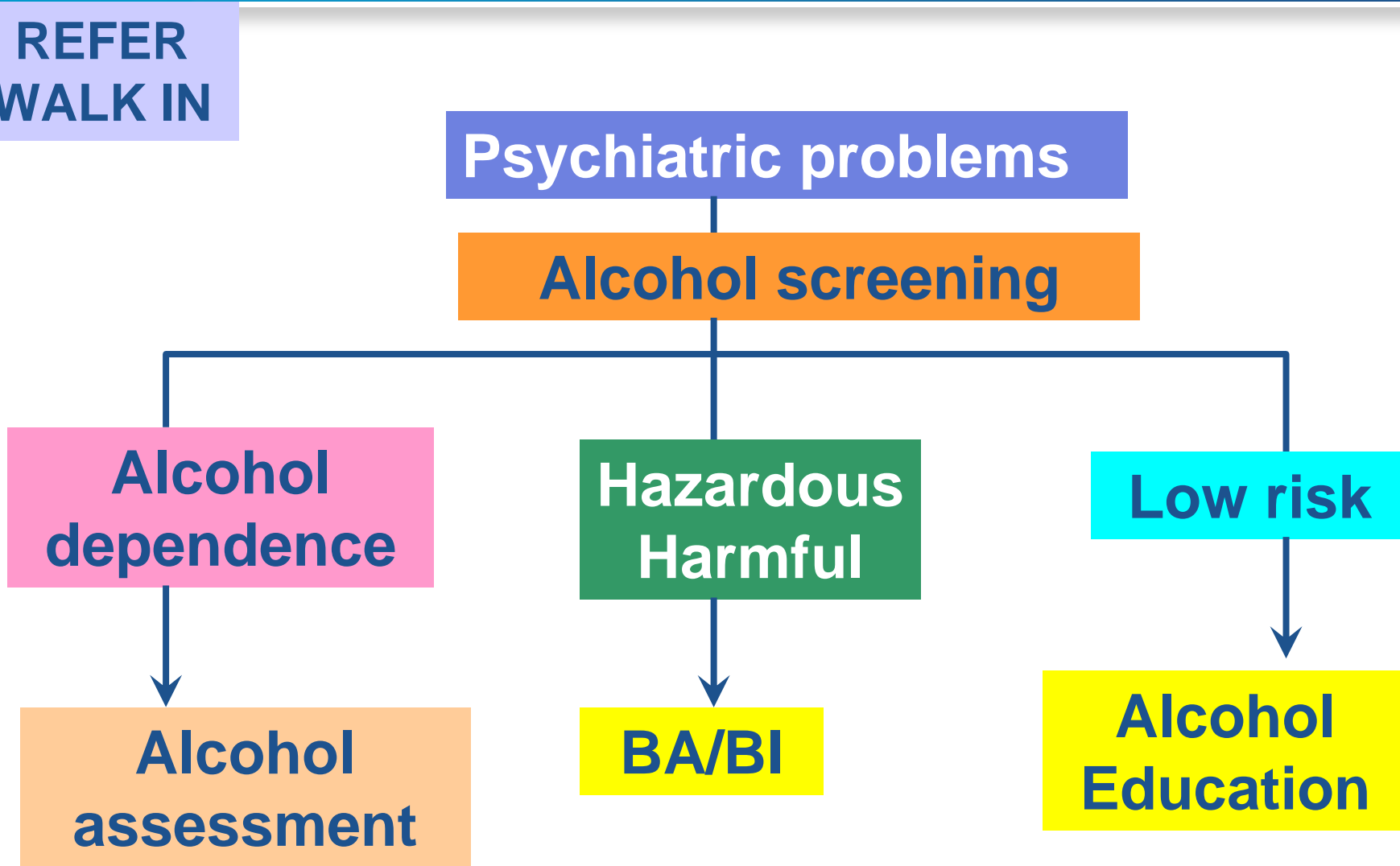
Hazardous
Harmful

Low risk

Alcohol
assessment

BA/BI

Alcohol
Education



Clinical guideline of alcohol management in **psychiatric hospital**



Key contents of CPG of alcohol management in psychiatric hospital



Key Contents

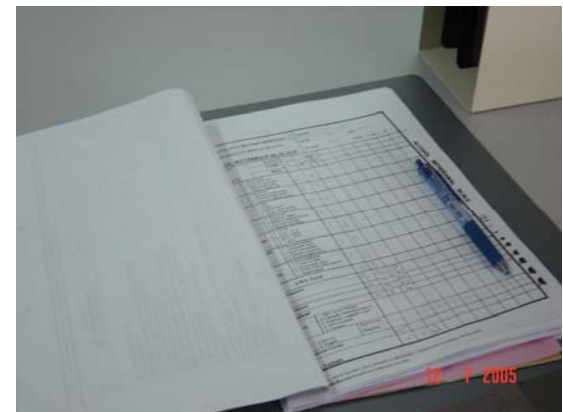
- Flow activities
- Basic Knowledge on alcohol problems
- Alcohol screening in psychiatric patients
 - AUDIT, CAGE, QFs



