

Intensive Case Management for Alcohol Withdrawal related Delirium Tremens – a case study

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ABSTRACT

Alcohol withdrawal Delirium Tremens is a serious medical emergency due to which interventions have largely been pharmacological in nature. Psycho-social studies addressing this vulnerable group of patients are very sparse as they are often excluded from research protocols. An array of treatment services is available for persons with alcohol dependence syndrome but few are equipped to provide the expanded selection of services necessary to meet a client's diverse needs. Using a single case study method, the objective was to test the application of Intensive Case Management (ICM) on a 30 year old unmarried male diagnosed with Alcohol Dependence Syndrome for over 12 years, with past history of repeated withdrawal and presented with a current episode of complicated alcohol withdrawal in DT. The patient was known to have significant psychosocial issues. ICM was provided as an adjunct to routine treatment. The client showed considerable improvement in his health and importantly, was able to abstain from alcohol. This case report supports the application of ICM for persons with alcohol withdrawal related delirium tremens and warrants further studies to test this intervention with larger groups and for long-term effects in India.

Key-words: *Alcohol Withdrawal, Delirium Tremens, Intensive Case Management, adjunctive treatment, abstinence.*

INTRODUCTION

Alcohol Use Disorders (AUDs) are a major cause of physical and mental health problems (Benegal, 2005). Alcohol withdrawal delirium or Delirium Tremens (DT) is a severe complication arising after the stoppage of alcohol consumption. DT may be preceded or complicated by seizures (WHO, 1992). Literature on Alcohol Withdrawal Delirium (AWD) in India is scarce (Pinto, 2010). Being a medical emergency, pharmacological management remains the first line of treatment (Kattimani & Bharadwaj, 2013), while literature pertaining to the longer-term non-pharmacological interventions are lacking (Mayo-Smith et al., 2004). Patients with AWD that present to treatment centers mainly receive pharmacological treatment to address the episode of DT, with little or no services addressing the psycho-social aspect. Apart from psycho-social issues that are common to persons with substance use, this group of patients are vulnerable to problems such as an irreversible damage to their brain, delay in the recovery process, impairment of attention and or executive functions leading to a

further relapse of substance use, co-occurring medical complications and in certain cases death (Noel et al., 2002; Loeber et al., 2010, Chanraud et al., 2007).

Poor outcomes notwithstanding, an array of psycho-social interventions have been shown to be efficacious (Jhanjee, 2014, Kilmas et al., 2013). One such is the Intensive Case Management (ICM), which stemmed out of the Assertive Community Treatment model (Stein and Test, 1980). It is a chronic disease management strategy that employs active intervention to facilitate acute drug abuse treatment, provides long-term strategies for management including relapse monitoring and addresses psychosocial issues among the low income population group (Vanderplasschen et al., 2007; Morgenstern et al., 2009). Studies on ICM in developed countries report it to be effective for persons with severe mental illness and co-morbid substance use disorders (Burns et al., 2007; Morgenstern et al., 2008; Dieterich et al., 2010). ICM remains one of the underutilized psychosocial interventions for chronic alcohol dependence. We report the outcomes following ICM in a client who sought treatment for Alcohol withdrawal related Delirium tremens in a tertiary care hospital in India.

CASE REPORT

A 30 year old, unemployed, unmarried male, presented to our hospital and was diagnosed to have Alcohol Dependence Syndrome with Delirium Tremens (DT) (WHO, 1992). The history revealed significant psycho-social issues such as poor social support, financial problems due to unemployment, had to care for his elderly mother and differently abled brother. Since being the only working member of the family he was unable to meet his daily needs. The client received inpatient treatment on five different occasions in 2015 and presented with complicated alcohol withdrawal related Delirium on 3 occasions and as a result had reported of having cognitive difficulties. On all occasions he received in-patient treatment and brief psycho-social interventions. This helped him only for a short period and soon after he reverted back to alcohol consumption, due to his inability to cope and handle the daily psychosocial stressors. Following the last treatment he had stopped taking medication and had dropped out from treatment. He had been consuming alcohol regularly. He currently presented to our centre with complicated alcohol withdrawal after few days of stopping his alcohol consumption. He received in-patient admission for 15 days and after his recovery from the episode of DT, he was prescribed pharmacotherapy along with ICM.

