

Aldrig for sent at blive ædru

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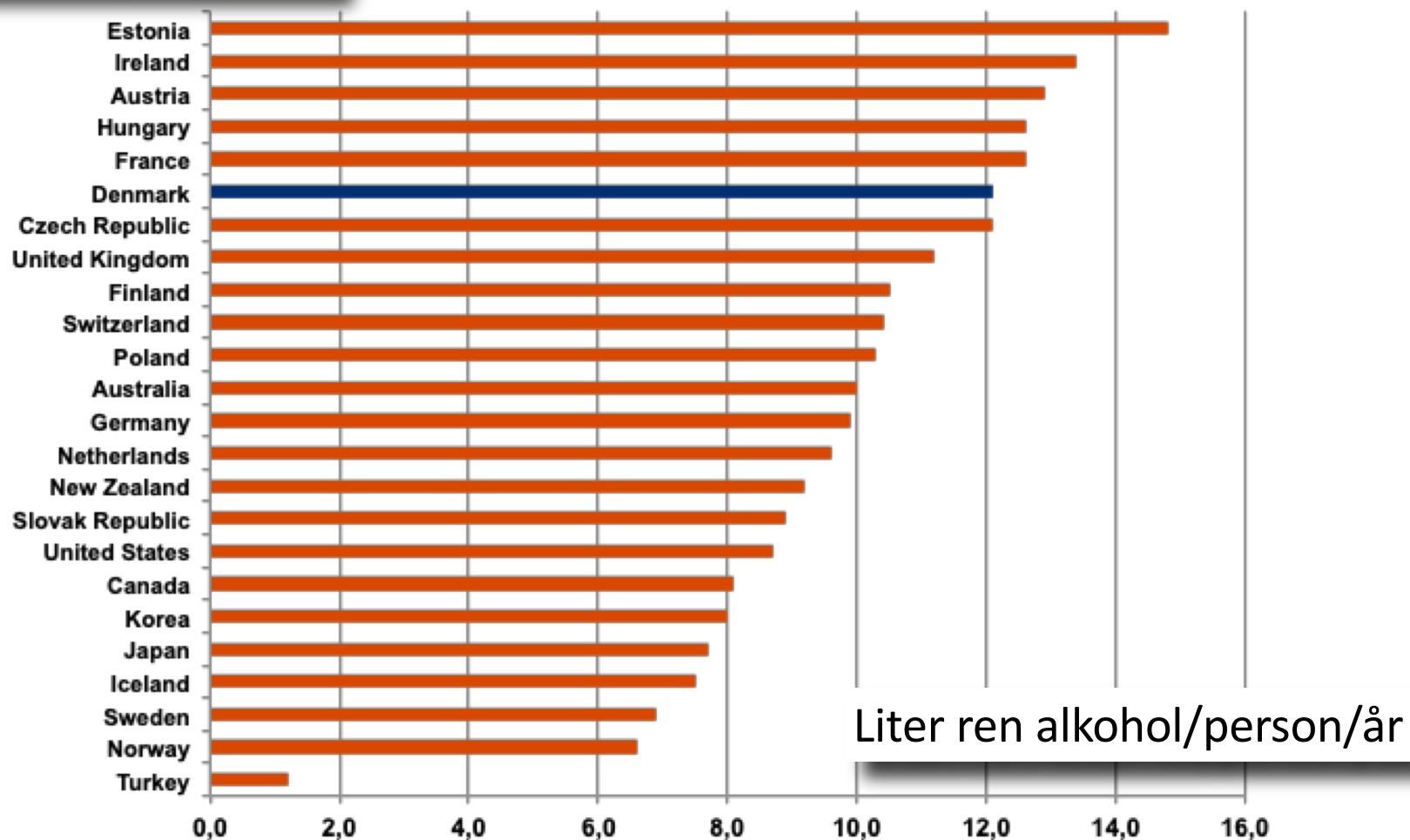
Psykiatrien i Region Syddanmark

