Outcome of Treatment of Alcohol Dependence Syndrome Patients in Military Psychiatry Set Up

Lt Col P Sarkar*, Brig S Sudarsanan⁺, Maj S Nath[#]

Abstract

Background : Many people believe that patients suffering from Alcohol Dependence Syndrome do not respond much to treatment. Such belief may adversely affect the treatment of these patients. This may also alter the attitude of administrators on disposal of these patients. In this study, an attempt was made to observe the treatment outcome of patients suffering from Alcohol Dependence Syndrome.

Method : Medical documents of all patients suffering from Alcohol Dependence Syndrome who reported for follow up in a general hospital psychiatric centre during the period of 1995-2000, were scrutinized. Patients were divided into three categories - those who were in relapse, those who improved partially and those who maintained abstinence.

Results : Out of 341 cases, 146 patients were reviewed after six months, 57 after one year, 50 after one and half years and 88 were reviewed at 2 years and above. When a total was made about the number of relapses, partial improvement and abstinent cases, it was found that 33.16% had relapses, 35.49% cases showed partial improvement and 31.35% cases were abstinent.

Conclusion : The result was contrary to a prevailing belief that these patients do not respond much to treatment. It showed that two third of the patients improved, out of which one third were abstinent at the time of review. This study is likely to encourage the doctors, patients and administrative authorities to seek treatment of patients suffering from Alcohol Dependence Syndrome as treatment definitely helps many of them.

MJAFI 2004; 60 : 247-250

Key Words : Abstinence; Alcohol Dependence Syndrome; Relapse

Introduction

Various studies have been published on course and prognosis of Alcohol Dependence Syndrome patients and on treatment outcome. Improvement after treatment has been reported in some studies [1-4]. In Indian Armed Forces, several studies have been conducted on alcoholism [2,3, 5-10]. These studies have dealt with various aspects of alcoholism in Armed Forces. Studies about treatment outcome of Alcohol Dependence Syndrome patients are however lacking. International studies have mentioned that about 20 percent or more of alcoholic persons, if followed over a long enough period of time, probably do achieve permanent abstinence [11]. Such outcome needs to be validated in Indian and in Armed Forces setup.

Medical treatment in Armed Forces offers a unique opportunity of follow up of patients through long periods because once a patient is diagnosed to have psychiatric morbidity, he is reviewed at psychiatry centres after regular intervals, usually of six months, thus ensuring consistent and sustained follow up [12]. They are also kept under observation in unit. These factors help in having better observations in follow up studies in Armed Forces.

Patients who are hospitalized for treatment of Alcohol Dependence Syndrome are usually given standard treatment in military set up. This includes forced abstinence, detoxification, individual and sometimes group psychotherapy, along with other supportive measures like rest, nutrition, vitamins and if needed, treatment of associated physical / psychiatric illness. They are usually kept in hospital for about a month, during which withdrawal features mostly subside and then they are discharged to their units in low medical categories. In the units they are not issued alcohol from any official sources and they are kept under the watch of unit administrative authorities. However, some of them manage to consume alcohol even then. They are reviewed in hospital usually six monthly, but sometimes hospitalized early in case of relapse or sometimes followed up in psychiatric out patient department if they are located nearby. During review if they are hospitalized with features of relapse, they are again managed in similar way and may be declared unfit for service and sent home. All patients are given psychotherapeutic help at reviews. Family intervention is usually not sought unless the family is also located in the same place, which is not common. As such the role of family is less in

*Classified Specialist (Psychiatry), Command Hospital (Southern Command), Pune-40, ⁺Commandant, AFMSD, Delhi Cantt, [#]Graded Specialist (Psychiatry), Military Hospital, Meerut.

military set up as the individual spends most of his time in the unit. Although some centres try associating the alcoholics with Alcohol Anonymous services, where they are available, due to the floating nature of the population, the contact is usually for a very short period. One significant aspect of these group of patients is that most of them are referred for treatment to hospital by the administrative authorities because of their prolonged and habitual alcohol consumption and related deterioration of socio-occupational performance. Sometimes they are referred by other medical officers who incidentally detect alcoholism in their patients. It is rare that somebody himself volunteers for treatment [10]. The reasons behind not reporting himself for treatment are lack of insight, lack of awareness that such facilities are available and should be utilized, social stigma and fear of harm to career and losing job.

Alcohol Dependence Syndrome is one of the most common psychiatric illnesses seen in hospitals and since many of them have relapses, some times we become pessimistic about the prognosis and we tend to think that there is no point in treating Alcohol Dependence Syndrome. This study was thus conducted to see the outcome of the standard treatment given in military set up.

