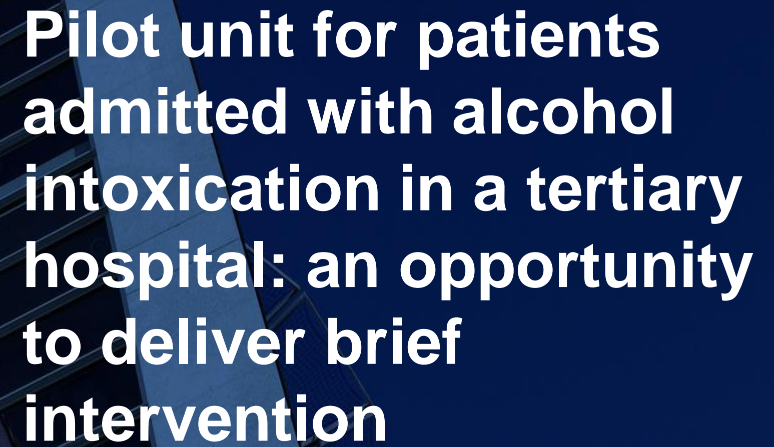

# Pilot unit for patients admitted with alcohol intoxication in a tertiary hospital: an opportunity to deliver brief intervention

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# Background

- ED admission for alcohol intoxication is a growing phenomenon
  - 5% of the ED admissions
  - 25% of patients admitted with an alcohol intoxication are <30years
  - Major public health concern
  - Burden for the ED: significant ressources mobilized even if intensive medical care is not required most of the time

# Background

Need for development of adequate responses and interventions → Creation of a pilot unit for patients with alcohol intoxication

Aims:

- Reinforcement of existing alcohol prevention measures
- Avoiding unnecessary ED admissions for alcohol intoxication

# Background: pilot unit

It was designed to admit *medically stable patients* with alcohol intoxication for:

- observation
- brief intervention delivery
  - brief motivational intervention, by trained caregivers + flyer with contact info and web resources
- medical evaluation in the morning

Four beds, run by nurses

# Description

- The unit was open three nights/week (Thursday- Saturday), 10PM-2PM (next day)
- Patients could be admitted:
  - **directly** (Glasgow Coma Scale >13) or
  - **referred by the Emergency Department** (ED) (GCS>13, modified to GCS>11 after three months)

# This study aims to assess

Among patients admitted to the pilot unit:

→The number of patients receiving a brief intervention

→The number of patients referred for specialized addiction care

→Among those referred: the number of patients attending specialized care

→The number of patients needing additional medical care

# Methods

Between April and December 2015 we recorded, for all admitted patients:

- patient characteristics
- brief intervention delivery
- discharge data

# Results: patient characteristics

168 patients were admitted:

- 75.0% (n=126) were referred by the ED
- 69.6%(n=117) were men
- mean age was 33.4 ($\sigma$=14.8)
- mean BAC was 0.148% ($\sigma$=0.08) (for the 155 for whom alcohol breath testing was possible)
- 28.6% (n=48) had an AUD diagnosis