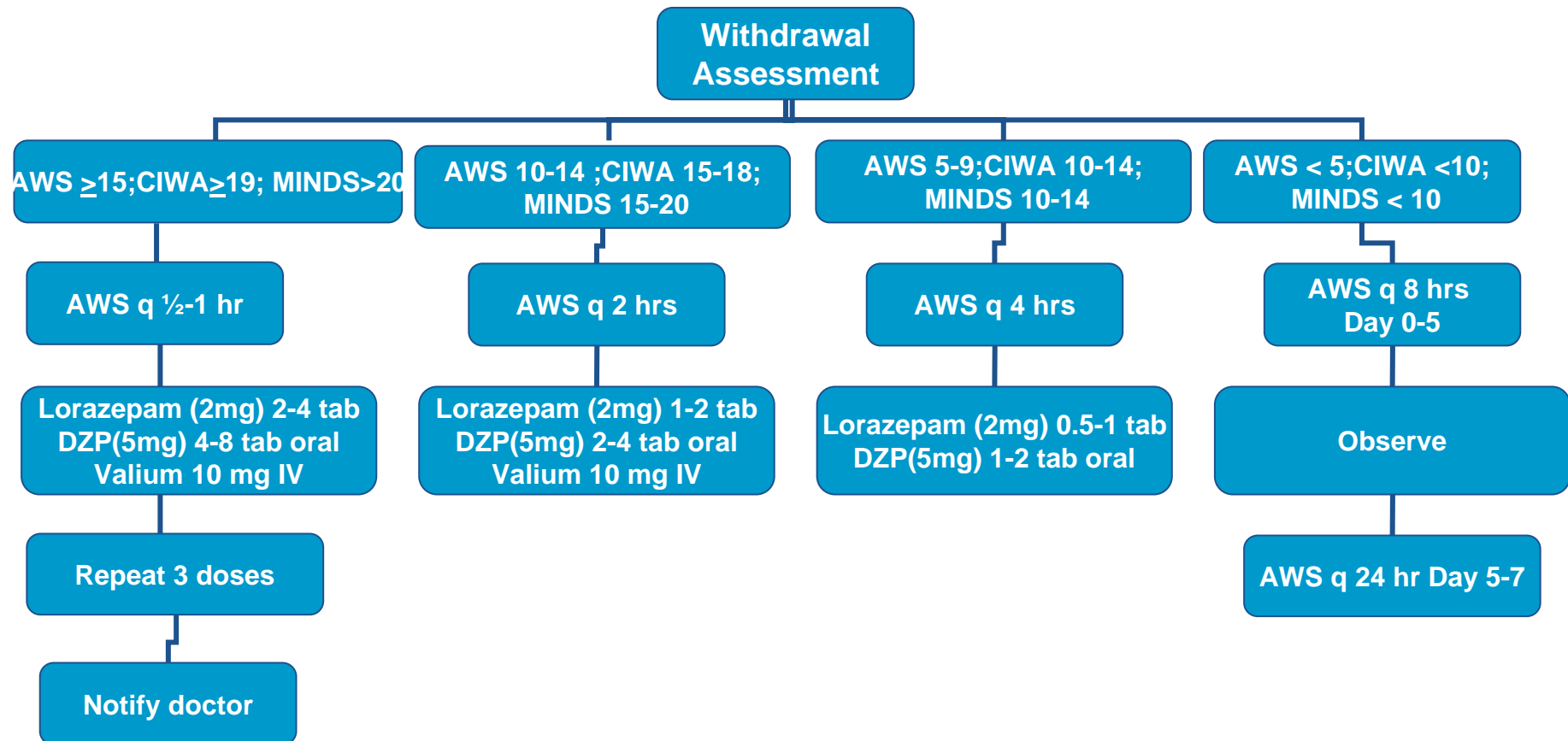


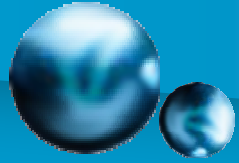
Key Contents

- **Alcohol assessment**
 - Diagnosis alcohol use disorders and alcohol-induced disorders
 - psychiatric comorbidity
 - **Medical comorbidity and medical complication**
 - **Risk of withdrawal and withdrawal monitoring: AWS, MINDS, CIWA**
 - Inpatient assessment
 - Motivational assessment



Guideline for alcohol withdrawal management





Key Contents

- **Alcohol withdrawal prevention and treatment**



- **Clinical nursing practice guideline for patients with alcohol-related disorders**



Key Contents

- **Psychosocial intervention for alcoholic patients**
 - Alcohol education
 - Brief Counseling: Brief advice/brief intervention
 - **Motivational enhancement therapy/ Motivational Interviewing**
 - Buddhism-motivational interviewing cognitive behavior integrated treatment (BU-MI-C-BIT)
 - Family Counseling
 - Group Counseling





Key Contents

- Relapse Prevention
- Follow up/ Refer
- Evaluation and Indicators





Key Issues

- **Practice guideline should be adjusted according to the context of the settings**
- **The alcohol withdrawal monitoring was extremely necessary in inpatient settings**
- **The medical comorbidity should be detected as early as possible**
- **The specific psychosocial treatment should be provided for alcohol patients**
- **The follow up and referral system should be closely monitored**

Clinical guideline of alcohol management in general and community hospitals





Process of CPG development

25 Nov 05: First draft meeting

Develop first draft of clinical guideline of alcohol management in general and community hospitals

26 Jan 06: experts and stakeholder discussion

27 Jan 06: Revised the GCP by working group





Training Manual

- **Feb-Mar 06: Develop the training manual**
 - Practice guideline
 - Training package: Course syllabus, powerpoint, CD demonstration for psychosocial intervention, CD demonstration for alcohol withdrawal rating





Training and Report

June 06: Training 4 regions (4-5 hospitals)