The therapist used techniques of ICM on a daily basis such as keeping in constant contact with the client either through telephone or through face to face contact sessions. Home visits were also carried out as part of the treatment. During these contacts, psycho-social interventions such as craving management, assertiveness skills were discussed. Sessions focused on enhancing his motivation to quit alcohol and identify ways in which he could deal with his daily stressors that led to a relapse in the past. Problem solving skills were discussed with the client on a regular basis and he was advised to continue the treatment. The client was reminded over the phone of his follow up visits. Telephonic interviews were conducted and sessions' focusing on brief interventions such as supportive work and craving management techniques for relapse prevention was provided. The client was also encouraged to engage himself actively during the day and an activity schedule was prepared for him to follow. Through the process of ICM, the primary goal of abstinence was achieved and the client was able to achieve complete abstinence from alcohol for 6 months. During times of crisis he was

advised to report to the hospital for an early follow up. After his recovery he started to go to work regularly and as a result had started to take up responsibilities. He is looking after his aged mother and younger brother as well. Through the process of following the intensive case management approach, our client was able to achieve a better quality of life and most importantly was able to abstain from alcohol for more than 6 months which was never achieved in the past. He continues to be abstinent from alcohol and engaged in the treatment provided at the centre. By providing continuous care through ICM, the client not only developed resilience but also developed healthy coping strategies which motivated him to be prepared to handle any high risk situations that could potentially lead to a relapse.

DISCUSSION

By keeping in constant contact with the therapist, the client was able to handle any crisis that precipitated by the many psychosocial issues. Initially he required support from the therapist but later he acquired skills to deal with these situations by himself. The therapist also was actively involved with the client on a regular basis which is one of the characteristics of ICM. So far studies on ICM have focused on abstinence and increasing attendance in treatment services (Morgenstern et al., 2009; Kuerbis et al., 2011; Dieterich et al., 2010). The current results are similar to a previous study in which only the client is abstinent from alcohol. However through the process of ICM, our client was able to resolve many other issues and several psychosocial outcomes such as linkage with health services, enhanced support systems, mobilizing of resources, improved social functioning and occupational functioning. This highlights the effectiveness of ICM in individuals with chronic alcohol use problems and related complications. In developing and under developed countries, the cost of treatment for alcohol disorders is very high and access is limited, leading to high dropout rates. The outcome in our patient is similar to the findings from other studies that ICM for clients with alcohol use disorders is highly beneficial in individuals requiring frequent hospitalizations in achieving long term abstinence, increased attendance and engagement in treatment and better retention outcomes (Burns et al., 2007; Morgenstern et al., 2009; Dieterich et al., 2010). As a result of his continued abstinence from alcohol, he is currently being actively involved in all the activities at the home and reports of better quality of life.

CONCLUSION

Overall, the current study emphasizes on the existing empirical base supporting the use of ICM with good results such as continuity of care, increasing abstinence rates and reducing the cost of health care. Persons with ADS are often found to be difficult to engage in treatment due to the chronic and relapsing nature of the disease (McLellan, 2002). Persons with ADT are found to be even more difficult to engage due to the complications that arise out of severe withdrawal making them less motivated in treatment programmes and difficult to engage. The current case study highlights the beneficence of the use of ICM for persons with ADT. Case managers must be willing to take that extra effort to engage such clients in an intensive manner using the ICM model. This report despite identifying the positive outcomes also has its share of limitations that it is a discussion of favorable outcomes a single client. Being grossly under researched, there is a need to conduct trials on the efficacy of ICM for persons ADT, particularly in developing countries like India.

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