

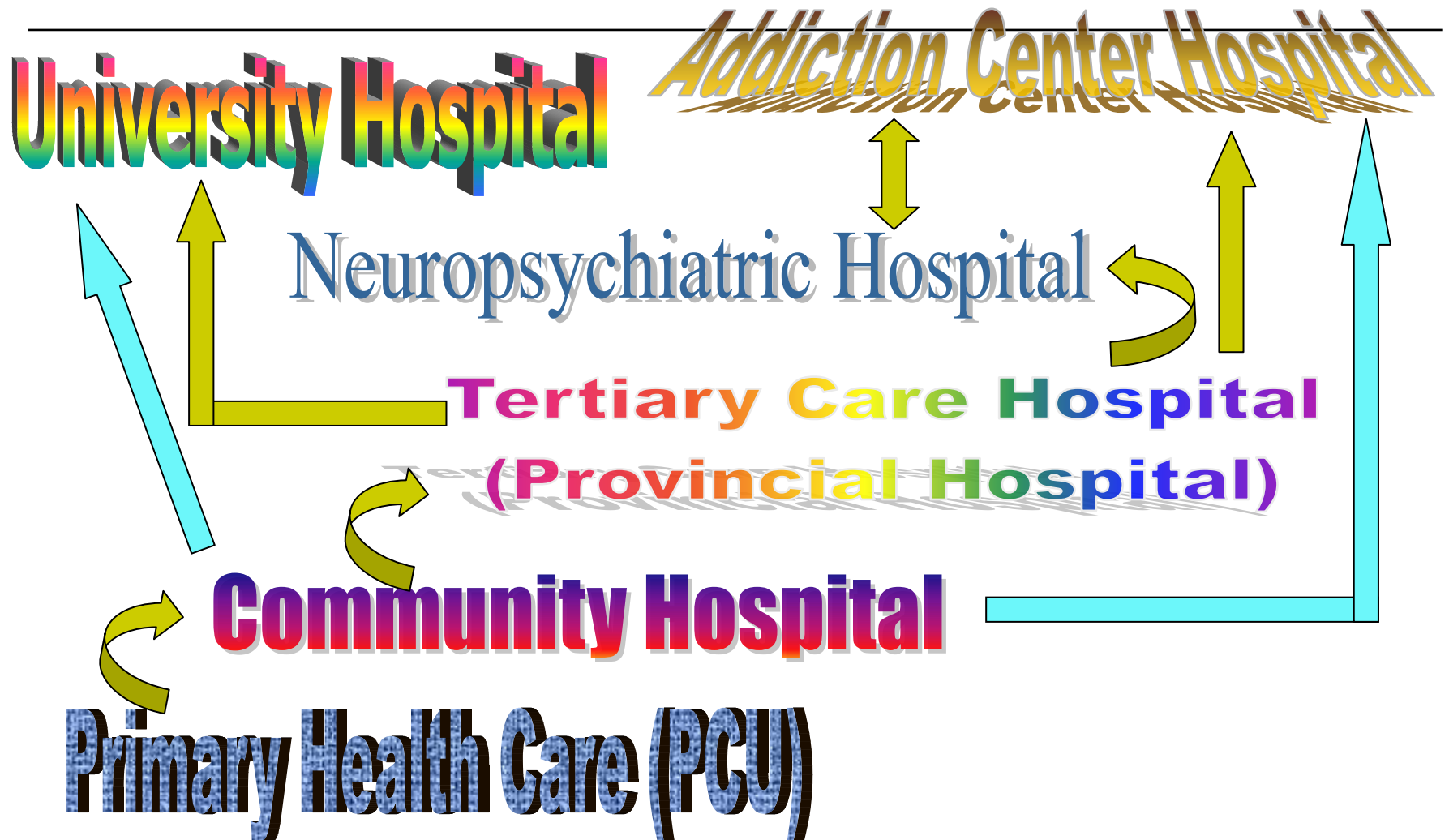
Health Care Service System
in Thailand
for
Patients with Alcohol Use Disorder

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Health Care Service System In Thailand



Primary Health Care (PCU)

- Screening for alcohol use disorder and withdrawal syndrome
 - AUDIT
 - MAST
 - CAGE
 - CIWA or AWS
- Brief Intervention or Counseling
- Health education and Empowerment
- Refer (harmful drinkers and dependent drinkers)

Community Hospital

- Clinical assessment
 - By nurse using AUDIT, CIWA or AWS, Motivation assessment scale (Stage of change theory evaluation)
 - By physician using clinical skill (assess comorbidity, physical and mental complications, family and marital disharmony include domestic violence, patients' functionality). Clinical diagnosis based on ICD-10 criteria
 - Laboratory investigation (CBC, FBS, LFT, Uric, Triglyceride, Cholesterol)

Community Hospital

- Detoxification (OPD, IPD) applied CPG for AWS
 - Benzodiazepine
 - Vitamin supplement
- Motivational Enhancement Therapy (individual or group)
- Family psycho-education and counseling
- Follow-up number of drinking days, duration of abstinence, physical and mental health
- Refer (dependent drinkers who need intensive psychosocial intervention)

Tertiary Care Hospital (Provincial Hospital)

- Psychiatric unit : 1 psychiatrist, 1 psychologist, 1 psychiatric nurse, 3-4 registered nurses
- Most of alcoholic cases are more severe, complicated with physical and mental disorders
- Hospitalization for detoxification and psychosocial intervention
 - **Individual supportive psychotherapy**
 - **Motivational enhancement therapy**
 - **Cognitive-Behavioral therapy**