# Results: need for additional medical care

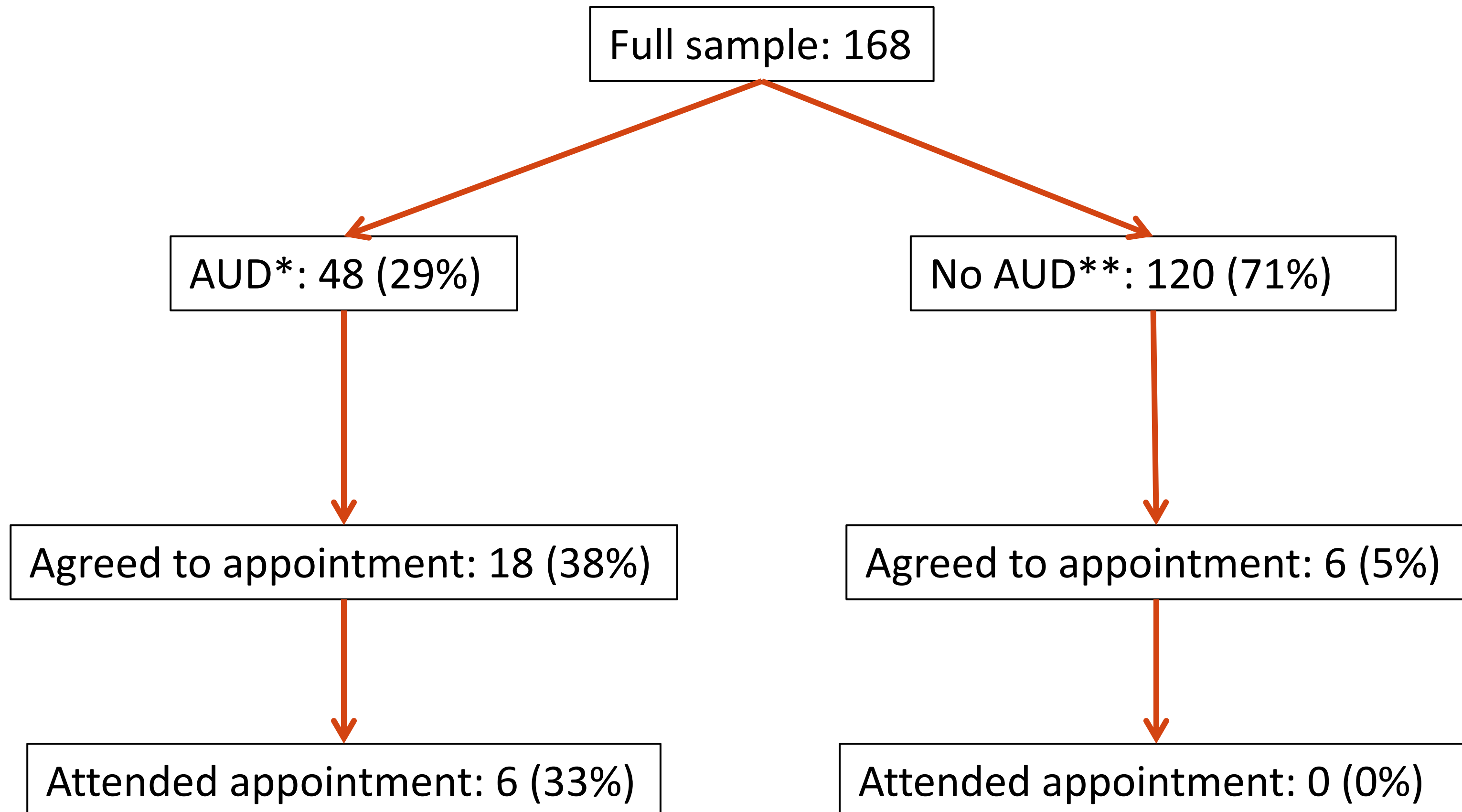
- 9.6% (n=16) needed additional care:
  - 3.6 % (6) were transferred to the ED
  - 2.4% (4) to a psychiatric inpatient unit
  - 3.6% (6) to a psychiatric outpatient unit

# Results: interventions

- 92.3% (n=155) received a brief intervention

- 14.3%(n=24) agreed to an appointment with an addiction specialist:
    - of those agreeing to an appointment, 25% (6/24) showed up

# Who agreed to see an addiction specialist?




* Harmful use or alcohol dependence (ICD-10)
** Alcohol intoxication, with or without medical complication (ICD-10)

# Conclusion

- Most patients received a brief intervention as intended
- Few patients agreed to an appointment with an addiction specialist
- Most patients were referred by the ED
- For most, no additional medical care was required

# Conclusion

The pilot unit:

- offers an opportunity to deliver brief intervention, while contributing in avoiding unnecessary admissions in the ED
- other measures to refer patients in need of specialized addiction care are necessary