Klinisk Institut, SDU

Enheden for Klinisk Alkoholforskning, Klinisk Institut, SDU

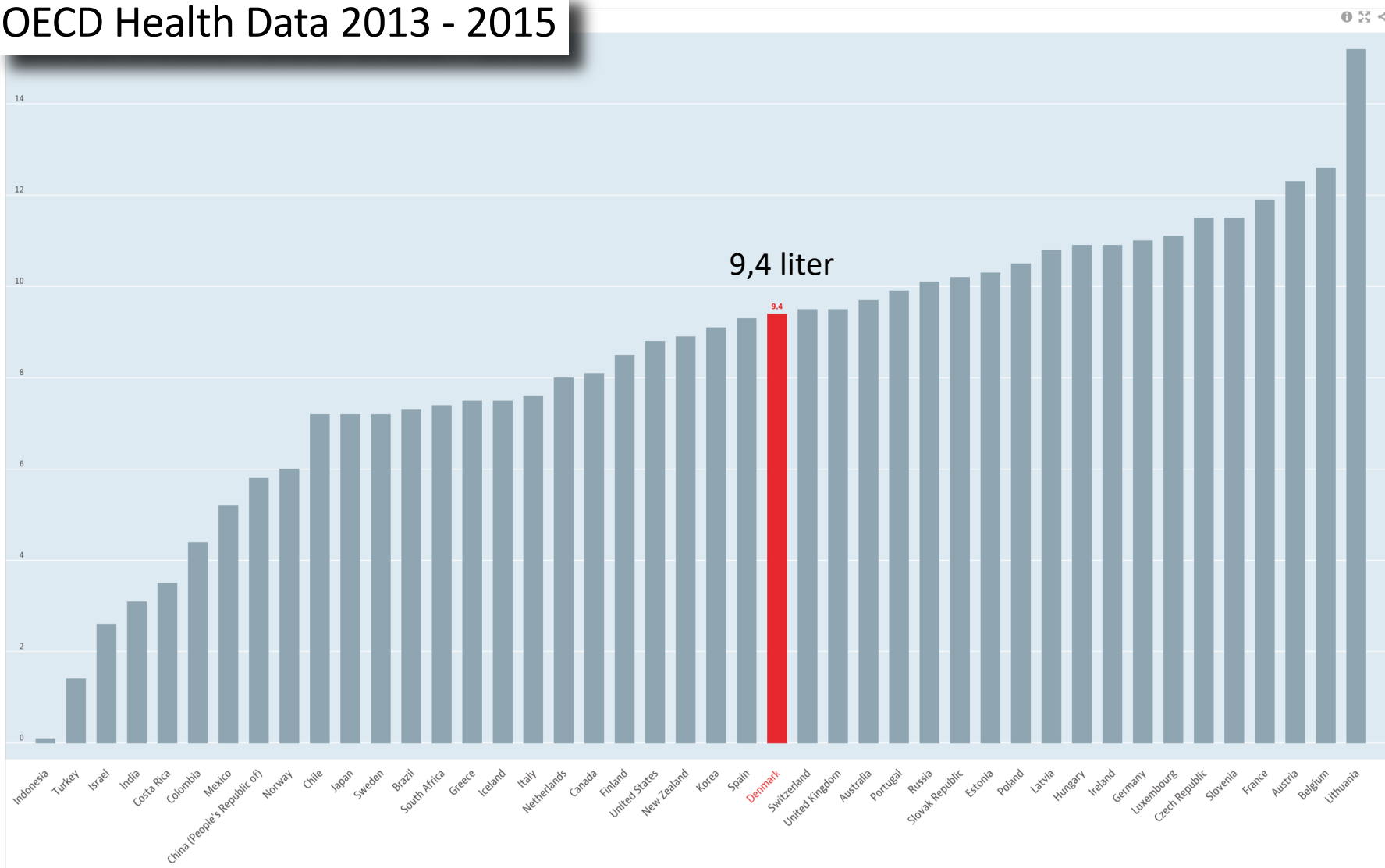
Alkoholforbrug, 15+ årige

OECD Health Data 2008



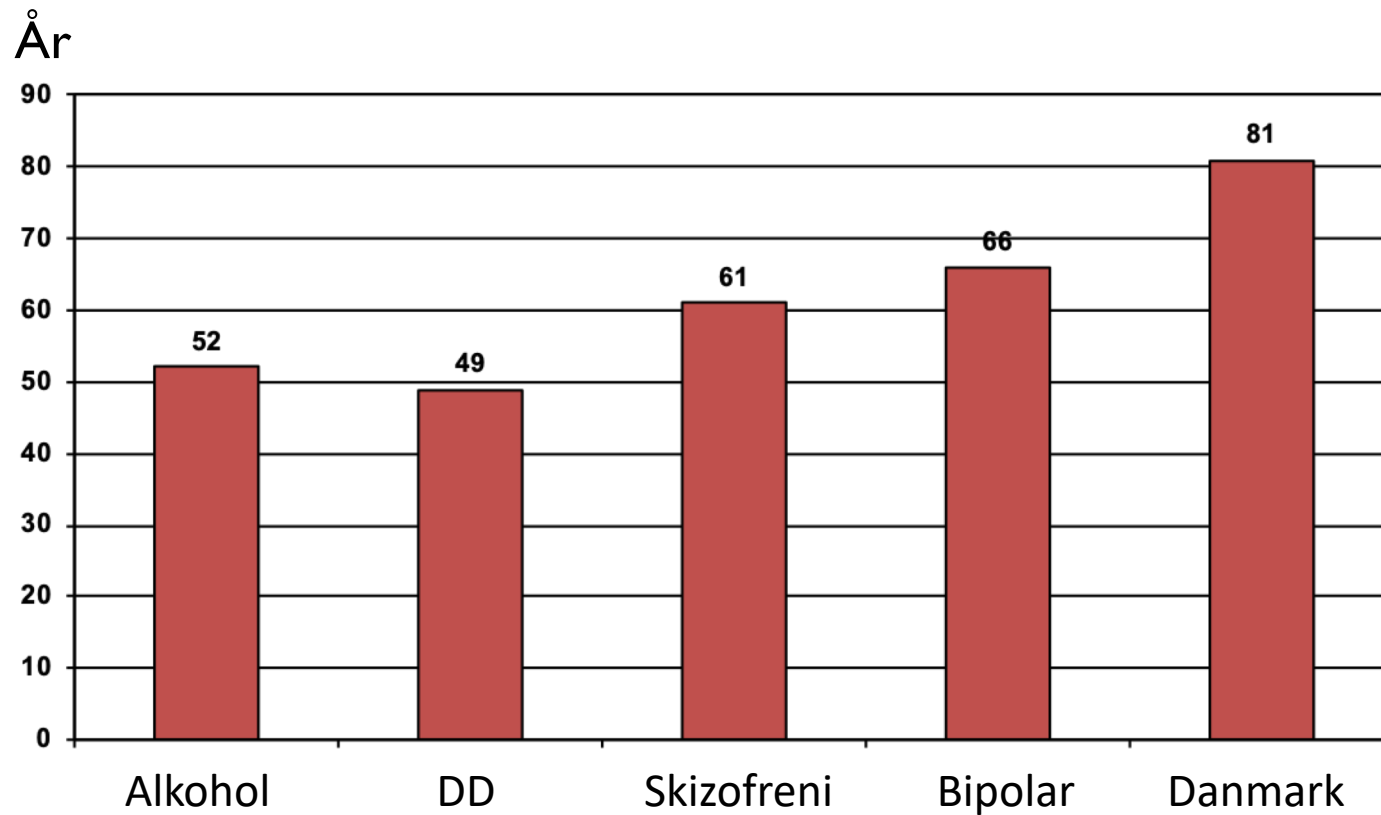
Alkoholforbrug, 15+ årige

OECD Health Data 2013 - 2015



Overlevelse

Gennemsnitsalder ved død hos patienter med skizofreni/bipolar sygdom og misbrug (DD patienter) uden misbrug (skizofreni/bipolar) og alkoholafhængige (alkohol)



