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BARTS AND THE LONDON SCHOOL OF MEDICINE AND DENTISTRY

Medical Elective Report

Addiction Psychiatry

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Description of an elective with the Alcohol and Drugs Program at Butler Hospital, Providence, Rhode Island, USA.

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Introduction

I spent my elective time at Butler Hospital which is a psychiatric hospital in Providence, Rhode Island and worked in Addiction Psychiatry with Dr. Alan Gordon and his team in the Alcohol and Drugs Partial Hospital Program. I engaged in clinical work and spent time working on some research projects regarding use of maintenance therapy for those with opioid dependence. I also spent some time working on another research project with Dr. Robert Kohn who I met during my SSC5b who is also involved with Butler Hospital in the Geriatric Psychiatry specialty.

The service that Dr. Gordon and his team provide is aimed at patients who are well enough to leave inpatient care, but not yet equipped with the skills to cope once they return home. The aim of the program is to give an intensive educational and psychological interventional therapy to help those with substance misuse problems maintain sobriety. Usually patients arrive from the Acute Detoxification Inpatient Unit (ADI) and are discharged to either residential treatment facilities for further rehabilitation or back to the community with a therapist and psychiatrist following up.

Substance misuse and addiction

Substance misuse is a huge problem all over the world. It leads to physical illness, mental illness, social incapacitation and ultimately death. The majority of people with substance misuse problems are related to alcohol. Those with alcohol dependence problems also tend to have co-morbid illicit substance misuse problems. Nonetheless, the devastation caused by misuse of any substance is catastrophic.

It has been postulated for many decades that people who suffer with addiction problems have underlying brain pathology or a genetic predisposition towards becoming addicted. Recent experimentation with animals has highlighted various pathways or neuronal circuitry, in the brain, involved in the road to addiction. It is clearly evident that addiction is a disease and not simply a bad lifestyle choice. It is unfortunate that many still regard addiction as a lifestyle choice and disregard the fact that these people suffer deeply with a medical condition that is extremely refractory to treatment.

Principles of treatment

The principles of treatment are very dynamic, lengthy and intensive. The dogmatic approach for alcohol still revolves around abstinence. However, this abstinence is not achieved by mere words like, "stop drinking". The complexity of addiction means that it requires a complex response. The mainstay of treatment includes attending group environments with others who are recovering from substance misuse problems, individual therapy, psychiatric medications and a supportive environment at home. The balance of these interventions varies dramatically from patient to patient. Some may have co-morbid psychiatric illness for instance. These patients require more attention from a psychiatrist in the long term. On the other hand, others may have a very specific problem with one substance alone. This person may benefit from addressing the issues surrounding that misuse with a therapist without the need of intensive psychiatric treatment in the long term.

There is a strong emphasis on cognitive behavioral therapy (CBT). This allows patients to develop an awareness and 'mindfulness' of their triggers, thoughts, feelings and corresponding behaviors. There is an equally strong emphasis on ensuring patients attend group environments such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) as these have stood the test of time. The emphasis on pharmacotherapy is also becoming more prevalent as we find ways to divert people from using illegal means to obtain illegal substances. An example includes, using buprenorphine and methadone maintenance for those suffering with opioid dependence problems.

Experience with difficult patients

As I had anticipated, there were many instances where the team were faced with extremely difficult cases with severely complex medical, psychological and social problems that all had to be addressed to successfully treat the addiction problem. The key skills I learned from this experience include the following:

1. Listen very carefully to what the patient tells you
2. Ensure there are multiple opinions from various disciplines within the team
3. Document very carefully and conscientiously what happens each day
4. Observe all patients very closely for changes in behavior
5. Involve family and friends to support the patient as much as possible
6. Maintain a safe and controlled environment for the patients
7. Ensure that there is good structure during their treatment
8. Enforce a solid set of boundaries/ground rules, particularly when dealing with difficult personalities
9. Create clear lines of communication between colleagues
10. Formulate thoughtful management plans that take into consideration all opinions from team members as well as the patient's ideas

I learnt how to successfully implement these skills through observing at first and then practicing. I found myself being more involved with each day and found that I gained more experience when I applied myself harder.

Comment on healthcare system

The US healthcare system is mostly a private system with Medicare and Medicaid funded by the government for those who are elderly, less fortunate or with severe disabilities. Working with an addiction psychiatry unit allowed me to experience both of these types of access to healthcare. The Medicaid system does not allow for patients to have absolute autonomy as they are restricted to certain specific services. The privately insured patients however can have a very variable coverage. This can result in them being able to afford a very high level of care. Regardless, the standard of care was excellent and the same whilst I was on the unit. The insurance factor was only an issue when discussing the amount of time a patient was able to stay on the unit. This was not that huge an issue as the patient was kept in the program for as long as was appropriate, whether it happened to be an extended period of time or a shortened period of time. It was all based on whether the patient was well enough to leave. The time that I found that financial constraints were evident were mostly when discussing which medications to prescribe. Those that were less well-off would be prescribed generic drugs instead of the branded names. The hospital that I was working at actually only prescribes generic medications as this is a measure to save costs in the hospital.

I witnessed in the inpatient units that even those who had no medical insurance were still admitted for acute detoxification and helped along their way to recovery. This was interesting to me as I had always perceived the US healthcare system to be much less compassionate. This was fantastic to me and gave me reassurance that this was indeed a very caring and kindhearted environment. I am further reassured by the current changes within the healthcare service via the Affordable Care Act, which aims to ensure that all Americans are insured and have some kind of health care cover.