



Change in patients with problematic alcohol use after six months of care in an outpatient alcohol-specialized treatment center

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43rd Annual Alcohol Epidemiology Symposium of
the Kettil Bruun Society

Initial context

Alcohol misuse in France

- One of the highest prevalence in Europe
- Few people looking for care
- High risk of relapse after treatment

A need for assessing change in patients

- To better understand the patient 's overall trajectory of change
- Many variables have to be taken into account

Research objective

Exploring change in patients after six months of follow-up in alcohol-specialized treatment

- Including alcohol-related and wider indicators:
 - level of alcohol problems,
 - motivation to change,
 - approach and avoidance inclinations to use alcohol,
 - health-related quality of life,
 - cognitive impairments,
 - time perspective

Sample

150 patients

- Adults (45.95 years old; 10.92) first visiting an outpatient center in France for a problematic alcohol use
- 71.6% men, 67.9% employees or factory workers
- Exclusive alcohol use (79%)
- First experience of formal care for alcohol issue (63%)

Material

Clinical summary sheet

- Sociodemographic, substance- and treatment-related data

Questionnaires

- AUDIT (Babor et al., 2001)
- SOCRATES (Miller & Tonigan, 1996)
- AAAQ (McEvoy et al., 2004)
- MOCA (Nasreddine et al., 2005)
- MOS-SF-36 (Leplège et al., 2001)
- ZTPI (Zimbardo & Boyd, 1999)

Procedure

Baseline appointment (T₀)

- Participation proposal, informed consent
- Questionnaires completion ($N = 150$)



Follow-up in the outpatient center

- 6.59 interventions provided / patient
- 1.38 interventions canceled; 1.02 missed (/patient)
 - 69 dropouts



6 months follow-up appointment (T₁)

- Questionnaires completion ($N = 79$)

Analyses and ethical approval

Quantitative design

- Exploratory analysis of change between both measurement times
- Tukey's range tests

Independent ethics committee approval

- OR/BB CPP n°883/2014; Project DECA – n°2014-A00717-40 (Protection to Persons Committee OUEST-IV – Nantes)

Main results

Table 1
Significant changes in alcohol-related dimensions

	Baseline		Follow-up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
AUDIT	20.20	8.69	12.53	8.18
Obsessed/ Compelled	14.83	9.53	10.48	9.08
Inclined/ Indulgent	20.04	12.05	16.53	12.27
Recognition	28.77	5.81	25.29	7.46
Ambivalence	15.25	3.70	13.37	4.63

Note. $N = 79$. Total score on the AUDIT (Babor et al., 2001); Obsessed/Compelled and Inclined/Indulgent dimensions from the AAAQ (McEvoy et al., 2004); Recognition and Ambivalence dimensions from the SOCRATES (Miller & Tonigan, 1996). Comparisons with Tukey's range tests. All comparisons significant at $p < .05$.

Main results (2)

Significant changes in health-related quality of life

- **Increased (= better) scores** ($p < .01$) on every dimensions of the MOS-SF-36, except one (Physical Functioning):
 - Role Physical
 - Bodily Pain
 - General Health
 - Vitality
 - Social Functioning
 - Role Emotional
 - Mental Health

Main results (3)

Table 2
Significant changes in time perspectives

	Baseline		Follow-up	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Future	3.81	0.82	3.99	0.70
Present Fatalistic	2.32	0.96	2.11	0.78

Note. $N = 79$. Time perspectives measured using the Zimbardo Time Perspective Inventory (Zimbardo and Boyd, 1999). Comparisons with Tukey's range tests. All comparisons significant at $p < .05$.

Discussion

About changes after six months in treatment...



Better situation regarding alcohol use



Improvement in the overall physical and mental health



Perception of a brighter future and a less oppressive present

Discussion (2)

Nonetheless ...

Can the sole treatment explain these changes?

Treatment may contribute to a wider rebuilding of the patient's life

Support of an individual overall change process

Limitations

However ...

- Need for farther and/or intermediary measurement times
- Many dropouts
- Some psychometric tools not totally validated in French
- Heterogeneous clinical follow-ups
- Limited sample size

A final word

Overall ...

- Individual trajectory of change is necessarily wider and complex
- What is the subjective perception of the patient on his own experienced changes?

Thank you for your attention

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