

A Quest for Sobriety : Intensive Case Management for Alcohol Dependence

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ABSTRACT

Alcohol dependence syndrome (ADS) is a chronic relapsing disorder associated with poor recovery rates. An array of treatment services is available 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 61 year old homeless, married elderly male diagnosed with Alcohol Dependence Syndrome for over 25 years and presenting with 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 ADS and warrants further studies in India.

Key words: *Alcohol Dependence Syndrome, Intensive Case Management, adjunctive treatment, abstinence.*

INTRODUCTION

Alcohol use disorders are a major cause of physical and mental health problems [1]. Poor outcomes notwithstanding, an array of psycho-social interventions have been shown to be efficacious [2-3]. One such is the Intensive Case Management (ICM), which stemmed out of the Assertive Community Treatment (ACT) model by Stein and Test [4]. 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 [5-6]. Studies on ICM in developed countries report it to be effective for persons with severe mental illness and co-morbid substance use disorders [7-8]. 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 ADS in a tertiary care hospital in India.

CASE REPORT

A 61 year old, homeless, unemployed, married male, presented to our hospital and was diagnosed to have Alcohol Dependence Syndrome (ADS) [9] and Diabetes Mellitus since 25 years, with significant psycho-social issues such as poor social support, homelessness, financial problems due to unemployment and unable to meet daily needs. Also, he was unable to care for his wife aged 59, diagnosed to have Paranoid Schizophrenia [9] for over 27 years leading to her institutionalization in a tertiary care centre and his son aged 29 years diagnosed with ADS since 6 years but was not in contact with the client. All these psychosocial issues served as a vicious cycle for his alcohol consumption which needed to be addressed at the earliest. The client received inpatient treatment on two occasions in 2010, but relapsed due to the inability to cope and handle the various psychosocial stressors that he was faced with and as a result had dropped out of our treatment. During the course of time he was contacted again by the team members and advised him to get admitted, it was here that the therapist was able to develop a professional rapport that assisted in his treatment outcome. Following the admission he was prescribed pharmacotherapy along with ICM. After his discharge, he remained abstinent for 3 months; however, due to his financial problems he was unable to procure medications which resulted in severe craving. Individual sessions helped him to address this problem as he was determined to stay abstinent.

ICM is a case management strategy that is similar to that of the ACT model [10], wherein services are provided in the client's natural environment and are aimed at those who have a high risk for hospitalization, rehospitalization, or relapse. It is an on-going process where treatment is comprehensive, flexible and individualized according to the needs of the client as well as requires the therapist to be assertive in engaging them in treatment and monitoring their progress regularly. 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. Supportive work was initially provided on a one to one basis, enhancing support systems such as primary support in the form of being reunited with his son and tertiary support in the form of the hospital and religious institutions, and organizing referrals to general hospital for evaluation of his medical conditions. Resources were mobilized from the hospital and religious institutions to meet his daily needs. The client was reminded over the phone of his follow up visits as well as telephonic interviews were conducted and sessions' focusing on brief interventions such as supportive work, craving management techniques and assertiveness skills training for relapse prevention was constantly 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 almost 40 months. He was also able to mobilize resources from the church to

procure medications and cater to his daily needs. In this process he realized the importance of spending time with his wife who is currently institutionalized and visits her regularly. The client and his son have also reunited after 2 years and he now receives financial support from his son. 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. The client used to visit support groups and share his experience in the hospital to other clients which helped him to achieve a sense of satisfaction.

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 [5-6, 11-12]. The current results are similar to a previous study in which only the client is abstinent from alcohol [5]. 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 reunion with family members were achieved. 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 [4-5, 7-8]. As a result of his continued abstinence from alcohol, by using the community resources an NGO was identified who offered to look after him in their shelter home for destitutes making psychosocial rehabilitation a success as well. He is currently being actively involved in all the activities at the home and reports that his health is better.

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 [13]. This can be addressed by ICM in patients who do not seem motivated and are difficult to engage in treatment. 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 ADS, particularly in developing countries like India.

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Acknowledgements – Nil

Conflict of Interest – Nil

Funding - Nil