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ARBD – Management and Progress Through Recovery

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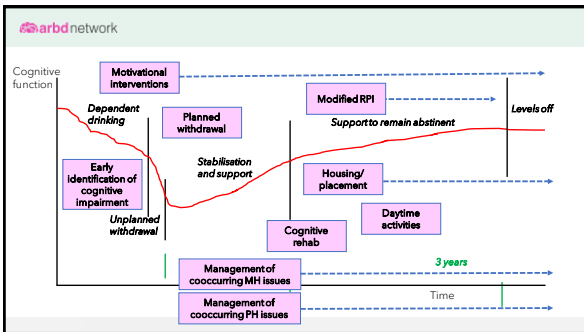
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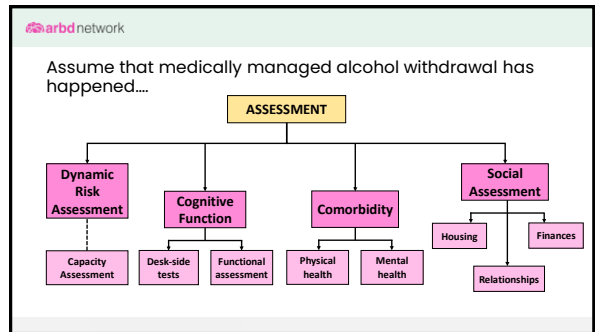
Management of ARBD

- Multidisciplinary, multiagency, multifaceted approach
- Covers aspects of
 - Physical health management
 - Mental health management
 - Medical management of the alcohol dependence
 - Psychosocial interventions for alcohol dependence (adapted)
 - Helping to improve 'dynamic' cognitive impairment
 - Support for 'static' cognitive impairment
 - Housing
 - Relationships
 - Legal
 - Finances

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Anna, 70 yrs old

- Admitted with confusion and visual hallucinations
- Family gave history of alcohol dependence; treated for alcohol withdrawal
- Acute situation settled but 'forgetfulness' remained
- Referred by ACT and seen on 'step down' ward with family

Risk Assessment

Accepted that there was some forgetfulness but did not agree with family on extent. Accepted that she had drunk heavily in the past but believed she would be able to maintain abstinence with limited support from services. Family closely involved and willing to monitor (daughter was a CPN).

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Capacity Assessment

Was able to retain information presented to her about her condition and the risks posed. Acknowledged that alcohol had played a big part in her cognitive impairment and expressed a desire to be abstinent from alcohol. There was some limitation in her awareness of what might be involved in supporting her to remain abstinent but she was willing to engage with treatment services. She demonstrated an ability to weigh up the pros and cons of drinking although there was some question about her ability to apply appropriate weighting to each of these (felt, on balance, to be present).
She was able to communicate the decision to the assessor.

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Cognitive Function

Nurses had observed some STM impairment but general ADLs were carried out without too much prompting. Orientated in place and person. Some difficulties keeping track of time.
ACE-III = 69/100
Formal assessment with OT arranged.

Comorbidity

No concerns re: mental illness but husband had died from alcohol-related issues plus she moved to be closer to family after her death – some sense of loneliness and isolation despite family support.
Generalised pain from osteoarthritis which had restricted her mobility in the community and was managed via codeine-based medication from the GP.

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Social Assessment

Living alone in a bungalow. Widowed 2 years ago and moved from England to Wales to be closer to family.
No links within the community other than family.
Family visit daily to check on her and perform duties such as shopping. Daughter has a good understanding of alcohol-related cognitive problems as she worked for dementia service in the past.
Doesn't drive. Poor public transport links.
No real hobbies – when husband was alive they did a lot of socialising amongst friends where they lived in England.

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The management jigsaw

The diagram shows eight puzzle pieces arranged in two rows and four columns:

- Top-left (red): Home with support package
- Top-middle-left (blue): Referral for social worker
- Top-middle-right (red): OT (hosp) assessment re: ADLs
- Top-right (blue): OT (comm) assessment re: hobbies/socialisation
- Bottom-left (yellow): Follow up in ARBD clinic (cognitive assessments)
- Bottom-middle-left (green): Motivational workbook/brain injury worksheets
- Bottom-middle-right (yellow): Review of analgesia requirements with GP
- Bottom-right (green): Advice and support for family (ARBD supp worker)

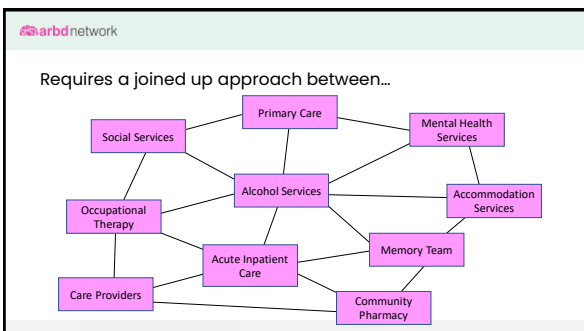
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The diagram shows four interlocking puzzle pieces:

- Top-left (red): Assessment of MH when abstinent
- Top-right (blue): Community connectors
- Bottom-left (yellow): General medication review
- Bottom-right (green): Ongoing reassessment of needs

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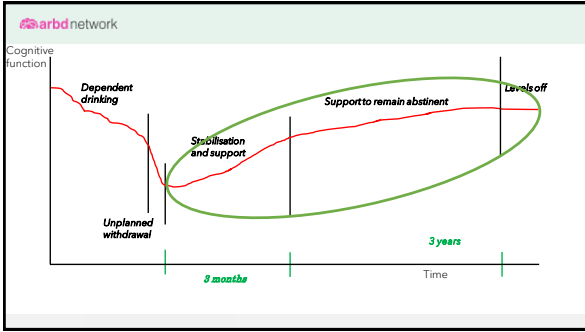
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So, is it about new money?

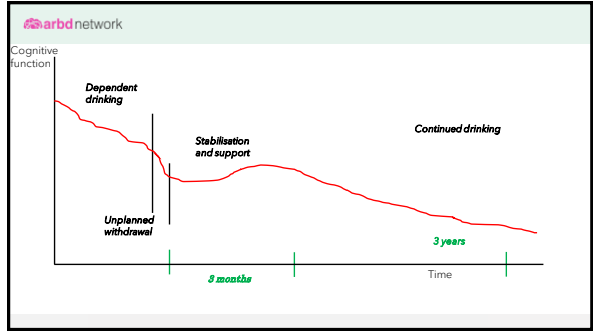
- Some additional funding required for development of specialist services, BUT...
- Mostly needs a better connection between existing services

• And we're aiming for....

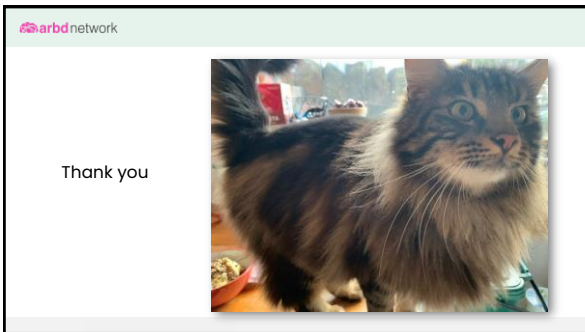
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