Short Communication

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# Effect of specific nursing intervention programme on relapse prevention of clients with alcohol dependence syndrome

## Abstract

Alcohol consumption and problems related to alcohol vary widely around the world, but the burden of disease and death remains significant in most countries. The highest amount of alcohol consumed per adult resident is in Europe, especially in Russia and its surrounding countries, and in the established market economies of Western Europe and North America. The least amount of alcohol consumed per resident is in the mostly Islamic regions of the Eastern Mediterranean. Between these two areas, the difference in consumption is more than 20- fold. The investigator had a chance to interact with alcohol dependent clients during clinical experience in De addiction ward. An interest to bring these clients and family back to normal life made the investigator to find out the effect of specific nursing intervention programme on relapse prevention of clients with alcohol dependence syndrome.

**Keywords:** alcohol dependence syndrome, nursing intervention, relapse prevention

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## Introduction

Alcoholism is an illness marked by drinking alcoholic beverages at a level that interferes with physical health, mental health, social, family and occupational responsibilities. It is a complex problem having medical and social ramifications which impact all social strata. It affects not only the users and their families, but all sectors of the society. Controlling alcoholism by way of improving motivation has been a matter of priority by the time. The motivation of client is a critical issue for treatment and changing their drinking behavior.[1] Only 15% of with alcohol dependence seek treatment for the disease. Relapse after treatment is common, so it is important to maintain support system in order to cope and assure that they do not turn to complete reversals[2] observed that in accordance with the growing consumption of alcohol all over the country, the hospital admission rates due to adverse effects of alcohol consumption are also increasing.[3] Estimating the burden due to alcohol use considered it as the major one among other communicable diseases. In de- addiction centers, almost 95% of these people are brought by family members. Since they do not accept alcoholism is a major problem and do not have motivation relapse rate is more.[4]

The investigator had a chance to interact with alcohol dependent clients during clinical experience in De addiction ward. Many patients enter treatment under pressure from family members. Although these patients may attend treatment, they may not be ready to change their drinking behavior and may not actively participate in treatment. Most of them did not have motivation and had little awareness about the disease of alcoholism, its deleterious effects, need for abstinence and drink refusal skills. They expressed their concerns, conflicts and difficulty to maintain abstinence. Support from significant ones also is a crucial aspect in relapse prevention.[5,6] Together with these observations, an interest to bring these clients and family back to normal life made the investigator to find out the effect of specific nursing intervention programme on relapse prevention of clients with alcohol dependence syndrome.

## Objectives

i. Assess the motivation of clients with alcohol dependence syndrome.

ii. Assess the warning signs of relapse among clients with alcohol dependence syndrome.

iii. Determine the effect of specific nursing intervention programme on relapse prevention of clients with alcohol dependence syndrome.

iv. Find the correlation between motivation and warning signs of relapse among clients with alcohol dependence syndrome.

v. Find the association between motivation and selected variables of clients with alcohol dependence syndrome.

vi. Find the association between warning signs of relapse and selected variables of clients with alcohol dependence syndrome.

## Hypotheses

i. $H_1$: There is a significant difference in mean pre test and post test scores of motivation in clients with alcohol dependence syndrome in experimental group

ii. $H_2$: There is a significant difference in mean pre test and post test scores of warning signs of relapse in clients with alcohol dependence syndrome in experimental group

iii. $H_3$: There is a significant difference in mean post test score of motivation in experimental and control group.

iv. $H_4$: There is a significant difference in mean post test score of warning signs of relapse in experimental and control group.

v. $H_5$: There is a significant correlation between scores of motivation and warning signs of relapse in experimental and control group.

vi. H$_6$: There is significant association between motivation and selected variables of clients with alcohol dependence syndrome.

vii. H$_7$: There is significant association between warning signs of relapse and selected variables of clients with alcohol dependence syndrome.

## Research design

Quasi-experimental-Time series nonequivalent control group design.

Control group        O$_1$        O$_2$    O$_3$    O$_4$

Experimental group    O$_5$    X    O$_6$    O$_7$    O$_8$

i.  O$_1$-Pretest score in control group using demographic and clinical data sheet, SOCRATES 8A for assessing motivation, AWARE questionnaire and clinical profile blood investigation chart for assessing relapse.

ii.  O$_2$- First post test score in control group using SOCRATES 8A and AWARE questionnaire on 20$^{th}$ day of pretest.

iii.  O$_3$ Second post test score in control group SOCRATES 8A and AWARE questionnaire on 50$^{th}$ day of pretest.

iv.  O$_4$- Third post test score in control group SOCRATES 8A and AWARE questionnaire and clinical profile blood investigation chart on 140$^{th}$ day of pretest

v.  X - Specific nursing intervention programme for experimental group from 2$^{nd}$ to 13$^{th}$ day of pretest O$_5$-Pretest score in experimental group using demographic and clinical data sheet, SOCRATES 8A for assessing motivation, AWARE questionnaire and clinical profile blood investigation chart for assessing relapse.

vi.  O$_6$- First post test score in experimental group using SOCRATES 8A and AWARE questionnaire on 20$^{th}$ day of pretest (1 week after intervention).

vii.  O$_7$- Second post test score in experimental group SOCRATES 8A and AWARE questionnaire on 50$^{th}$ day of pretest (1 month after intervention).

viii.  O$_8$ -Third post test score in experimental l group SOCRATES 8A and AWARE questionnaire and clinical profile blood investigation chart on 140$^{th}$ day of pretest (3 month after intervention).