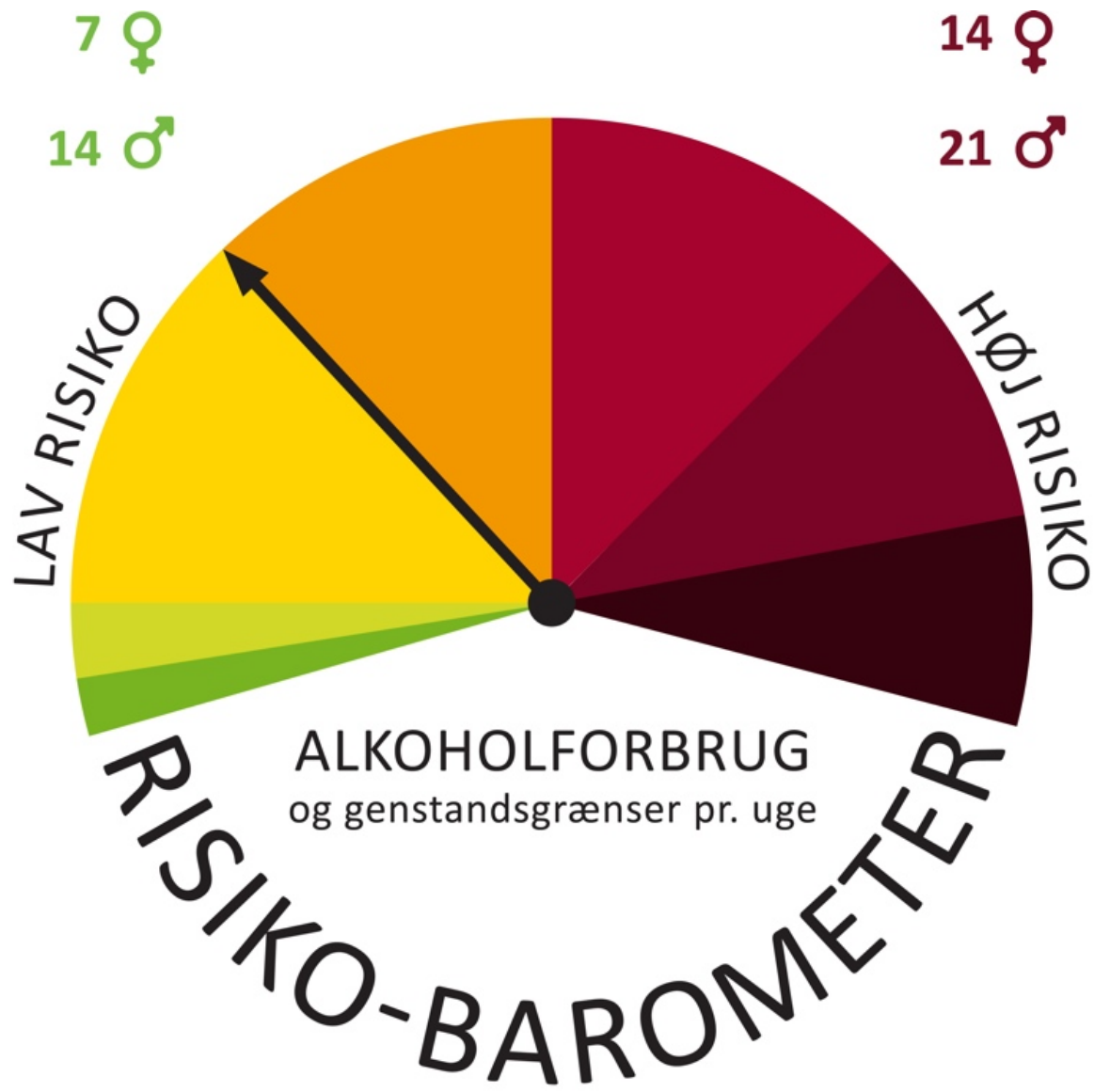
Sundhedsstyrelsens retningslinje

♀ / ♂

- 14/21 genstande per uge (siden 1990)
- 7/14 (efterår 2010)

Mere nuanceret tilgang

- Intet forbrug er risikofrit for helbredet
- Drik ikke alkohol for helbredets skyld
- Lav risiko: $< 7/14$ genstande/uge
- Høj risiko: $> 14/21$ genstande/uge
- Stop før 5 genstande ved samme lejlighed
- Gravid: undgå alkohol
- Ældre: “vær særlig forsigtig”



19-11-2017

Alkohol kan nemlig give kræft, hvis man ikke holder sig inden for de anbefalede grænser.

SYGDOMME 18. NOV. 2017 - 22.08

Alkohol kan give kræft syv steder i kroppen



FÅ BT'S NYHEDSBREV OK

Announce



Alkoholbehandling

Fra håbløshed til livskvalitet! Hos os finder du stien ud af mørket

www.behandlingscenter-...

Besøg



Alkohol kan give kræft syv steder i kroppen. Sørg derfor for at holde dig inden for de anbefalede grænser på syv genstande for kvinder og 14 genstande for mænd om ugen. Foto: Simon Læssøe

HEIDI PEDERSEN FØLG ▾

Alkohol kan give kræft syv steder i kroppen. Men det er de færreste, der forbinder de to ting med hinanden, viser ny undersøgelse

Bedre humør. Ærlighed. Større talegaver og ikke mindst dansetalet. Gevinsterne ved at drikke er mange. Men der er også en bagside, de færreste kender. Alkohol kan nemlig give kræft, hvis man ikke holder sig inden for de anbefalede grænser.

