

Regular article

Patient reaction to traumatic injury and inpatient AODA consult: Six-month follow-up

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Abstract

This paper describes the effects of traumatic injury and an inpatient Alcohol and Other Drug Abuse consultation on patients admitted to a university hospital with a positive blood alcohol concentration. Forty-six subjects reported 6-month post-injury data on their alcohol use and treatment, referral compliance, injuries, health care utilization, motor vehicle events, and quality of life. Sixty-one percent reported abstinence in the previous 7 days and no binge consumption in the previous 30 days. Fifty percent met criteria for current depression. The sample accounted for significant post-discharge health care utilization including 206 outpatient visits and five additional hospitalizations. Thirteen percent were still receiving disability compensation and 44% missed at least 1 day of work in the last 30 days due to their injuries. The 46 subjects reported a lifetime incidence of 72 alcohol-related injuries, 74 motor vehicle crashes, and 88 other legal events. © 2005 Elsevier Inc. All rights reserved.

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1. Introduction

Regional trauma centers were established in response to studies indicating that 40% of US injury deaths would not have occurred if the patient had been treated in a facility with expertise in treating injuries (West, Trunkey, & Lim, 1979). As a result of establishing these centers, the preventable death rate is now less than 2–3%. However, future decreases in the trauma death rate are unlikely to occur through improvements in healthcare delivery, but through progress in injury prevention (Cales, 1984; Stewart et al., 2003).

Currently, the most common underlying causes of US injuries are alcohol abuse and dependence (American

College of Surgeons, 2000). Between 30% and 50% of trauma patients have alcohol problems, a much higher rate than seen in other medical settings (American Association for the Surgery of Trauma, 2003). Studies have shown that patients admitted for alcohol-related traumatic injuries have a mean blood alcohol concentration of 187–197 mg/dl, nearly twice the legal driving limit in most states (Nilssen, Ries, Rivara, Gurney, & Jurkovich, 1994; Apodaca, & Schermer, 2003).

Alcohol abuse is associated with longer hospital stays, greater injury severity, and a higher rate of repeat motor vehicle crashes. Intoxicated patients require extensive medical and surgical management. Data collected by Lowenstein, Weissberg, and Terry (1990) from the Emergency Medicine Clinical Research Center at the University of Colorado Health Science Center determined that an average of five tests or X-rays were performed per patient, 75% received at least one medication, and 48% were referred at discharge for follow-up to medical or surgical clinics.

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Despite these statistics, most trauma centers do not routinely screen trauma patients for alcohol and other drugs at hospital admission. One survey found that 71% did not screen patients for alcohol abuse (Soderstrom & Cowley, 1987). The most common reason for not including alcohol screening as a routine part of care was that such screening “had little clinical importance” (Rivara, Dunn, & Simpson, 2000). Follow-up treatment of positive screens is often ignored or limited to short-term monitoring for acute withdrawal symptoms. A survey of 154 trauma centers located in 43 states and the District of Columbia found that less than one third of the centers employed alcoholism counselors (Soderstrom & Cowley, 1987).

Hospital-based AODA (Alcohol and Other Drug Abuse) specialty consultation services have been shown to have positive effects on patient drinking levels and participation in AODA treatment programs (Fleming et al., 1995; Fuller, Diamond, Jordan, & Walters, 1995; Fuller & Jordan, 1994). Little is known, however, about the longer-term effects of injury and an inpatient AODA consultation on trauma patients. This study examined the effects on patients 6 months after hospital discharge. The research questions included: (1) Did patients reduce their alcohol consumption? (2) Did patients follow through with treatment referrals? (3) Were there changes in patient quality of life and did these changes affect alcohol consumption?

2. Materials and methods

At the University of Wisconsin Hospital and Clinics (UWHC), injured adult patients admitted through the emergency department with positive blood alcohol concentrations are referred to the AODA Consultation Service for assessment and intervention. A family physician AODA specialist and a certified drug and alcohol counselor staff the service. This AODA service team performs diagnostic assessments, brief advice therapy, referral for specialized outpatient treatment, and recommendations for medical management of alcohol and drug withdrawal.

All patients who were admitted to the UWHC following traumatic injury and referred for AODA consultation were eligible to participate in this study. Patients under the age of 18, patients with moderate or severe cognitive impairments, and patients who were unable to understand English were excluded. Eligible subjects were identified and enrolled by the nurse Trauma Coordinator and the AODA service counselor. Enrolled subjects received a single 60-min visit from the AODA service counselor prior to discharge. This visit entailed an assessment to determine the degree of alcohol/drug abuse or dependence, brief advice, and encouragement to obtain community treatment.

Six months after discharge, a trained researcher conducted a six-section telephone interview with each subject. Section 1 incorporated questions from the SF-12 (Ware, Kosinski, & Keller, 1996) on physical and psychological health. The

number of visits made to emergency rooms, urgent care centers, outpatient clinics, and hospitals during the last 6 months were queried. Limitations in social activities the month before the injury and within the last 7 days were ascertained using a 10-point scale (0 = none, 10 = extreme). Section 2 gathered information about marital status and time off from work or school due to the injury. Section 3 consisted of a 7-day Timeline Follow-Back interview modified to collect information on the time (mid-day, evening, other) and number of drinks consumed per day (Sobell & Sobell, 1992). A question about 30-day binge consumption (four or more standard drinks per occasion for women and five or more for men) was also included. The fourth section incorporated the Client Assessment Profile, a structured, comprehensive screening and assessment tool that queries areas of a client's life, including drug use, that might improve with treatment (National Institute on Alcohol Abuse and Alcoholism, 1994; National Institute on Drug Abuse, 1997). Section 5 included a depression scale adapted from the DSM-III-R (American Psychiatric Association, 1987). The final section gathered demographic information. Subjects were paid \$25 for completing the interview.

Descriptive statistics included counts of alcohol use, alcohol treatment, adverse events and treatment. The research protocol, subject consent form, and telephone interview were reviewed and approved by the University of Wisconsin Health Sciences Committee for the Protection of Human Subjects.

3. Results

Eighty-five subjects were identified from hospital records as eligible and 50 (59%) agreed to participate. Of the 35 non-participants, 6 refused, 3 were incarcerated, 22 had disconnected telephones, 1 was deceased, and 3 did not respond to multiple telephone messages. Forty-six of the 50 subjects (92%) completed the 6-month follow-up interview, 2 declined further participation, and 2 were lost to follow-up.

Table 1 illustrates subject characteristics. Of the 46 enrollees, almost three quarters were male. The ethnic breakdown of the sample reflects the characteristics of the community, with most of the subjects (90%) being Caucasian. Age ranged from 19 to 82, with a median of 38 years. Sixty-three percent of the subjects were single, separated, or divorced. Eighty-five percent were discharged from the hospital with an alcohol-related diagnosis; 39% with a diagnosis of alcohol abuse and 46% with a diagnosis of alcohol dependence. Only 6% of the subjects had a diagnosis related to other substance abuse.

3.1. Post-injury substance use

Sixty-three percent of the participants reported that they had resisted the urge to drink one or more times in the

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