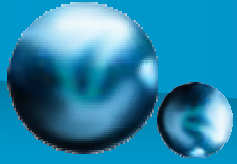
17 Aug 06: Report meeting



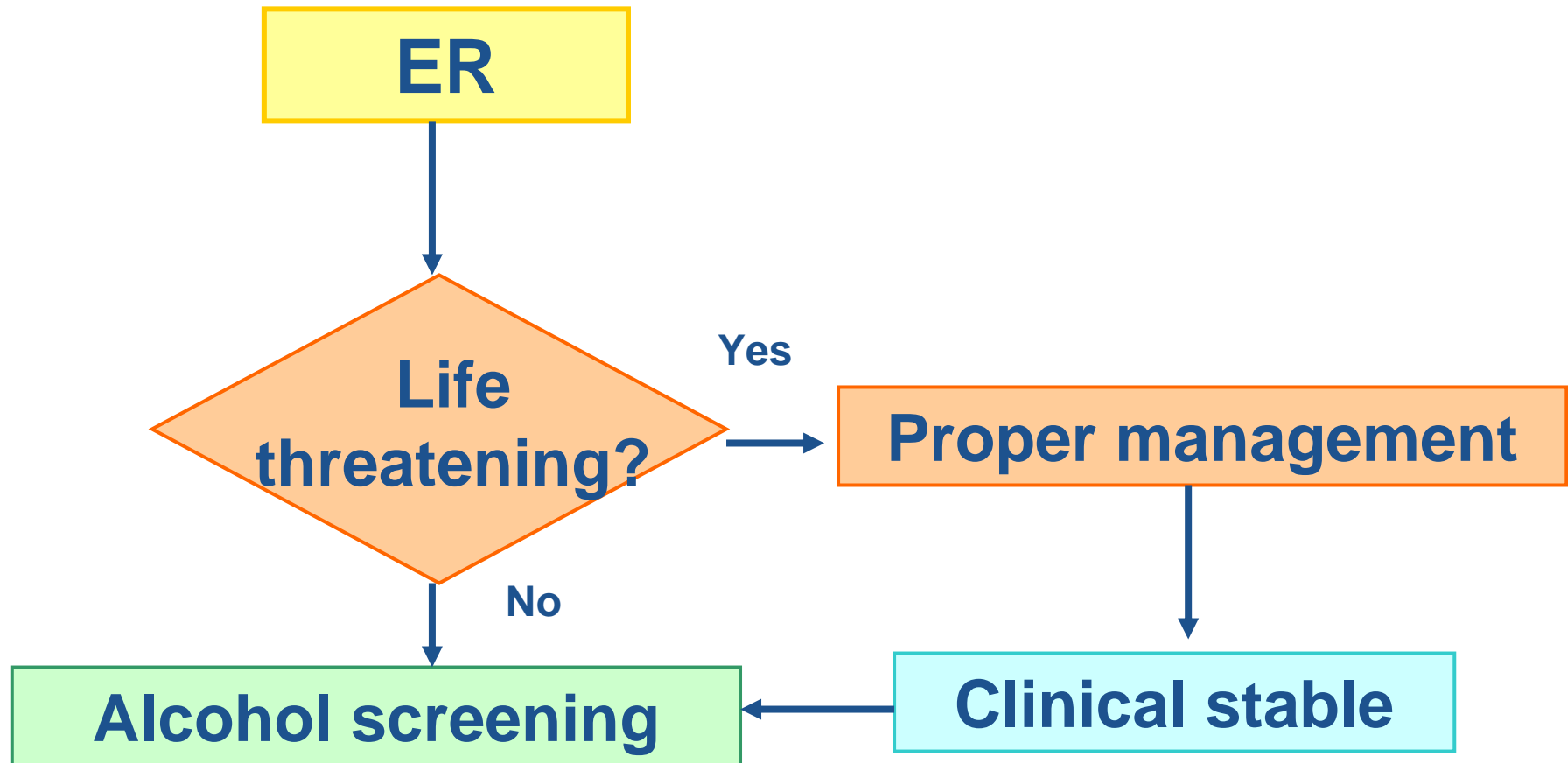
Clinical guideline of alcohol management in general and community hospitals

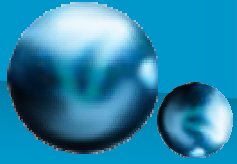


Flow activities of alcohol management in
general and community hospital



Emergency Room





Emergency Room

Alcohol screening

Dependence

*Hazardous/
Harmful drinking*

*Low risk
drinking*

Brief Advice
/Brief Intervention

Alcohol Education

Risk of
Withdrawal?

