Hospital stay and engagement in outpatient follow-up after alcohol emergency detox: a 1-year comparison study

Also of interest:


A large, international group of experts presents a consensus review on the assessment and treatment of agitation. The extensive section on assessment is excellent: the elements of an appropriate medical evaluation and multiple standardized assessment tools are described. Both non-pharmacologic and medication strategies for managing agitation are presented. The methodology, outcome findings, and the important clinical nuances of numerous medication trials are discussed in greater detail than any prior review or chapter. This discussion of medications is enriched by the authors’ review of unique delivery mechanisms—e.g., transdermal and inhaled medications—as well as sections focusing on pregnant and elderly patients. All psychiatrists, from trainees to experienced practitioners, psychiatrists will learn something new from this comprehensive, balanced review of a challenging topic.
Hospital stay and engagement in outpatient follow-up after alcohol emergency detox: a 1-year comparison study
Azuar J, Questel F, Hispard E, Scott J, Vorspan F, Bellivier F
*Br J Psychiatry* 2016; 208(2):108-113

### Annotation

**The finding:** Substance abuse is implicated in most behavioral health emergencies. The authors compare one-year follow-up rates for 60 patients referred for “unscheduled” alcohol detoxification from the emergency department (ED) to rates for 60 patients who completed a “scheduled” detoxification stay. All patients entered treatment voluntarily. Unscheduled patients from the ED were more likely to be older, unemployed, uninsured, and medically ill. There was no difference in dropout rates from detoxification. The percentage of patients making at least one post-discharge visit was similar between unscheduled and scheduled patient cohorts (57% versus 65%), and the groups had similar rates of patients attending at least five follow-up visits (22% versus 32%).

**Strength and weaknesses:** As randomization is not possible for such an intervention, the investigators analyze consecutive patients to reduce the risk of bias. Medical co-morbidity is well-documented (although psychiatric co-morbidity is not), and the one-year follow-up timeframe is longer than for most studies of ED interventions. Although the findings are promising, this study is a pilot project: the sample size is fairly small, and multivariate analyses are not conducted. The selected outcome of follow-up visit attendance is informative, but information on continued alcohol consumption and repeat ED visits would have been helpful.

**Relevance:** Collaboration with a residential substance treatment facility aids emergency psychiatrists in engaging alcoholic patients in substance treatment. Entering inpatient detoxification from the ED may be as beneficial as entering via a more intentionally planned, outpatient program.

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