Tertiary Care Hospital (Provincial Hospital)

- Relapse prevention
 - ✦ High risk situation analysis and coping strategies
 - ✦ Problem-solving skills
 - ✦ Dealing with lapse situation: slip vs. relapse Encouragement
 - ✦ Reassurance
- Long term follow-up 1 year

Addiction Center Hospital

- Preparation stage
 - Screening : AUDIT
 - Assess AWS : CIWA
 - Assess motivation
 - Brief intervention
- Detoxification stage for 7-21 days in hospital
 - Clinical Practice Guideline for Alcohol withdrawal syndrome
 - Improve nutrition and vitamin supplement
 - Group therapy (varies) life skill training, coping skill training
 - Motivation enhancement therapy
 - Psycho-education for patients and their families

Addiction Center Hospital

- Psychosocial rehabilitation stage for 4 months
 - **FAST model**
 - **Family : psycho-education, counseling, family therapy**
 - **Alternative group activity : Occupational therapy, Meditation (relaxation training), Recreation, Sport, Cognitive behavior therapy**
 - **Self-help group : AA , social support group**
 - **Therapeutic community approach**
 - **FRESH model (modified MATRIX program)**

Addiction Center Hospital

- After Care stage for 1 year
 - Follow-up regular 1-3 months
 - Psycho-education
 - Group supportive psychotherapy
 - Clinical assessment
 - Drug counseling
 - Home visit
 - Mail contact
 - AA (optional)

University Hospital

- Assessment
 - AUDIT
 - CIWA-Ar
 - Stage of change questionnaire
 - Psychiatric interview for clinical diagnosis and impacts of chronic use of alcohol (physical, mental, family, financial, academic, social dysfunction), High risk situation and suicidal risk
 - Family relationship and conflicts

University Hospital

- ❑ Brief intervention or Motivational enhancement therapy
- ❑ Psycho-education for patients and family care givers
- ❑ CPG-AWS application
 - Medication : benzodiazepine,
 - Improve nutrition and vitamin supplement
- ❑ Treatment of co-morbidity: physical/mental complication (consultation with other specialists)
- ❑ Group therapy in psychiatric ward

University Hospital

- Long-term treatment : relapse prevention
 - Follow-up every month for at least 12 months
 - Number of abstinence days, psychosocial functional level
 - CBT or counseling, increase self esteem and self-efficacy
 - Family support and guidance to encourage controlled drinking of patient

University Hospital

- Long-term treatment
 - Medication : antidepressants (trazodone, fluoxetine), mood stabilizers (topiramate, lithium), disulfiram
 - **Naltrexone is not available in Thai**
 - Outpatient group therapy for motivational enhancement and social support group.



Phramongkutklao Addiction Treatment Center

- **Phramongkutklao (PMK) model**
 - **28 days program**
 - **Intensive Inpatient Program**
 - **Multi-disciplinary team**
 - **Team meeting once a week**
 - **Group therapy**
 - **Cognitive-behavioral learning**
- **Recovery group therapy once a week until 16 weeks for after-care**

Day	10.00 -12.00 AM	12.00 - 01.00	01.30 - 03.30 PM
Mon	Health education	lunch	CBT
Tue	The Buddhist Twelve steps	lunch	Relaxation Therapy
Wed	CBT	lunch	Relaxation Therapy
Thurs	Health education	lunch	The Buddhist Twelve steps
Fri	Family Session	lunch	Recreation Therapy

Neuropsychiatric Hospital

- Admission for psychiatric cases with alcohol or poly-substance abuse and dependence
- Special ward for alcohol detoxification
- Group therapy (varies)
 - motivation enhancement
 - psychoeducation for patients and their families
 - cognitive behavior therapy or BUMI-CBT
 - occupational therapy
- Psychosocial intervention using MATRIX program for outpatients.

Weakest points for Health Care Service for treatment of alcohol use disorder in Thailand

- Limitation of human resources**
- Health providers at PCU and community hospital still had low awareness, negative attitude and low clinical skill for screening, assessment of alcohol related disorders, and skill for brief intervention/ motivational enhancement therapy.**
- Need capacity strengthening in alcohol treatment service system (all levels).**
- Any health insurance are not paid for alcohol dependence, therefore alcoholic patients are difficult to access the health resource.**

Weakest points for Health Care Service for treatment of alcohol use disorder in Thailand

- Anti-craving drug is not affordable and not available in Thailand.**
- Many varieties of technique in each setting (based on individual interests and skill techniques) → unable to replicate treatment models**
- No effectiveness of after-care service : high drop out rate, high relapse rate**
- AA had many foreigner participants but a few Thai cases.**

Weakest points for Health Care Service for treatment of alcohol use disorder in Thailand

- ❑ **No evaluation treatment program scientific, valid and reliable methodology → not know the cost-effectiveness of these programs.**
- ❑ **Referral system and health insurance policy still have many obstacles to alcohol treatment.**
- ❑ **No effective model for aftercare service,**
- ❑ **Need future outcome research study of treatment programs.**

Suggestions

- ❑ **Alcohol treatment : should be more accessible in all level of health care system service.**
- ❑ **Referral and database information system should be considered.**
- ❑ **Monitoring and scientific evaluation treatment program should be developed.**

THANK YOU



for your attention