
CONFERENCE ABSTRACT

Integrated Care for people who want Alcohol Detoxification in the middle of Denmark

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Introduction: Close to 0.6 million (10.4%) Danes abuse alcohol and of these more than 140.000 people have developed alcohol dependency. Everyday people who want to be detoxified acutely attend the Emergency-Department. Initiatives in the municipalities for acute-care seem scarcely used; this study will investigate how the municipalities' effort can be utilized in collaboration with other stakeholders in the care-system and how this influences the evaluation of the care.

During the detoxification process the blood-alcohol-level is decreasing and it is necessary to observe the patient to ensure that he/she does not develop withdrawal-symptoms. Withdrawal-symptoms must be treated as they can develop to potential life-threatening delirium tremens and detoxification cramps. Left untreated any future withdrawal-symptoms will worsen and thereby increase the risk of future delirium tremens and cramps. Most important though is that the decision to stay sober is easier when one does not have withdrawal-symptoms and thus, the chance of success increases.

In Denmark it is usual the GP who is responsible for the medical treatment of people with acute detoxification without any withdrawal-symptoms; when the detoxification is not life-threatening it is a municipal task. If there is indication for admission the detoxification-process starts in the hospital; when the patient is stable and there is no risk of delirium tremens the patient is discharged to outpatient or alcohol-treatment-centre follow-up.

Viborg, Silkeborg and Skive Municipalities have introduced acute-teams with nurses available to provide more advanced care in the patients' homes when the patients are stable and still in need of some acute-care and closer observation. The alcohol-treatment-centres in the three municipalities have employed social-workers and nurses and the GPs are medical responsible.

To provide patients with a more comprehensive offer of treatment and to enhance the detoxification process the GPs and the acute-care teams from three municipalities, the alcohol-treatment-centres and the Emergency-Department at Regional-Hospital-Central-Jutland have developed a new care-pathway.

The aim of this study is to investigate how a targeted, coordinated, and multidisciplinary effort for people with alcohol dependency in need of detoxification influences the evaluation

of the social- and healthcare-system. Furthermore, will we investigate if the strategic integrated effort influences the number of people staying sober and the social- and healthcare-utilization.

Theory/Methods: This study will be conducted in a stepped-wedge-cluster-randomized-design with each municipality as a cluster.

The patient will be admitted to hospital where initial acute-care will take place. The patient will be scored for withdrawal-symptoms and given drugs accordingly. Withdrawal-symptoms are treated with benzodiazepines and a treatment steered by symptoms seems to do better than one steered by a fixed dose. Therefore, a withdrawal-plan is scored to evaluate the patient and the drug-dosage. While in the Emergency-Department the patient will be scored every hour. The purpose of the medical treatment is to remove the withdrawal-symptoms and induce sleep.

When the score is feasible and the patient agrees to go home with drugs in a locked box for the acute-team to administer twice daily, the patient is sent home. The patient will agree to stay sober and take medication to support this together with the benzodiazepines.

Patients will be followed by the Emergency-Department when they are discharged to their own home with extra support from the acute-team. The Emergency Medicine Consultant will be responsible for treatment while the acute-team deliver care, score the withdrawal-plan and administer the drugs. During this time the drugs will be paid for by the Emergency-Department, usually the patients pay for their drugs themselves when they are in their own home. When the GP takes over the drugs will be paid the usual way.

When the withdrawal-symptom-score indicates that the patient can do with the drug-dosage accepted at the alcohol-treatment-centre the patient is discharged from hospital-care and the GP takes over as medical responsible.

The patients' evaluation will be measured with the Patient-Assessment-of-Chronic-Illness-Care-tool once during the study. The Assessment-of-Chronic-Illness-Care-tool will be translated into Danish during this study and validated among the professionals participating in the care. Registry-data on use of social- and healthcare-resources will be sampled and analyzed.

Results/Progress: The study will start February 2016 with patients in need of acute detoxification being offered the comprehensive care-pathway if they are from Viborg Municipality followed by patients from Skive Municipality in May 2016 and the last cluster to be included in August 2016 will be patients from Silkeborg Municipality.

Conclusion: We expect that the integrated care will better quality of treatment, enhance both patients' and professionals' evaluation of the care, and make efficient use of social- and healthcare-resources.