

# OUTPATIENT ADDICTION TREATMENT FOR ALCOHOL USE DISORDER:

What makes patients who dropped out  
different from those who did not?

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# CONFLICT OF INTEREST

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I have no conflict of interest to disclose

# BACKGROUND

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## Alcohol misuse in France

- A major public health concern
- Only a few people are actually looking for help
- Up to 50% dropouts during care (Deane et al., 2012; McHugh et al., 2013)

## Dropouts from alcohol-specialized treatment

- Real issue for care and change processes
- Many variables involved
- Contradictory research (Brorson et al., 2013)

# AIM OF THE STUDY

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**To explore dropouts from alcohol-specialized treatment**

Based on the literature and discussion with local stakeholders, we studied various variables :

- socio-demographic characteristics
- alcohol- and treatment-related variables
- health-related quality of life
- time perspectives
- cognitive impairments

# SAMPLE

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150 patients

- Adults ( $M \approx 45$  years old) first visiting an outpatient center in France for a problematic alcohol use
- 74% men, 67% employees or factory workers
- Exclusive alcohol use (79%)
- First experience of formal care for alcohol issue (65%)

# MATERIAL

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## Clinical summary sheet

- Sociodemographic, alcohol- and treatment-related data

## Several 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

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## Baseline appointment (T0)

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



## Follow-up

- 4.97 interventions provided/patient
- 1.25 interventions cancelled; 1.45 missed (/patient)
- 69 dropouts (46%)



## 6 months follow-up appointment (T1)

- Questionnaires completion ( $N = 79$ )

# ANALYSIS AND ETHICAL APPROVAL

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## Quantitative design

- Comparison of two unequal subsamples: dropouts versus non-dropouts
- Baseline data (cross-sectional analysis)
- Statistical analyses:  $\chi^2$  test or Tukey-Kramer method (Montgomery, 2012)

## 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 (1)

## Overview of dropouts

- Significant differences regarding **time in care** (54.74 days; 51.82 versus 194.83; 30.09, Tukey-Kramer's  $q = 29.1, p < .001$ )
- Main reasons for dropout:
  - **patient left the care without notifying stakeholders** ( $n = 48; 70\%$ );
  - **openly said they wanted to interrupt the follow-up** (16%)
  - **reorientation or relocation** (10%)
  - **death** (3%)
  - **imprisonment** (1%)
- More dropouts during **fall** (28%) and **winter** (38%) ( $\chi^2(3) = 10.97, p < .05$ )

# MAIN RESULTS (2)

Table 1

*Comparisons between dropouts and patients remaining in care regarding various psychological variables*

	Remaining in care (N1 = 81)		Dropout (N2 = 69)	
	M	SD	M	SD
AUDIT	20.04	8.69	23.14	6.99
Obsessed/ Compelled	14.73	9.50	17.75	9.12
Inclined/ Indulgent	19.81	12.11	25.17	10.95
Ambivalence	15.27	3.69	16.94	2.67

*Note.* N = 150. Total score on the AUDIT (Babor et al., 2001); Obsessed/Compelled and Inclined/Indulgent dimensions from the AAAQ (McEvoy et al., 2004); Ambivalence dimension from the SOCRATES (Miller & Tonigan, 1996). Comparisons with Tukey-Kramer method. All comparisons significant at  $p < .05$ .

# MAIN RESULTS (3)

Table 2

*Comparisons between dropouts and patients remaining in care regarding treatment-related variables*

	Remaining in care (N1 = 81)		Dropout (N2 = 69)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Time between first contact and first appointment (days)	35.60	21.96	27.30	13.64
Missed appointments	1.02	1.45	1.96	1.47

*Note.* N = 150. Comparisons with Tukey-Kramer method. All comparisons significant at  $p < .05$ .

# DISCUSSION (1)

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Patient who dropped out ...

Under the influence of a stronger  
craving-like urge to drink  
(Obsessed/Compelled)

Have a subtler desire to drink  
conditioned by context incentives  
to use alcohol (Inclined/Indulgent)

More ambivalent toward their  
intention to change

## DISCUSSION (2)

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Other surprising results...

A latency period before the first appointment could be needed

Specific periods of the year are critical

## DISCUSSION (3)

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Only a few variables are effectively able to distinguish patients who dropped out from those who did not

Differences in methods, sample characteristics, inclusion and exclusion criteria

Results still relevant for clinicians who have their own perceptions of dropouts

# LIMITATIONS

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## However

- Single treatment site
- Some psychometric tools not totally validated in French
- Heterogeneous clinical follow-ups
- Other variables could have been assessed

# RECOMMENDATIONS

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## Specific motivational interventions

- To reduce inclinations to use alcohol rather than improving avoidance inclination, therefore helping resolving the ambivalence
- To identify and manage critical periods of the year

Overall, there is a need to take into account needs, difficulties and expectations of patients, as soon as they enter treatment



# FINAL WORDS

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## Overall

- Given the brevity of some patients' stay in care, which interventions should be considered first?
- What is the own experience of the patient who drops out of care?



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THANK YOU FOR YOUR  
ATTENTION!

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