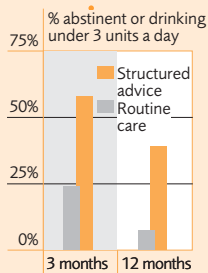


## 12.3 Structured nursing advice helps alcohol home detoxification patients stay sober

- Findings** Restructuring the nursing involved in British home detoxification programmes meant that a year later a third more patients were no longer drinking heavily.
- Four alcohol services recruited consecutive patients to [the study](#) excluding only those who would normally be deemed unsuitable for home detoxification (no stable address or in need of inpatient care).
- Of 120 patients screened, 91 were suitable and agreed to participate. Typically they were severely dependent. Nine in ten drank on average 27 UK units of alcohol (about 220gm) virtually every day.
- Half were randomly allocated to a standard detoxification involving five half-hour home visits by the service's community psychiatric nurse over five to eight days. Nurses gave medication and advice to mitigate withdrawal symptoms and discomfort. The other half were allocated to the same procedure conducted (except at one centre) by the same staff, but the advice was structured via a manual into three phases. The first session aimed at building rapport and motivation, the next two to help the patient cope with discomfort and to develop and practise specific relapse prevention techniques. Finally, the nurse attempted to engage friends and family in supporting the patient's abstinence and helping them develop new social activities.



At follow-up three and twelve months later, on every measure of drinking including abstinence and quantity overall or per drinking day, structured-advice patients had made greater gains. During months 9–12, 15 out of 38 were abstinent or drinking relatively little (up to three units a day) compared to just three out of 40 routine care patients. They also experienced greater improvements in alcohol-related problems, social satisfaction and self-esteem. Accounting for the training required, the new programme was a ninth the cost of an inpatient and less than half the cost of an outpatient procedure.

- In context** The study adds to limited research indicating that severely dependent patients can be detoxified at home, but also shows that structured therapy may be needed to avoid widespread

- relapse. For these very heavy drinkers, restructuring nursing support transformed home detoxification into a highly cost-effective medium-term recovery programme. In another British study, a substantial minority of less heavily drinking patients did well after routine home detoxification and somewhat fewer after only a brief intervention.
- Restructuring the advice was consistently beneficial across the four sites, raising expectations that this would also be the case elsewhere.
- However, it seems that the intervention's developers also undertook staff training and supervision, a degree of expertise and probably also enthusiasm which will not be uniformly available.
- The potential for counselling to affect home detoxification outcomes was apparent at another British service, where the patient's anxiety (particularly concern over failure) and expectations of withdrawal severity were more closely related to withdrawal distress than their drinking history. Another structured approach using solution-oriented therapy is also relatively brief and, like that in the featured study, seeks to induce optimism and productive family engagement. Clear, credible, optimism-inducing structure and engineering social support may be as important as the particular techniques adopted.

- Practice implications** Home detoxification is now widely practised and accepted as a safe and cost-effective option for clients not at severe medical or psychiatric risk and with a stable, supportive home environment. The procedure is often undertaken by GPs and practice nurses or by GPs working with a specialist service. Following assessment of the home situation and medical risks, supportive clinical care and engaging family support will be sufficient for many less dependent drinkers. For the more dependent, a structured therapeutic approach is advisable aimed at helping patients accept temporary discomfort and to prepare themselves and their families for longer term recovery. The manual developed for the featured study is one starting point for services wishing to implement such an approach. The main cost will be initial training and supervision, but operating costs need not be higher than for existing services and the cost-savings to the health service could be substantial. Regular, longer-term follow up reinforcing the initial intervention (perhaps organised through the patient's GP) should help avoid a return to heavy drinking.

**Featured studies** Alwyn T. *et al.* "The addition of a psychological intervention to a home detoxification programme." *Alcohol & Alcoholism*. 2004, 39(6), p. 536–541. [AC](#)

**LINKS** **Nugget 1.1**

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