Material and Methods

The study was conducted in 2000-2001 in a psychiatry wing of a general hospital in North East. All available records of patients which include psychiatrists' notes, opinions and report of the unit authorities were scrutinized from 1995 onwards. Patients were diagnosed using ICD-9 criteria [13]. All diagnosed and managed cases of Alcohol Dependence Syndrome who reported after 6 months, one year, one and a half years & 2 years and above of treatment, for follow up, were included in the study. Patients with other psychiatric comorbidity and significant physical illness were excluded. All documents were scrutinized by trained psychiatrists. Patients were divided into three categories - those who were in relapse, those who improved partially and those who maintained abstinence. Partial improvement patients were those who had reduced their alcohol consumption and were drinking in moderation which was not impairing their socio-occupational performance in the unit. Abstinent patients were those who claimed that they had not taken alcohol since previous hospital discharge, whose administrative reports corroborated the same and there were no features of alcohol intake during psychiatric evaluation. Due to frequent movement of soldiers, some of them were not followed up for two years in that centre and there were some who were initially managed at some other centre, followed up subsequently in that centre. However, as the diagnostic criteria and treatment procedures are similar in all Army psychiatry centres, this is unlikely to make any difference in the follow up results.

Results

All the cases were male, between age group of 25-45 years, mean age being 31. Most of them were from rural back ground and from low socio-economic group. Almost all of them were married, majority of them were staying single in the unit, the family being at native places. Most of them did not have any obvious stress factors. They started drinking alcohol as fun and / or under peer pressure. Gradually in a span of 8-10 years they became dependent on it. Documents of a total of 341 reviews were found, out of which 146 patients were of the 1st review i.e. review after 6 months, 57 were of the 2nd review i.e. review after 1 year, 50 were in the 3rd review i.e. review after one and a half years and 88 were in the 4th review after 2 years and above. The reasons for decrease in the number of patients in successive reviews were retirement, invalidment due to relapses, patients declared fit and no longer kept under surveillance and posting out. Many patients were declared fit during 2nd & 3rd reviews who remained abstinent and were not kept in surveillance subsequently. 39.7% patients were found in relapse during the first review i.e. review after six months. The number decreased to 22.4% in the 2nd review and 26% during the 3rd review. The partial improvement group remained more or less same in each review. This shows that a sizable number of people, though were not able to leave alcohol completely, were able to control their alcohol consumption and were functioning normally. The abstinent group significantly increased from 24.6% in the first review to 38.7%, 34% and 36.6% in the 2nd, 3rd and 4th reviews respectively.

Table 1 shows the number of patients and their response to treatment. It is seen in Table 1 that with increasing time and reviews the number of improved cases became more. When a total was made about the relapses, partial improvement & abstinence cases, it was found that out of 341, 113 i.e. 33.16% had relapses, 121 i.e. 35.49% made partial improvement and 107 i.e. 31.35% remained abstinent.

Discussion

Some of us harbour a pessimistic view about the outcome of treatment of Alcohol Dependence patients. Some times we tend to think it is useless to treat this group of patients. This is because quite a number of times we find patients coming back in relapses. These relapses are apparently more in number than those of illnesses like Schizophrenia and Mood Disorders. Also, there are some Alcohol Dependent patients who repeatedly have relapses compared to other Alcohol Dependent patients and we tend to remember this group only, as they become regular visitors and some times this creates a false impression about the prognosis of the illness. We also tend to think that it is a self created illness and it is not unusual that we develop negative counter-transference towards this group of patients. The results show that 2/3rd of the patients improved, out of which 1/3rd were found abstinent and 1/3rd improved

Table 1**Status of alcohol dependence syndrome patients at various periods of follow up**

Alcohol status	Review after six months N (%)	Review after one year N (%)	Review after 18 months N (%)	Review after 24 months & above N (%)	Overall result N (%)
Relapse	58 (39.7)	13 (22.4)	13 (26)	29 (32.9)	113 (33.1)
Partial improvement	52 (35.6)	22 (38.7)	20 (40)	27 (30.6)	121 (35.4)
Abstinent	36 (24.6)	22 (38.7)	17 (34)	32 (36.6)	107 (31.3)
Total	146 (100)	57 (100)	50 (100)	88 (100)	341 (100)

partially in that there was no longer any impairment of socio-occupational performance though they continued to drink, but in moderation only. 1/3rd of the patients had relapses at any point of time. The result has shown that the chances of relapse decreased with subsequent reviews. This is an important finding. It shows that with repeated exposure to treatment during reviews, there is chance of further improvement. Though in the 4th review the figure came to 32.9%, we must remember that this group consists of patients reviewed after two years and above and had more number of chronic cases who had repeated relapses as most of the patients who remained relapse free in initial reviews were already declared fit by the psychiatrists and did not reach up to the 4th review. Even with more of chronic patients in the 4th review, the percentage of relapse was still much less than the first review. In addition, the result has shown that the percentage of people remaining abstinent increased with subsequent reviews. This again shows that with repeated exposure to treatment during the reviews, chances of remaining abstinent improve. We have to keep in mind that many patients had improved completely during this period and made fit and were not followed up till two years. With remaining patients, who were more towards chronic side, percentage of patients abstaining is encouraging.

