AN OBSERVATIONAL PROSPECTIVE CLINICAL AUDIT TO DETERMINE THE PRESENCE OF ALCOHOL-RELATED BRAIN INJURY (ARBI) IN PATIENTS PRESENTING TO ACUTE CARE

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Introduction: Alcohol dependence is a relapsing condition resulting in significant comorbidity and subsequent use of health resources. Patients are repeatedly admitted into acute care for acute alcohol withdrawal management and stabilisation of their physical condition. Patients are frequently labelled as treatment resistant/non-compliant, despite the fact that a significant proportion of these individuals may have underlying alcohol-related brain injury (ARBI), which results in reduced capacity to understand or engage in treatment.1 Unfortunately, it is rare that assessment for ARBI is undertaken, and therefore the condition goes undetected.

Methods: Patients presenting to acute care with an alcohol-related problem were assessed for risk of ARBI by the Alcohol Specialist Nurse performing a MoCA©.2 A score of <26 triggered a referral to a dedicated ARBI clinic delivered by a liaison psychiatrist. The aims of this study were to a) explore the scale of the problem, b) describe the complexity of the patient group c) provide evidence for the need and development of bespoke, integrated care pathways.

Results: Eighty-nine patients were diagnosed as having ARBI (MoCA < 26) in 12 months 35 female; 57 male, with a mean age of 54 yrs (SD = 10). These patients had average of 9 hospital admissions in 5 years (range 1 to 48). Patients primary reason for admission was; 31 (46%) ALD/Cirrhosis, 21 (23%) alcohol excess (o) 13 (15%) seizure, 6 (7%) ARBI, 2

(1%) stroke and 6 (7%) other. In the previous 5 years; 50 (56%) patients had a fracture, 10 had multiple fractures and

20 had >2 grand mall seizures. Median alcohol consumption was 24 units per day (IQR = 15) at baseline and showed no statistical difference at 3 or 6 month follow-up.

Conclusion: Screening for ARBI results in detection of otherwise undiagnosed cognitive impairment that renders traditional alcohol treatment approaches ineffective. This group of patients have significant co-morbid conditions likely to benefit from integrated bespoke pathways of care. An acute admission should be utilised as an ideal window of opportunity to assess the patient while they are alcohol free, and plan appropriate treatment which has the potential to prevent people progressing to end stage dementia.

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