

REHABILITATION FOR PEOPLE WITH ALCOHOL-RELATED BRAIN DAMAGE: A WINDOW OF LOST OPPORTUNITY

Objective

To develop a model of care for the newly diagnosed patient with ARBD that would ensure active rehabilitation for all those who would benefit from it.

Background

Alcohol-related brain damage (ARBD) encompasses a range of conditions, including Wernicke-Korsakoff's syndrome, alcohol related dementia and amnesic syndrome. Of those who have been detoxified and completed a rehabilitation programme roughly 25% have no functional recovery, 25% recover slightly, 25% make significant progress and 25% recover almost completely. The outcome depends entirely on correct diet and effective rehabilitation. There is a 'window of opportunity' of only two years from diagnosis during which rehabilitation is possible: thereafter any change will be small.

Methods

Development of the model was informed by (a) reading the literature, (b) visits to care homes and telephone discussions with managers and (c) discussions with occupational therapists, psychiatrists, clinical psychologists who specialise in the condition.

Results

Individuals with ARBD present at A&E departments, general hospital wards, and psychiatry wards and in general practice. Onward referral is haphazard, and not all patients are referred to a psychiatrist – although the diagnosis is psychiatric and there are often co-morbid psychiatric symptoms. Many patients are transferred to long-stay Care Homes without opportunity for rehabilitation and with no prospect of moving on to more independent living. Some individuals who have made good recovery remain unmonitored in Care Homes. Many specialist care home units are currently providing very substandard rehabilitation.

Conclusions

Inadequate rehabilitation will result in a lifetime of potentially avoidable dependency for many. Correct routes of referral must be established. Adequate assessment for placement must include assessment by psychiatrists, clinical psychologists, occupational therapists, and social work. An effective tool for setting and monitoring rehabilitation is essential. Most specialist units need to radically improve their service. Clinical psychologists and occupational therapists should work with specialist rehabilitation units to assist them in using the rehabilitation tool.

Jennifer Champion, SpR in Public Health Medicine, July 2005