One limitation of the study can be that all the cases were diagnosed using ICD No 9 coding [13] as the same was officially still in vogue in Indian Armed Forces. But all of them who diagnosed the cases were trained psychiatrists, were well read about both DSM-IV [14] and ICD:10 [15] criteria of Alcohol Dependence Syndrome and we do not have any doubt about the validity of their diagnosis.

Another limitation of the study is that it is retrospective and based on medical documents available at one psychiatry centre. There were some patients who were posted out after initial treatment at that centre and were subsequently followed up in other centres and vice versa. This methodological problem is inherent with such retrospective study. It becomes difficult to trace out the documents of such patients in a retrospective setup when

in most of the cases it was not even known where the individuals were subsequently posted. If we exclude all patients who moved during this surveillance period from one centre to the other, the sample size becomes quite small to draw a relevant inference. But, as mentioned earlier, that the psychiatry centres of the Armed Forces give a standard treatment to alcoholic patients, this movement is unlikely to have much bearing on result and inference.

The study helps us to understand the treatment response of Alcohol Dependence Syndrome patients. We feel that if two third patients responded to treatment, it is a great achievement. We may have missed some cases who surreptitiously had taken alcohol and were successful in hiding the same, but those cases are unlikely to be many. Some of them may have had subsequent relapses but as long as they could stay sober, that was the beneficial effect. Moreover, one success, even if temporary, is likely to help them in their future attempts to give up alcohol as they would learn the reasons for their relapses and might take corrective measures. It also gives an opportunity to treat associated physical illness which may be quite serious. To conclude, we think that all authorities should be encouraged to detect such patients and to send them for psychiatric help, because it definitely helps.

References

1. Ahles TA, Schlundt DG, Prue DM, Rychtarik RG. Impact of after care arrangements on the maintenance of treatment success in abusive drinkers. *Addictive Behaviors*, 1983;8:53-8.
2. Bhattacharya RN, Bhaduri AS, Muria JP, Ghate SP. A study of alcoholism and drug dependence in Armed Forces, AFMRC project No 901/1977.
3. Chakraborty PK, Katoch V, Singh H. Comparison of relapses / abstinent group of Alcohol Dependent patients in serving personnel of the Indian Army. *Indian J Psychiatry* 2001;43 Suppl :15-16.
4. Chick J, Connoughten J, Riston B, Chick JA. Advice versus extended treatment for alcoholism. A controlled study. *Br J Psychiatry* 1988;83:159-70.
5. Raju MSVK, Valdiya PS, Tampi UR et al. Alcoholism in the Armed Forces. *MJAFI* 2002;58:149-51.
6. Saldhana D, Goel DS. Alcohol and the soldier. *Indian J*

- Psychiatry 1992;34:351-8.
7. Madhusudan T. Cause for relapse of alcoholics in Armed Forces. Indian J Psychiatry 2001;Suppl.43:17.
  8. Chakraborty PK, Nand Kishor. Are all alcoholics depressed? Industrial Psychiatry Journal 2002;11:47-8.
  9. Srivastava K, Sudarsanan S, Raju MSVK, Chaudhary S, Salujha SK. Personality Profile of male alcoholics. Industrial Psychiatry Journal 2002;11:49-52.
  10. Khisty N, Raju MSVK, Tampi UR. A study of referral pattern in alcoholics. Industrial Psychiatry Journal 2002;11:68-70.
  11. Schukit MA. Alcohol related disorders. In: Sadock BJ, Sadock VA, editors. Comprehensive Text book of Psychiatry, 7th ed, Lippincott William & Wilkins, 2000;953-71.
  12. Sood M. A study on outcome of non affective psychosis in Armed Forces. Indian J Psychiatry 2001;43:127-32.
  13. World Health Organization Mental disorder glossary and guide to their classification in accordance with the ninth revision of International Classification of Diseases, Geneva. World Health Organization, 1978.
  14. American Psychiatric Association. Diagnostic and statistical manual of mental disorder, 4th ed, American Psychiatric Association, Washington, DC, 1994.
  15. World Health Organization. The ICD-10 Classification of Mental and behavioral disorders; clinical descriptions and diagnostic guidelines. Geneva: World Health Organization, 1992.

ATTENTION ADVERTISERS

Rates of advertisements in Medical Journal Armed Forces India :

	Black & White	Colour	Size
Full page (per issue)	Rs. 5000/-	Rs. 10000/-	25 x 18 cms
Half page (per issue)	Rs. 3000/-	Rs. 6000/-	18 x 12 cms

(Positive for advertisement to be supplied by client)

Inserts (two pages) Rs. 5000/- per insert (Black and White / Colour)

(Printed inserts to be supplied by client)

Address for Correspondence

EDITOR-IN-CHIEF

MEDICAL JOURNAL ARMED FORCES INDIA

C/o ARMED FORCES MEDICAL COLLEGE, PUNE - 411 040.