Announce



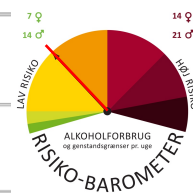
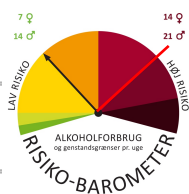
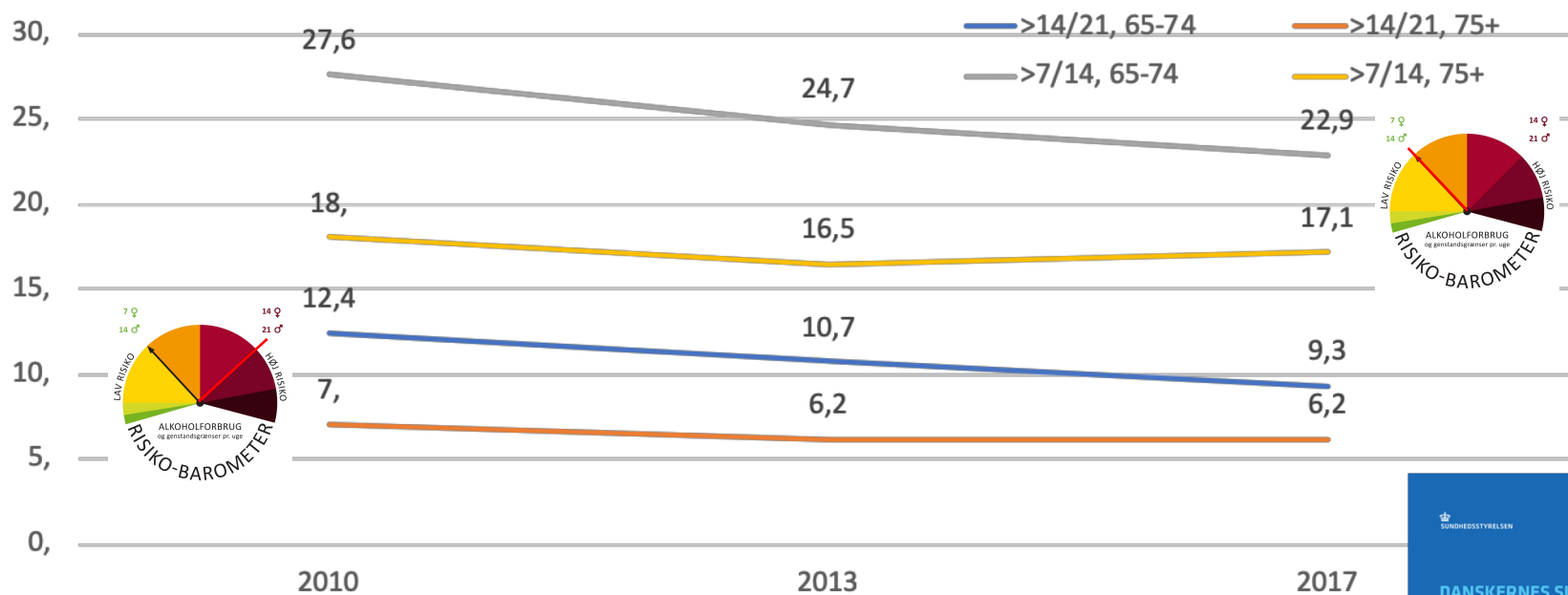
KOMMUNAL- OG REGIONSVALG 21. NOVEMBER

MEST LÆSTE LIGE NU

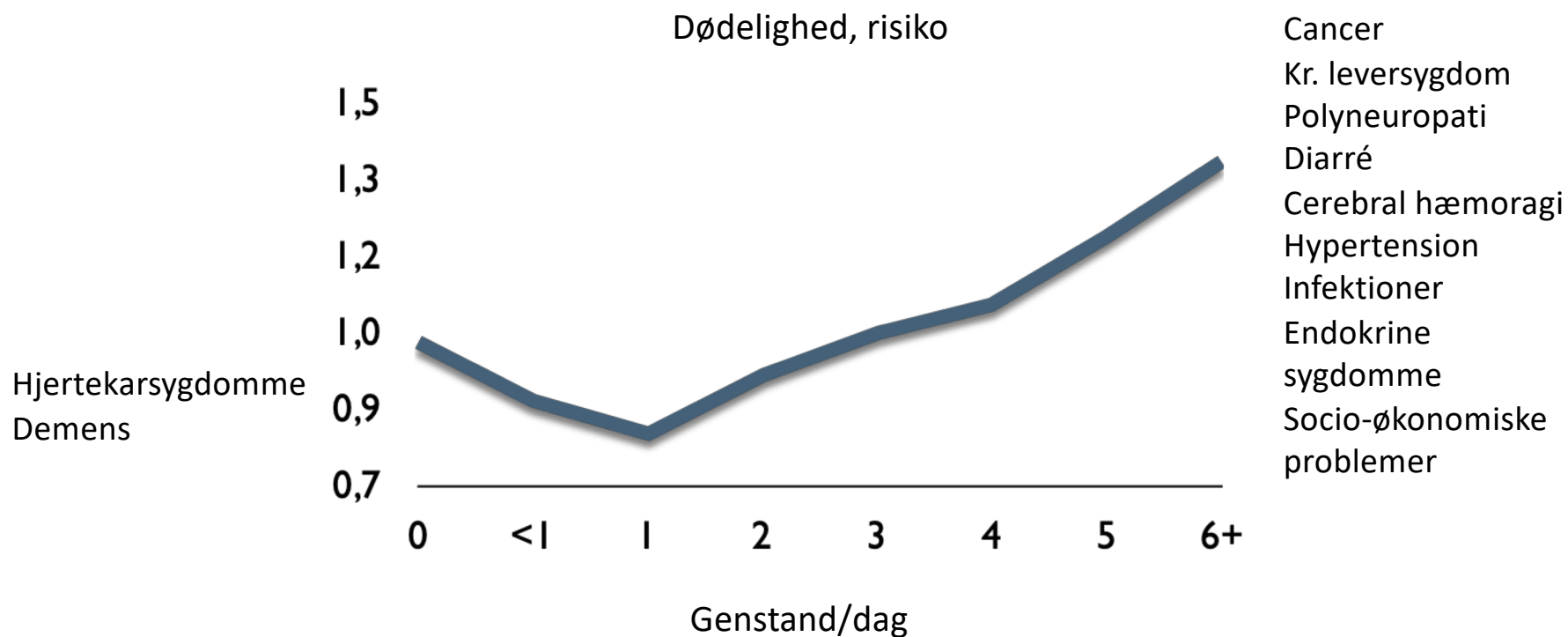
1  ► Chok-billede af tv-vært vækker harme: 'Du vidste præcis, hvad du havde gang i'