No

Refer to
"Addiction clinic"

Yes

Appropriate
detoxification

After detoxification



OPD

Alcohol problem

Physical problems

high risk / alcohol related problems

Alcohol screening

*Alcohol
dependence*

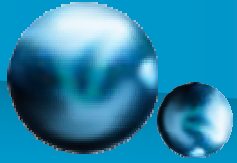
*Hazardous /
Harmful drinking*

Low-risk drinking

**Alcohol
assessment**

**Brief Advice/
Brief Intervention**

**Alcohol
Education**



OPD

Alcohol assessment

Diagnosis alcohol related problems

Medical/ psychiatric comorbidity assessment

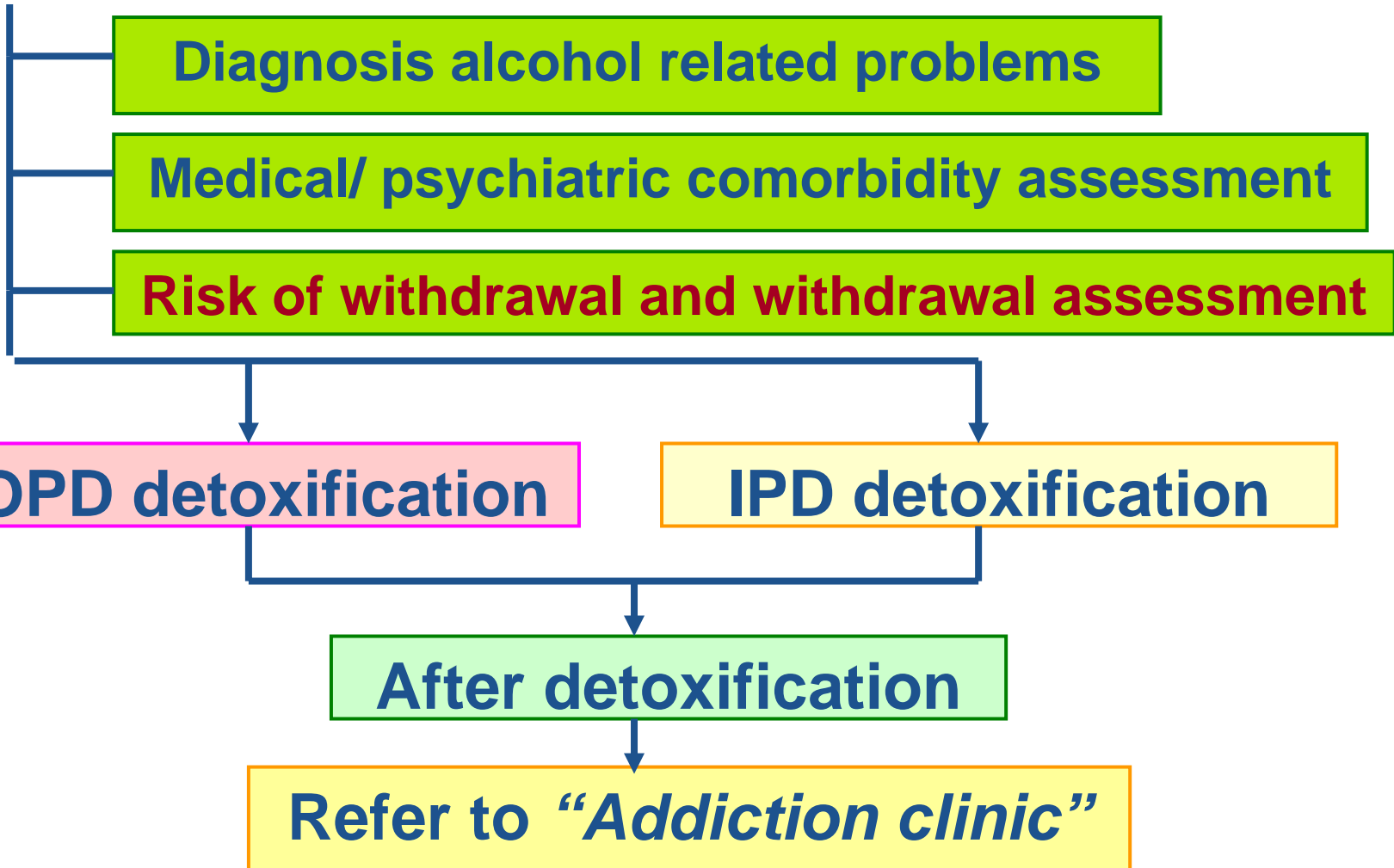
Risk of withdrawal and withdrawal assessment

