

PROPOSING CONCURRENT ALCOHOL AND TOBACCO WITHDRAWAL.

Analysis of the perceptions of Belgian nurses in the alcoholism unit

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SUMMARY

Introduction: Dual tobacco-alcohol addiction is common, but the literature often considers only the issue of withdrawal from one substance at a time and emphasises that the assessment of tobacco use seems to be neglected in psychiatry.

Subject and methods: In this study, we analysed the perceptions of nurses working in alcoholism units before and after motivational interviewing training on proposing concurrent alcohol-tobacco withdrawal to patients.

Results: Nurses, unlike psychiatry postgraduates, were able to achieve a comprehensive and systematic history of substance abuse, but both tended not to recommend concurrent tobacco-alcohol withdrawal. Training in motivational interviewing was inclined to reverse this tendency.

Discussion: Reducing feelings of helplessness that carers experience when patients relapse is one of the factors to change.

Conclusion: Recommendations for the development of concurrent alcohol tobacco withdrawal programmes.

Key words: alcohol – tobacco - motivational interviewing - withdrawal

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INTRODUCTION

In a previous publication, we analysed the perceptions of first-year Belgian psychiatry postgraduates on concurrent alcohol and tobacco withdrawal in cases of dual addiction (Jacques et al. 2010). We measured this parameter before and after training in motivational interviewing. We found that the literature tended to lack the systematic and comprehensive patient history of substance abuse (Wye et al. 2010). We used the same study design and applied it to a nursing team working in an alcoholism unit.

SUBJECTS AND METHODS

The study was conducted over one year (between October 2010 and December 2011) and concerned the perceptions of 13 psychiatric nurses without any specialised training working in the same alcoholism unit in the University Clinics of Saint-Luc, Belgium, open for seven years at the time of the study. At time 0, participants were given a questionnaire containing 25 items to assess their perceptions of dual alcohol and tobacco addiction through a visual analogue scale. This publication focuses on the analysis of three of these items as follows:

- "Do you feel helpless when confronted with a patient addicted to alcohol who relapsed after a period of abstinence?" Very rarely-Very often;
- "At each new, initial consultation when taking the history, do you always question the patient's addi-

tions (alcohol, tobacco, cannabis, heroin, cocaine, etc.)?" Never-Always;

- "In cases of dual addiction (alcohol and tobacco), do you advise the patient to consider withdrawal from both drugs at the same time?" Never-Always.

Subsequently for a year, the same motivational interviewing training technique was used to study participants and included the basic theory of motivational interviewing, reward circuit theory, the neurobiological phenomena of alcohol and nicotine addiction, and exercises in the form of role reversal games, which were reviewed subsequently (10 training sessions in total).

After a year (time 1) and at the end of training, the nurses completed the questionnaire again.

Table 1. Average

	n=13	Average
Pair 1		
Advise the cessation of both substances		1.9769
Time 0		
Advise the cessation of both substances		6.5000
Time 1		
Pair 2		
Systematic anamnesis of consumption habits		7.8462
Time 0		
Systematic anamnesis of consumption habits		8.5308
Time 1		
Pair 3		
Helpless feelings faced relapse		6.0231
Time 0		
Helpless feelings faced relapse		4.0769
Time 1		

Table 2. Samples by a paired Student t test

		Différence	t	Sig.
Pair 1	Advise the cessation of both substances Time 0 - Time 1	-2.91229	-6.118	0.000
Pair 2	Systematic anamnesis of consumption habits Time 0 - Time 1	0.88225	-0.952	0.360
Pair 3	Helpless feelings faced relapse Time 0 - Time 1	3.19404	3.398	0.005

We compared the results before and after training. The results were treated by average comparison for samples by a paired Student's t test, taking into account first and second type errors.

RESULTS

See Table 1 and Table 2.

For the population of nurses (n=13), based on a visual analogue scale, for the question "In cases of dual addiction (alcohol, tobacco), do you advise the patient to consider withdrawal from both drugs at the same time?" Never-Always, the response rate at time 0 was on average 19% and increased to 65% at time 1.

To the question "Do you feel helpless when confronted with a patient addicted to alcohol who relapsed after a period of abstinence?" Very rarely-Very often, the response rate at time 0 was on average 60% and increased to 40% at time 1.

To the question "At each new, first consultation when taking the history, do you always question the patient's additions (alcohol, tobacco, cannabis, heroin, cocaine, etc.)": Never-Always, the response rate at time 0 was from 78% and increased to 85% at time 1.

DISCUSSION

Our results suggested that that nurses are more systematic in recording the comprehensive patient history of the use of all substances (including tobacco) during the initial consultation than psychiatry postgraduates. After a year of training in motivational interviewing, this initially high-quality dimension improved further.

The idea of proposing concurrent withdrawal from the two substances (alcohol and tobacco) seemed a priori hardly conceivable at time 0 for nurses and for postgraduates. After one year, this perception appeared to reverse.

An appropriate response to explain the change in perception about proposing concurrent alcohol and tobacco withdrawal may also be influenced, beyond the development of skills through training, by the evolution of the nurses' feelings of helplessness when faced with relapse.

Observed decreased feelings of helplessness reflected the impact of motivational interviewing training, which helped the carers, in the best way, to maintain a professional and caring attitude during the analysis with the patient of the reasons for relapse.

Miller WR emphasised in 1996 that the therapist's empathy remained a strong predictor of the development of support for substance-dependent patients.

CONCLUSION

Our results showed that nurses did not neglect to record the systematic and comprehensive patient history of substance abuse including tobacco, unlike psychiatry postgraduates. Faced with a patient with dual alcohol-tobacco addiction, the natural tendency was to discourage the idea that concurrent withdrawal is possible. After a year of training in motivational interviewing, this perception was reversed. The reasons for this change are many and depend on several factors. We are interested in a particular factor: the carer's feeling of helplessness when faced with a patient who has relapsed is changed through motivational interviewing training. This analysis could redefine and adapt aspects of motivational interviewing applied to dual additions.

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