Ældre, alkoholforbrug

Procent

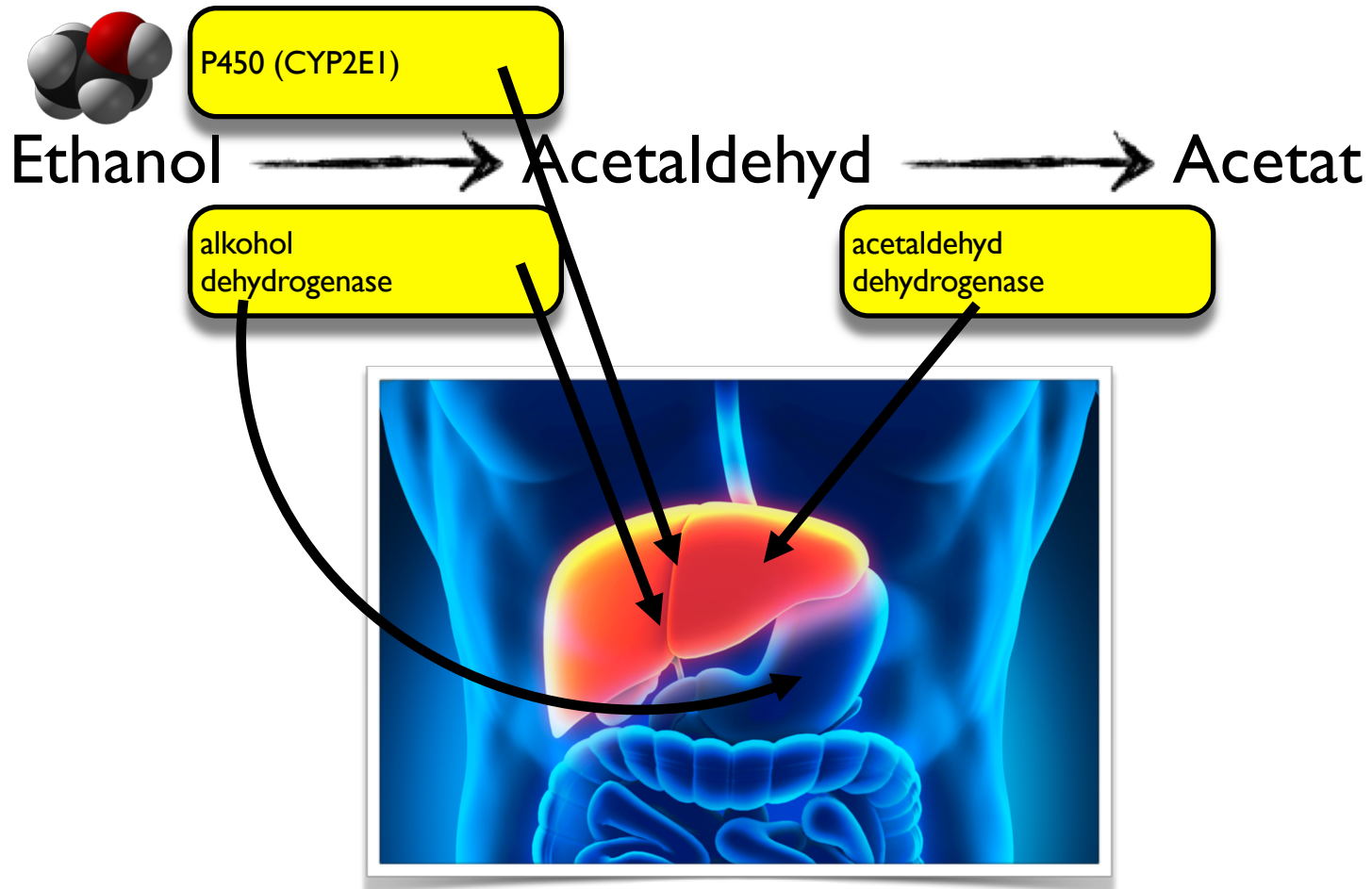


Risikoen ved alkoholindtagelse



Bofetta et al, Epidemiology 1990

Alkohols omsætning



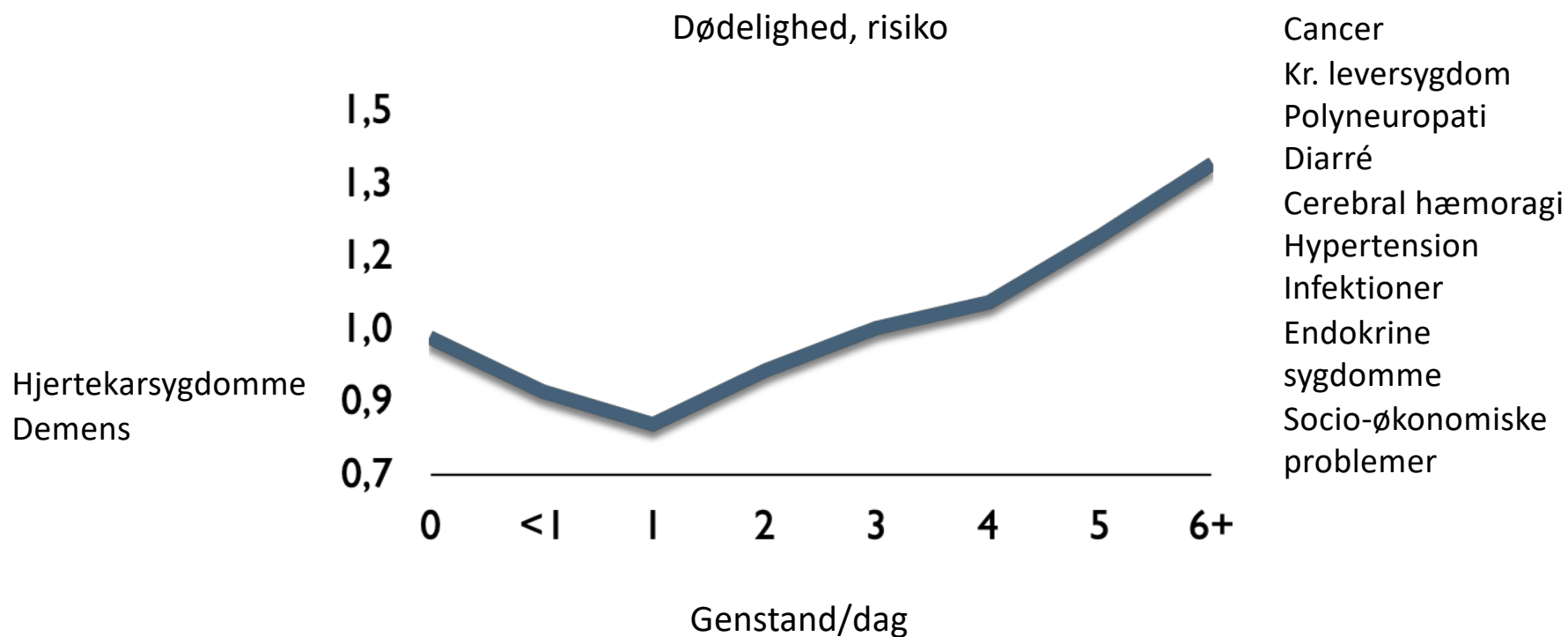
Alkohol og alder



Konsekvens

- Vi tåler alkohol dårligere og dårligere med alderen - “bliver mere fulde”
- Øget risiko for skadevirkninger

