Cognitive Behaviour Therapy (CBT) as an adjunct to standard interventions in the prevention of relapse in Alcohol Dependence Syndrome in hospitalized patients

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Abstract

Introduction: Alcohol Dependence Syndrome (ADS) is a significant global health issue, with high rates of relapse following treatment. Cognitive Behavioral Therapy (CBT) has shown promise as an adjunct to standard interventions in preventing relapse. This study aimed to assess the effectiveness of CBT in preventing relapse in ADS patients. **Methods:** A quasi-experimental study was conducted over a one-year period, involving 100 male patients diagnosed with ADS. Participants were selected through purposive sampling and divided into control (n=50) and experimental (n=50) groups. Socio-demographic data and alcohol consumption patterns were assessed using self-structured multiple-choice questions and the Alcohol Use Disorders Identification Test (AUDIT). The control group received standard Group Therapy and anti-craving drugs, while the experimental group received individual CBT as an adjunct to standard therapy. Patients reporting relapse during the one-year follow-up underwent a semi-structured interview to identify factors contributing to relapse. **Results:** Out of the 100 participants, 12 in the control group and 4 in the experimental group reported relapse within one year of discharge. Statistical analysis revealed a significant difference in relapse rates between the two groups (chi-square value = 4.7619, p = 0.029096). Factors such as craving and family problems were found to be significant contributors to relapse. **Conclusion:** The findings suggest that CBT, when used as an adjunct to standard interventions, can be effective in preventing relapse in ADS patients. CBT should focus on addressing craving and

family issues to improve outcomes. Further research with larger sample sizes and longer follow-up periods is recommended to validate these findings.

Keywords – ADS, Relapse, CBT

Introduction

According to WHO, the estimate says 140 million alcoholics are there worldwide and 76 million currently are suffering from alcohol use disorders. Most de-addiction facilities offer a therapeutic intervention in a group setting over 6 to 7 weeks and 12 to 14 sessions along with anti-craving drugs. However, 50% of detoxified alcohol users relapse within 3 months of abstinence and 90% of alcoholics experience relapse in 4 years following treatment. Patients with relapse show a more rapid reappearance of physiological & psychological features of ADS. The reason for relapse is multi-factorial, the commonest being craving.[1]

Relapse prevention is a major challenge. CBT is a type of psychotherapeutic treatment invented by Beck and associates that helps people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior and emotions.

A Quasi-experimental study conducted by Rohsenow and Monti in 2001 showed patients who received CBT had fewer heavy drinking days in the first 6 months than control patients.[2] Similar studies by Gray E, McCambridge, and Strang J in 2005 showed ADS patients receiving CBT, drinking on average two days per month less than controls after 3 months of follow-up.[3] Anton RF and Moak DH in 2005 proved that CBT and Naltrexone in combination is very effective in craving reduction and relapse prevention in ADS patients.[4]

The present study was conducted with the objectives to assess the pattern of alcohol use before intervention, to compare the outcome between the experimental and control group in a year following completion of treatment in terms of a number of relapses, and to identify the factors causing relapse.

Methodology

A quasi-experimental study was conducted in 2021 in which 100 male hospitalized ADS patients were enrolled through purposive sampling over a year and equally divided into control and experimental groups after matching their ages in a Psychiatry ward of a tertiary care hospital. Patients in Delirium or any other psychiatric comorbidity were excluded. Pre-intervention, both groups underwent the first and second sections of the tool –demographic variable and alcohol consumption pattern. For the latter, a self-structured questionnaire was

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used, followed by the AUDIT, which is a simple method of screening developed by the World Health Organization (WHO) to identify people with hazardous and harmful patterns of alcohol consumption.[3] The control group received the standard Interpersonal Group Therapy and anti-craving drugs, and the experimental group received individual CBT based on the Relapse Prevention Model by Marlatt and Gordon[5](1985) over 6 to 8 sessions as an adjunct to standard therapy.

Post-intervention, after discharge, monthly telephonic monitoring was done by talking to both patient and the next of kin. In case of patient reports relapse during 1 year of follow-up, a semi-structured interview on factors causing relapse interview was conducted with both individuals and informants.

Results

Demographic variable – Out of 100, 72% of the samples were in 30-40 years of age, 57% general duty soldiers, 90% were married, 57% living with family, 12% serving in the field area, 56% admitted for relapse, 29% for review and were 23% fresh cases of ADS, 18% had a family history of alcoholism.

Results of Pre-intervention Audit – 87% had a score above >8, suggestive of harmful use of alcohol or dependence.
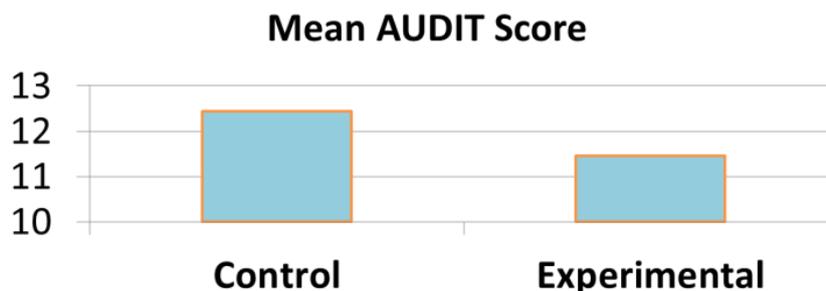
Bar Graph 1 shows the mean Audit score of the control group is 12.46 and experimental group is 11.44, unpaired t test confirmed two-tailed P = 0.3128, which is statistically insignificant, which shows the groups were comparable.

Post intervention Comparison - 12 subjects from the control group and 4 from experimental group reported with relapse. The chi-square value is 4.7619, the p-value is .029096. which is significant at $p < .05$.

Factors associated with Relapse – Out of the 16 total patients, 6(37.5%) reported craving to be the main factor, followed by family affairs, poor motivation and peer pressure (18.75%) each. Nobody reported easy availability or drug-noncompliance to be a factor.

Discussion

Meta-analysis of 26 trials on CBT in the prevention of relapse of ADS by Irvin & colleagues (1999) found craving is the most common factor causing relapse and CBT is effective as an adjunct to standard treatment in the prevention of relapse in ADS.[1] Present study also yields similar results.

Conclusion

The high rate of relapse in ADS, despite the standard therapeutic interventions alongside pharmacological management is a huge challenge. CBT as an adjunct to mainstream treatment, can reduce the relapse rate drastically which in turn would reduce the cost of hospitalization. CBT should also focus on craving and other important factors responsible for relapse.

Reference

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