### Setting

General Hospital, Ernakulam

### Population

Clients admitted in General Hospital, Ernakulam who satisfy ICD10 criteria for alcohol dependence syndrome

### Sample

60 clients admitted in General Hospital, Ernakulam who satisfy ICD-10 criteria for alcohol dependence syndrome. Average-60 clients, 30 for experimental and 30 for control group.

### Sampling technique

Non probability-Purposive sampling.

### Criteria for sample selection

**Inclusion criteria:** Male clients,

i.  who are willing to participate

ii.  who understand Malayalam

iii.  in the age group of 30-60years

### Exclusion criteria

Male clients,

i.  with major psychiatric illness

ii.  with poly substance abuse except smoking

iii.  with debilitating medical illness

## Tool and Technique

i.  **Tool 1:**        Part A: Demographic data sheet

ii.  **Part B:** Clinical data sheet related to alcoholism

iii.  **Tool 2:** Standardized tool for assessing motivation, SOCRATES V8 (19 item scale)

iv.  **Tool 3:** AWARE Questionnaire (28 item scale)

v.  **Tool 4:** Clinical profile- Blood investigation chart

### Tool I

i.  Part A It includes 8 items: age, education, occupation, marital status, religion, monthly income, type of family, place of residence

ii.  Part B It includes 8 items: duration of drinking habit, duration of excessive intake, daily money spent, maximal period of abstinence, family history, history of attempted suicide, family history of mental illness, history of smoking.

### Tool 2

SOCRATES V8 (Stages of change readiness and treatment eagerness scale) is an experimental instrument designed to assess readiness for change in alcohol abusers. The instrument yields three factorially-derived scale scores: Recognition (Re), Ambivalence (Am), and Taking Steps (Ts).

### Tool 3

AWARE Questionnaire (advance warning of elapse) is a self reported 7 point rating scale with 28 items. The higher the score, the more warning sign of relapse are reported by the client.

### Tool 4

Clinical profile- Blood investigation chart includes the value of Gamma Glutamyl Transferase (GGT), which is a biomarker for diagnosing alcohol abuse.

### Technique

Tool 1 by interview, tool 2 & 3 by questionnaire, and tool 4 by means of biological method.

### Plan for data collection

After getting permission from Institutional Review Board/ethical

committee, investigator has to identify and select clients who satisfy the inclusion and exclusion criteria. Initially build rapport with the client, and explain the purpose of the study. After obtaining the consent from the client to participate in the study, the data would be collected using interview schedule. Planning to collect data from 60 clients of which 30 is experimental group and 30 in control group. Data from the control group were collected first. The responses were recorded by the investigator herself. Background information, motivation and warning signs of relapse would be assessed by using proforma for demographic and clinical data sheet, SOCRATES 8A personnel questionnaire, AWARE questionnaire and clinical profile blood investigation chart.

After the pre test, the experimental group would be given specific nursing intervention programme on second to 13th day. The client's belonged to experimental groups were selected as five batches of six subjects. The intervention programme for the experimental group would be started on the 2nd day of pretest with a session of motivational interviewing and the second session would be given 4th day. Group therapy start on the 3rd day of pre test and will continue thrice weekly on alternate days for two weeks as per plan without interrupting the routine functions of the ward. Risk- reward analysis would be conducted on the sixth day, ad family psycho-education on 8th and 12th day. First post test would conduct one week after the intervention, on 20th day and second post test on 50th day, one month after intervention. After 3 months of intervention, on 140th day, third post test would be conducted.

### Plan for data analysis

The data would be analyzed using descriptive and inferential statistics. Frequency distribution and percentage will be used to analyze the demographic and personal data of clients with alcohol dependence syndrome. Chi square test was used to find out the homogeneity between experimental and control group. Motivation and relapse score would be assessed by mean and standard deviation. The effect of specific nursing intervention programme on relapse prevention in clients with alcohol dependence would be analyzed by repeated measures ANOVA and post-hoc test. The pretest and post test scores of clinical profile blood investigation chart will be analyzed by paired t test, which verifies the effect of intervention. The correlation between motivation and relapse will be analyzed by Pearson correlation coefficient. One-way ANOVA was used to find out association of motivation and relapse with selected demographic variables of clients with alcohol dependence syndrome.

### Outcome of the study

The study aimed to determine the effects of specific nursing intervention programme on relapse of clients with alcohol dependence syndrome. At the end of the study, based upon the effectiveness specific nursing intervention programme could be implemented in the management of clients with alcohol dependence syndrome which will improve motivation and prevent relapse.

### Ethical consideration

The probable ethical issue in the study includes willingness of clients to participate in this study. The study would be based on the guideline that the health of my subject is my first consideration. Privacy and confidentiality of the opinion of the subjects would be maintained. Written informed consent would be obtained from the client for participating in this study. Vulnerable subjects are excluded. Control group would be getting all the routine intervention, and will get specific nursing intervention after post test.

## Acknowledgements

None.

## Conflict of interest

The author declares no conflict of interest.

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