Risikoen ved alkoholindtagelse

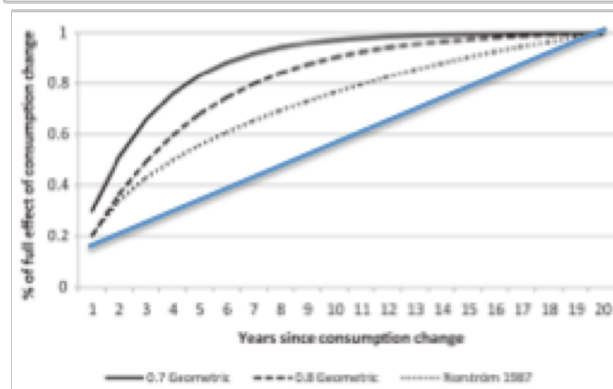


Bofetta et al, Epidemiology 1990

Proposed time lag specifications for chronic alcohol-related health harms.

Harm	ICD10 code	Time to first effect	Time to full effect	Functional form
Alcohol-induced pseudo-Cushing's syndrome	E24.4	Immediate	20 years	Linear
Degeneration of the nervous system	G31.2	Immediate	20 years	Linear
Alcoholic polyneuropathy	G62.1	Immediate	20 years	Linear
Alcoholic myopathy	G72.1	Immediate	20 years	Linear
Alcoholic cardiomyopathy	I42.6	Immediate	20 years	Linear
Alcoholic gastritis	K29.2	Immediate	10 years	0.5 geometric
Alcoholic liver disease	K70	Immediate	20 years	Noström ^a
Chronic pancreatitis	K86.0	Immediate	20 years	0.8 geometric
Malignant neoplasm of lip, oral cavity and pharynx	C00–C14	10 years	20 years	Linear
Malignant neoplasm of oesophagus	C15	10 years	20 years	Linear
Malignant neoplasm of colon	C18	10 years	20 years	Linear
Malignant neoplasm of rectum	C20	10 years	20 years	Linear
Malignant neoplasm of liver and intrahepatic bile ducts	C22	10 years	20 years	Linear
Malignant neoplasm of larynx	C32	10 years	20 years	Linear
Malignant neoplasm of breast	C50	10 years	20 years	Linear
Diabetes mellitus (type II)	E11	Immediate	10 years	0.8 geometric
Epilepsy and status epilepticus	G40–G41	Immediate	5 years	0.6 geometric
Hypertensive diseases	I10–I15	Immediate	10 years	0.8 geometric
Ischaemic heart disease	I20–I25	Immediate	10 years	0.7 geometric
Cardiac arrhythmias	I47–I48	Immediate	10 years	0.8 geometric
Haemorrhagic stroke	I60–I62, I69.0–I69.2	Immediate	10 years	0.7 geometric
Ischaemic stroke	I66, I69.3, I69.4	Immediate	10 years	0.7 geometric
Oesophageal varices	I85	Immediate	20 years	Noström ^a
Gastro-oesophageal laceration-haemorrhage syndrome	K22.6	Immediate	5 years	Linear
Unspecified liver cirrhosis	K74, K74	Immediate	20 years	0.8 geometric
Cholelithiasis	K80	Immediate	5 years	Linear
Acute and chronic pancreatitis	K85–K86.1	Immediate	20 years	0.8 geometric
Psoriasis	L40 excludes L40.5	Immediate	10 years	0.5 geometric
Intentional self-harm	X60–X84	Immediate	5 years	0.4 geometric
Tuberculosis	A15–A19	Immediate	5 years	0.4 geometric
HIV/AIDS	B20–B24	Immediate	20 years	Linear

^a $\omega = 0.80 \times 0.5^t + (1 - 0.8) \times 0.93^t$, see methodological results for further details.



Intet forbrug er risikofrit for helbredet

Ældre, medicin, alkohol

2019:

- Knap 20% er over 65 år – knap 40% af al psykofarmaka
- Blandt 80+årige: 75% får 5 eller flere præparater – gns: 9 præparater

Type af interaktion	Mekanisme	Effekt	Eksempel
Alkohol ↑	ADH ↓ (gastrointestinalt)	“Promille” ↑	Rantininid, Zantac
Medicin ↓	Leverenzymet ↑ Medicin-metab ↑ (grundet alkohol)	Nedsat effekt Højere doser	Warfarin Propranolol (Benzodiazepiner)
Medicin ↑	Leverenzymet ↓ Medicin-metab ↓ (grundet alkohol)	Øget effekt Lavere doser	Warfarin Propranolol (Benzodiazepiner)
“Synergi”		Gastroint. blød. Sedation Hypotension	NSAIDs Benzodiaz, antihist. Vasodil., L-dopa, TCA

**Moore et al, Risks of Combined Alcohol/Medication Use in Older Adults,
Am J Geriatr Pharmacotherapy, 2007**

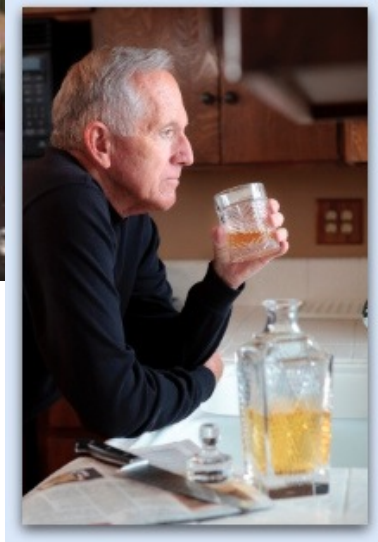
Hvorfor alkoholproblem hos ældre?



Den yngre der bliver ældre




Den midaldrende der forsætter sit forbrug



Den ældre der bliver alkoholiker

Risikofaktorer

- Mand
- Depression  Alkohol
- Civilstand (ugift, skilsmisse, enkestand)
- Pensionering (frivilligt, ufrivilligt)
- Tab/sorg

Sværere at opdage!