OPD detoxification

IPD detoxification

After detoxification

Refer to *"Addiction clinic"*





IPD

Alcohol screening ; if not done at OPD/ER
“**CAGE**” is suggested

CAGE < 2

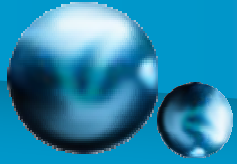
**Low risk/ Hazardous /harmful
are possible**

**Alcohol Education or BA/BI
as indicated**

CAGE ≥ 2

**Alcohol dependence
is possible**

**Risk of Withdrawal
assessment**



IPD

Risk of Withdrawal assessment

Moderate to severe risk or moderate to severe withdrawal symptoms

Alcohol withdrawal monitoring

Low risk or mild withdrawal symptoms

Fixed (regular) schedule regimen or observe



Alcohol withdrawal monitoring

Crisis group

Acute group

Subacute group

Intravenous regimen

Loading dose regimen

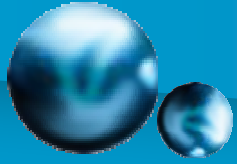
Symptom-triggered regimen

Repeated Assessment/
Doctor review

Appropriated management

After detoxification

Refer to
“Addiction clinic”



Addiction Clinic

Alcohol assessment

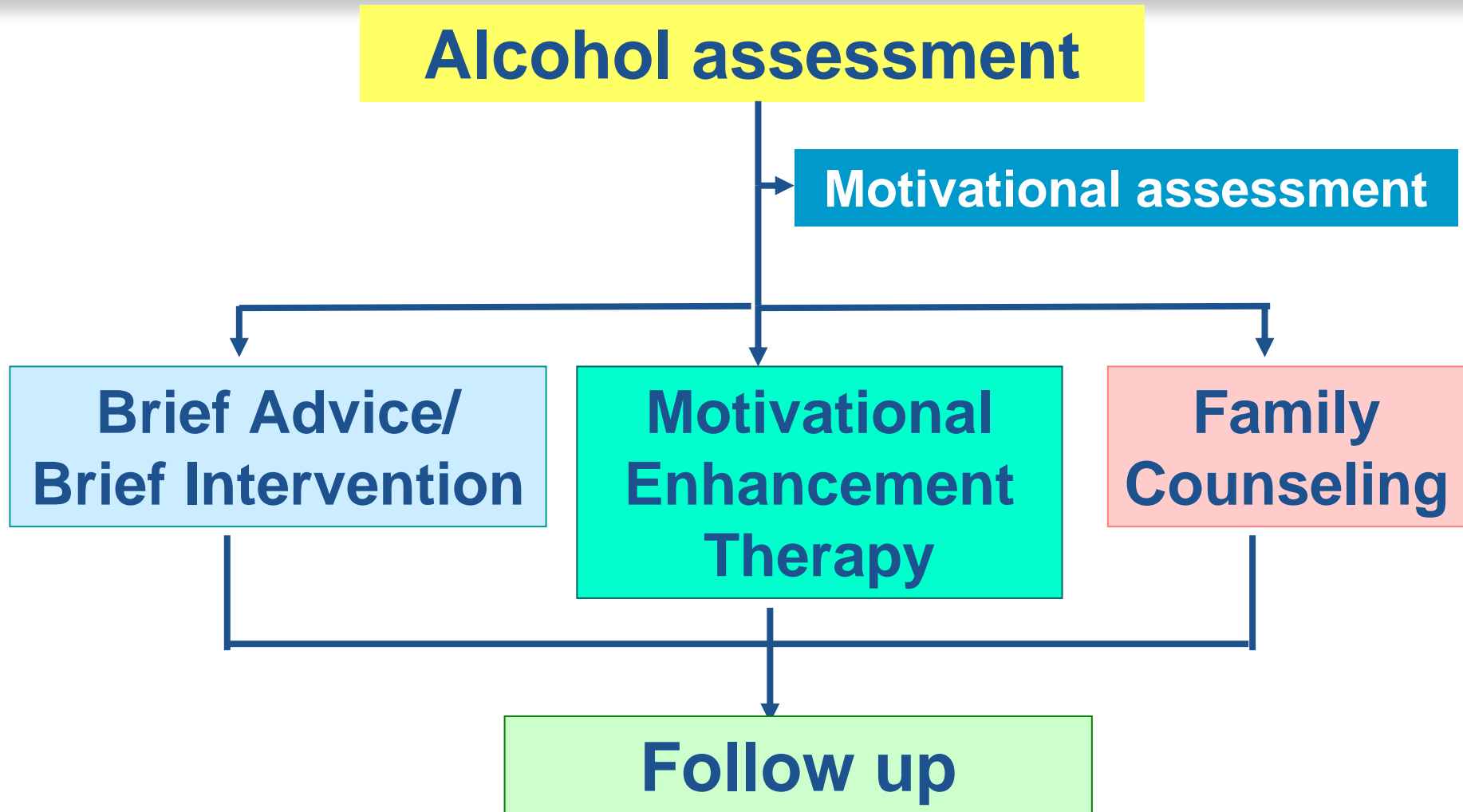
Motivational assessment

**Brief Advice/
Brief Intervention**

**Motivational
Enhancement
Therapy**

**Family
Counseling**

Follow up





Key Issues

- **The leader and policy support were the major success factors of the implementation in general settings**
- **The alcohol management guideline can be implemented by the concept of risk management in the hospital which is one of the key element in Hospital Accreditation**
- **The physicians should had a major role on alcohol detoxification with alcohol withdrawal monitoring by registered nurses.**
- **The community and general hospital had a success role in psychosocial intervention and long term follow up**

Clinical guideline of alcohol management in general and community hospitals

