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COGNITIVE BEHAVIOUR THERAPY (CBT) AS AN ADJUNCT TO STANDARD INTERVENTIONS IN PREVENTION OF RELAPSE IN ALCOHOL DEPENDENCE SYNDROME IN HOSPITALISED PATIENTS

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ABSTRACT

Introduction–50% of detoxified alcoholics relapse within 3 months of treatment completion, 90% experience at least one relapse over the 4-year period following treatment. **Methods**–100 male patients diagnosed with ADS selected through Purposive sampling (control 50, experimental 50) over 1 year time period, were administered self-structured multiple choice questions to assess socio-demographic status and Alcohol Use Disorders Identification Test (AUDIT) for alcohol consumption pattern. Control received standard Group Therapy and anti-craving drugs, experimental received individual CBT as an adjunct. Patients reported with relapse during 1 year of follow-up underwent a semi-structured interview on factors causing relapse. **Results**–12 had relapse within 1 year of discharge from control and 4 reported from experimental. The chi-square value is 4.7619 with p 0.029096, significant at 95% confidence. Craving & family problems remain significant as per Paired t Test value. **Discussion**–As per available literature, CBT has been effective in adjunct to standard therapy in prevention of relapse in alcohol and other substance dependence and the present study also exhibits the same. **Implication**–CBT can be made a part of standard treatment in all deaddiction setup. **Conclusion**–CBT is effective as an adjunct and should address craving and family problems to prevent relapse in ADS.

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INTRODUCTION

According to WHO, the estimate says 140 million alcoholics are there worldwide and 76 million currently are suffering from alcohol use disorders. Most de-addiction facilities offer a therapeutic intervention in a group setting over 6 to 7 weeks and 12 to 14 sessions along with anti-craving drugs. However, 50% of detoxified alcohol users relapse within 3 months of abstinence and 90% alcoholics experience relapse in 4-year following treatment. Patients with relapse show more rapid reappearance of physiological & psychological features of ADS. Reason for relapse is multi-factorial, commonest being craving.¹

Relapse prevention is a major challenge. CBT is a type of psychotherapeutic treatment invented by Beck and associates that help people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behaviour and emotions.

A Quasi-experimental study conducted by Rohsenow and Monti in 2001 showed patients who received CBT had fewer heavy drinking days in the first 6 months than control patients.² Similar study by Gray E, McCambridge and Strang J in 2005

showed ADS patients receiving CBT, drinking on average two days per month less than controls after 3 months of follow-up.³ Anton RF and Moak DH in 2005 proved that CBT and Naltrexone in combination is very effective in craving reduction and relapse prevention in ADS patients.⁴

The present study was conducted with the objectives to assess the pattern of alcohol use before intervention, to compare the outcome between experimental and control group in a year following completion of treatment in terms of number of relapses and to identify the factors causing relapse.

METHODOLOGY

A quasi-experimental study was conducted in 2021 in which 100 male hospitalized ADS patients were enrolled through purposive sampling over a year and equally divided into control and experimental group after matching their age in a Psychiatry ward of a tertiary care hospital. Patients in Delirium or any other psychiatric comorbidity was excluded. Pre-intervention, both groups underwent the first and second sections of the tool –demographic variable and alcohol consumption pattern. For the later, a self-structured questionnaire was used, followed by the AUDIT, which is a

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simple method of screening developed by World Health Organization (WHO) to identify people with hazardous and harmful patterns of alcohol consumption.³ The control group received the standard Interpersonal Group Therapy and anti-craving drugs, and the experimental group received individual CBT based on Relapse Prevention Model by Marlatt and Gordon⁵(1985) over 6 to 8 sessions as an adjunct to standard therapy.

Post-intervention, after discharge, monthly telephonic monitoring was done by talking to both patient and next of kin. In case of patient reports with relapse during 1 year of follow-up, a semi-structured interview on factors causing relapse interview was conducted with both individual and informants.

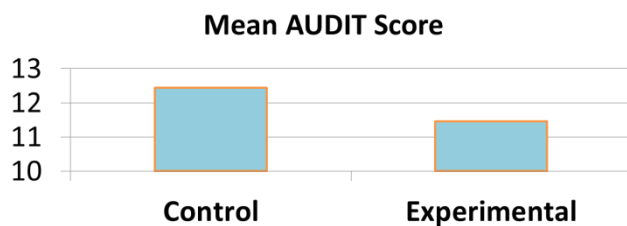
RESULTS

Demographic variable

Out of 100, 72% of the samples were in 30-40 years of age, 57% general duty soldiers, 90% married, 57% living with family, 12% serving in field area, 56% admitted for relapse, 29% for review and were 23% fresh cases of ADS, 18% had a family history of alcoholism.

Results of Pre-intervention AIDIT

87% had score above >8, suggestive of harmful use of alcohol or dependence.



Graph 1 shows the mean Audit score of control group is 12.46 and experimental group is 11.44, unpaired t test confirmed two-tailed P = 0.3128, which is statistically insignificant, which shows the groups were comparable.

Post intervention Comparison

12 subjects from the control group and 4 from experimental group reported with relapse. The chi-square value is 4.7619, the p-value is .029096. which is significant at $p < .05$.

Factors associated with Relapse

Out of the 16 total patients, 6(37.5%) reported craving to be the main factor, followed by family affairs, poor motivation and peer pressure (18.75%) each. Nobody reported easy availability or drug-noncompliance to be a factor.

DISCUSSION

Meta-analysis of 26 trials on CBT in prevention of relapse of ADS by Irvin & colleagues (1999) found craving is the most common factor causing relapse and CBT is effective as an adjunct to standard treatment in prevention of relapse in ADS.¹ Present study also yields similar results.

CONCLUSION

The high rate of relapse in ADS, despite the standard therapeutic interventions alongside pharmacological management is a huge challenge. CBT as an adjunct to mainstream treatment, can reduce the relapse rate drastically which in-turn would reduce the cost of hospitalization. CBT should also focus on craving and other important factors responsible for relapse.

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