- Drikker hjemme (alene)
 - Symptomer på alkoholproblem
 - fald
 - uheld
 - kognitive problemer
- } Forventede alders-
"symptomer"
- Sociale konsekvenser mindre
 - Familie/omsorgspersoner opdager (ofte) ikke problemet

”Ældrestudiet”



Målrettet behandling til ældre

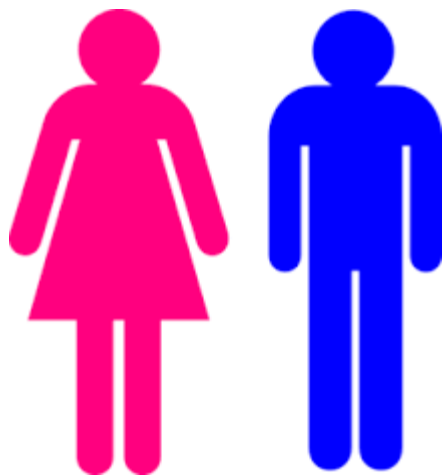
Formål

- At undersøge 2 ambulante behandlingsformer til behandling af ældre med alkoholproblemer
 - Kort: Motivational Enhancement Therapy (MET)
 - Udvidet: MET efterfulgt af Community Reinforcement Approach (CRA) tilpasset ældre

Deltagere

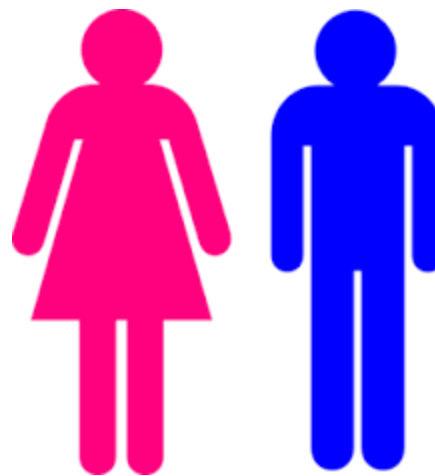
	Danmark	USA	Tyskland	Samlet
N	341	149	203	693
Alder, gns, år	64	64	66	64
Mænd, %	64	60	52	60
Uddannelse, "Folkeskole", %	37	24	2	24
Pension, %	63	50	71	63
Samboende, %	45	39	57	47
Alder ved overforbrug, gns, år	47	42	50	49

Design



4 sessioner

MET
Motivational Enhancement Therapy



4 sessioner + 8 sessioner (eller færre)

MET
Motivational Enhancement Therapy
+
CRA-S
Community Reinforcement Approach for Seniors

Hypotese

- Både MET og MET+CRA vil vise klinisk signifikant reduktion af alkoholindtag 6 måneder efter behandlingsstart målt ved "behandlingssucces"
- "Behandlingssucces" = abstinens eller kontrolleret indtag svarende til at promillen ikke på noget tidspunkt er over 0,5‰
 - MET: 50%
 - MET+CRA: 60% (mindst 10% points bedre)

Behandlingerne, MET

1.0	Session One: Engaging the Patient.....	7
1.1	What is motivation?.....	7
1.2	Stages and Processes of Change.....	7
1.3	Motivational Interviewing in the CRAS Intervention.....	9
1.4	Comparison With Other Approaches.....	11
1.5	Clinical Style.....	14
1.6	Implementing Session One.....	27
1.7	Sending a Handwritten Note.....	34
2.0	Session Two: Personalized Feedback and Evoking Change Talk.....	36
2.1	Beginning the Second Session.....	36
2.2	Providing Assessment Feedback Using the Personalized Feedback Form (PFR).....	36
2.3	Evoking Client Change Talk.....	38
2.4	Building Motivation.....	38
2.5	A Decision Concerning Building Motivation or Beginning the Change Plan.....	39
2.6	Identifying Strengths and Resources.....	42
2.7	Closing Summary for Session 2.....	44
2.8	Ending Sessions.....	44
3.0	Session 3: Functional Analysis (Evoking and Planning).....	46
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3.3	Reviewing Psychosocial Functioning.....	51
3.4	Closing the Session.....	54
4.0	Developing a Plan for Change and Involving the Supportive Significant Other.....	56
4.1	Involving the SSO in the Planning Session.....	56
4.2	Change Planning.....	56
4.4	Preparing the Self Change Plan.....	59