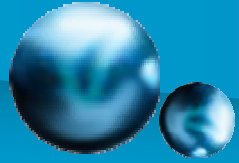


**Key contents of CPG of alcohol management in
general and community hospital**



Key Contents

- Flow activities of alcohol management in Com/Gen hospitals
- Drinking behavior: Low risk/Hazardous/Dependence
- **Screening alcohol problems in general patients**
 - AUDIT, CAGE, QFs
- **Risk of alcohol withdrawal assessment and withdrawal monitoring**
 - AWS, MINDS, CIWA
- **Alcohol withdrawal prevention and treatment**
- Nursing guideline on alcohol related disorders
- Psychiatric and medical comorbidity



Key Contents

- **Psychosocial intervention for alcoholic patients**
 - **Alcohol education**
 - **Brief Counseling: Brief advice/brief intervention**
 - **Motivational enhancement therapy/
Motivational Interviewing**
 - **Family Advice/Counseling**
- **Relapse Prevention**
- **Follow up/ Refer and Indicator**



How Difference of the CPGs?

Psychiatric Hospital

- Tertiary care/specialty care
- Alcohol withdrawal as a presenting symptoms
- Severe dependence
- Emphasis on assess medical comorbidity and complication
- Detoxification: control withdrawal symptoms
- Inpatient psychosocial intervention
- Low follow up rate

Com. and Gen. Hospitals

- Secondary and primary care
- Physical illness as a presenting symptoms
- Mild to moderate dependence
- Emphasis on screening alcohol problems and assess risk of withdrawal
- Detoxification: prevent withdrawal symptoms
- Outpatient psychosocial intervention
- High follow up rate



Next Steps?

- **How to generalize the implementation in to health care system?**
- **What organization has a major role to support/budget the implementation?**
- **Should be “TOP DOWN” or “BOTTOM UP” ?**
- **Do we need the more research eg. service outcome research?**

THANK YOU