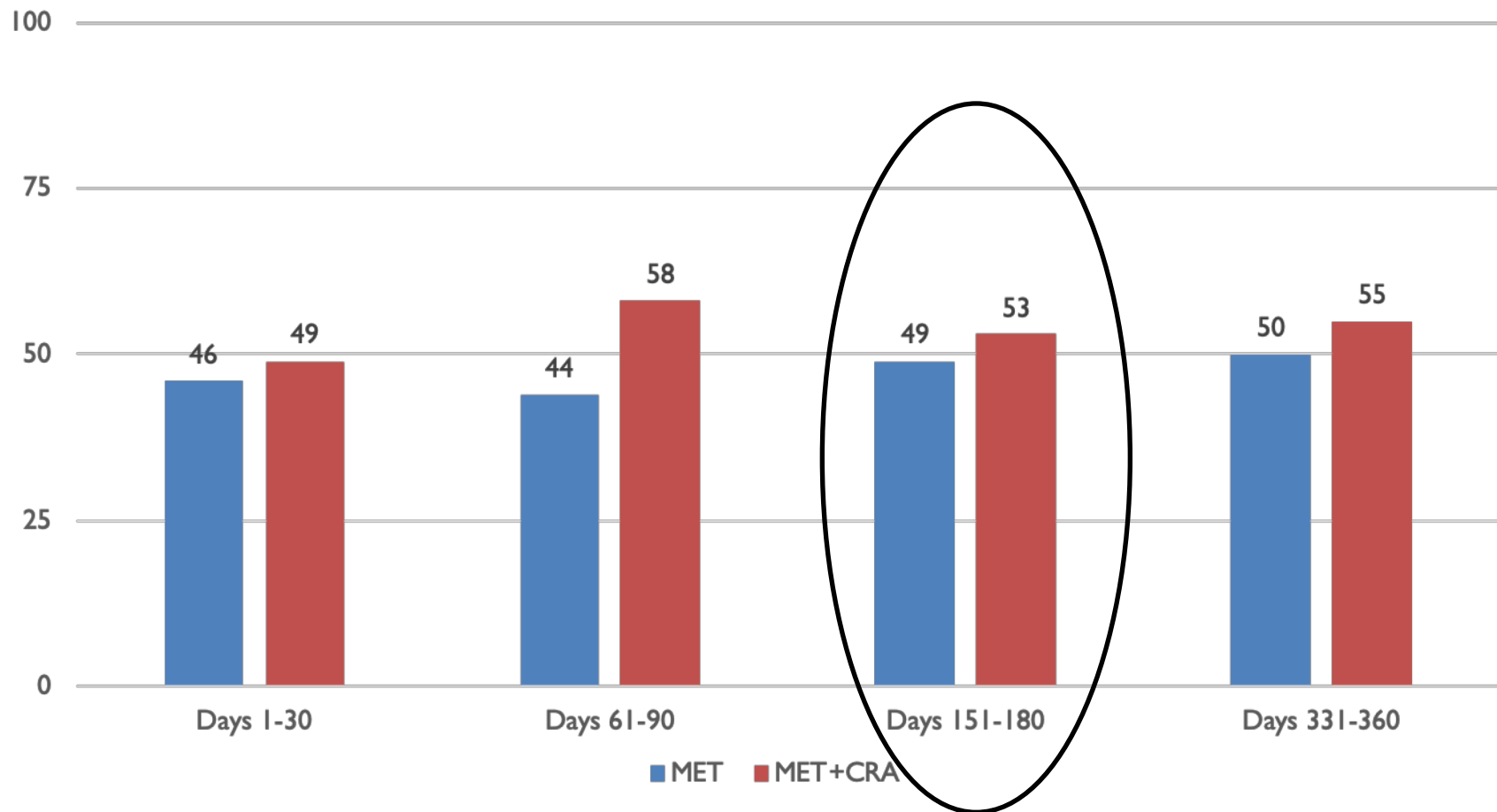
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1.5	Clinical Style.....	14
1.6	Implementing Session One.....	27
1.7	Sending a Handwritten Note and Invitation to the SSO.....	33
1.8	Completing the Therapist Checklist.....	35
2.0	Session Two: Personalized Feedback and Evoking Change Talk.....	35
2.1	Beginning the Second Session.....	35
2.2	Providing Assessment Feedback Using the Personalized Feedback Form (PFR).....	35
2.3	Evoking Client Change Talk.....	37
2.4	Building Motivation.....	37
2.5	A Decision Concerning Building Motivation or Beginning the Change Plan.....	38
2.6	Identifying Strengths and Resources.....	41
2.7	Closing Summary for Session 2.....	43
2.8	Ending Sessions.....	43
3.0	Session 3: Functional Analysis (Evoking and Planning).....	45
3.1	Beginning a Plan.....	45
3.2	Functional Analysis.....	46
3.3	Reviewing Psychosocial Functioning.....	50
3.4	Closing the Session.....	53
4.0	Session 4. Developing a Plan for Change and Involving the Supportive Significant Other.....	54
4.1	Understanding and Involving the SSO in the Extended Treatment.....	54
4.2	Treatment Planning.....	63

Behandlingerne, CRA

Coping With Craving, Urges and Social Pressure to Drink (COPE).....	74	10.4	Exploring Negative Mood States	109
8.0 Coping with Cravings and Urges	75	10.5	Self-Monitoring	110
8.1 Rationale.....	75	10.6	Automatic Thoughts	113
8.2 Social Pressure to Drink.....	76	10.7	Challenging Toxic Thoughts	114
8.3 Discovering Trigger Situations	77	10.8	Applying STORC With Urges To Drink.....	119
8.4 Monitoring Urges	78	Social and Recreational Counseling (SARC)	121	
8.5 Coping with External Triggers	79	11.0 Social and Recreational Counseling	122	
8.6 Coping with Internal Triggers.....	81	11.1 Background	122	
8.7 Developing an Individual Coping Plan	83	11.2 Rationale for SARC	122	
8.8 Handling Pressures to Drink.....	83	11.3 Assessing Sources of Reinforcement.....	123	
Coping with Problems of Aging (AGE)	91	11.4 Discussing Alcohol-Free Activities	125	
9.0 Coping with Aging	92	11.5 Developing a Nondrinking Support System	125	
9.1 Background.....	92	11.6 Reinforcer Sampling	126	
9.2 Introducing the Module.....	94	11.7 Systematic Encouragement	126	
9.3 Problem-focused Coping	95	Building a Sober Network (SOBN)	128	
9.4 Acceptance-focused Coping.....	95	12.0 Building a Sober Network	129	
9.5 Assessing which strategy to choose	95	12.1 Background	129	
9.6 Choosing Problem-Focused Coping.....	96	12.2 Rationale.....	129	
9.7 Choosing Acceptance-Focused Coping.....	98	12.3 Educating Significant Others	132	
9.7.a Bereavement.....	98	12.4 Rehearsing How to Ask for Support	133	
9.8 Closing the Session	100	12.5 Understanding the Patient's Experience with Mutual Help Groups	134	
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10.2 Rationale for Mood Modification.....	103	13.0 Terminating Session 12	138	
10.3 Explaining the STORC Model.....	103	13.1 Terminating Session 12 (or terminating the last session, if the patient and you have agreed on a shorter treatment course).....	138	

”Behandlingssucces”

% Dage efter behandlingsstart



Harmreduktion

Sidste måned:	Baseline	26 uger	Ændring
Drikkedage	22	13	-9
Dage med "binge"	17	7	-10
Gns. Genstande/uge	46	19	-27

"Binge" = 5+ genstande/mænd og 4+ genstande/kvinder ved samme lejlighed

Konklusion

- En (hel) del ældre drikker for meget
- Alkohol øger risikoen for en lang række sygdomme
- Tid til begyndende negativ effekt er for de fleste sygdomme kort
- Alkohol + medicin kan give u hensigtsmæssige effekter
- Kort psykosocial behandling (4 timer/ 1 per uge) => 50% chance for "helbredelse", væsentlig reduktion af alkoholindtagelse (harm-reduktion) 6 måneder senere

Aldrig for sent at blive ædru

Tak for
opmærksomheden