



● Alcohol related brain damage

How can we best support those affected?

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Frontline
Network
Partner



Overview of session

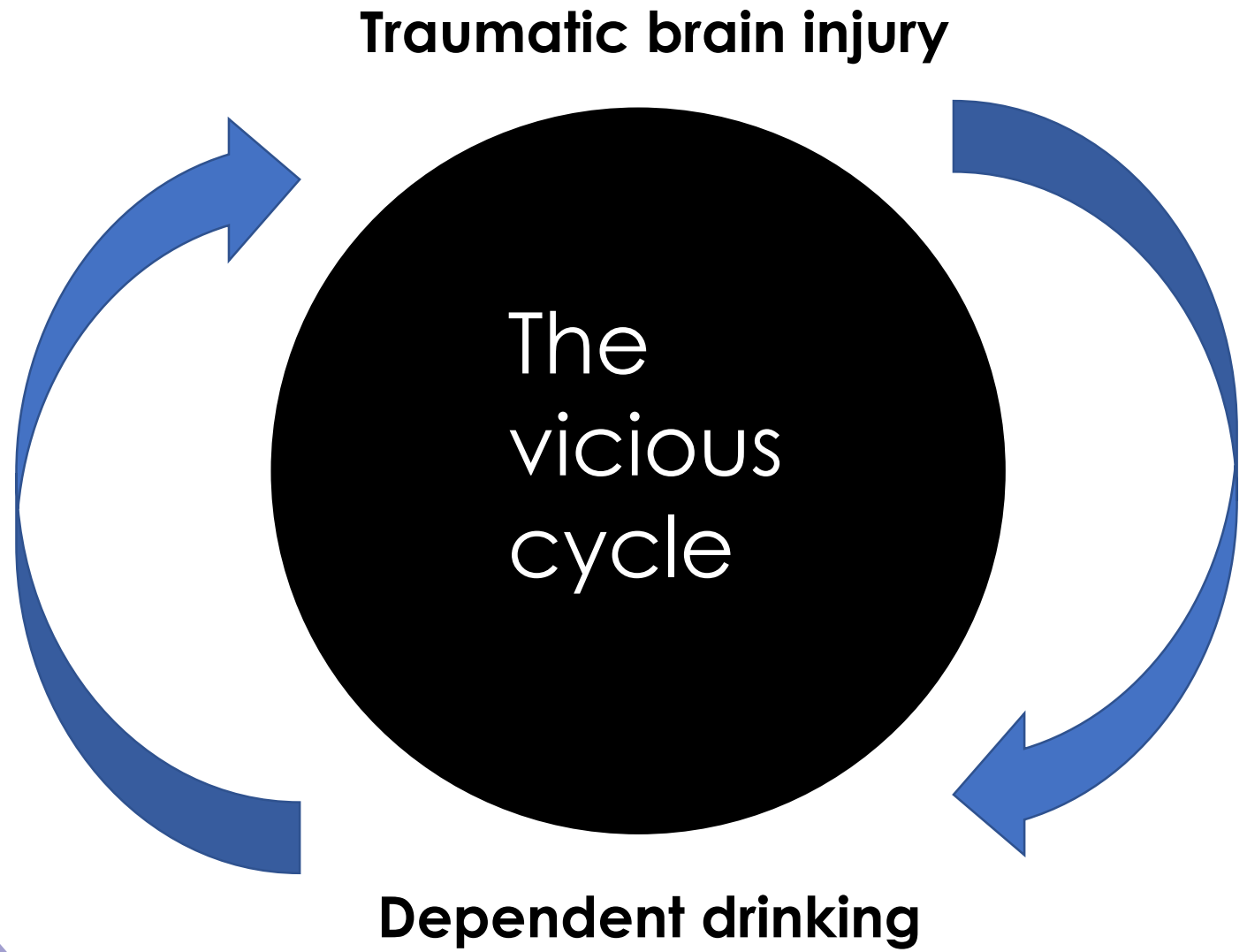
1. What is it?
2. How common is it?
3. Why can these patients not make the changes they say they want?
4. How can we support them?

Case study - Steve

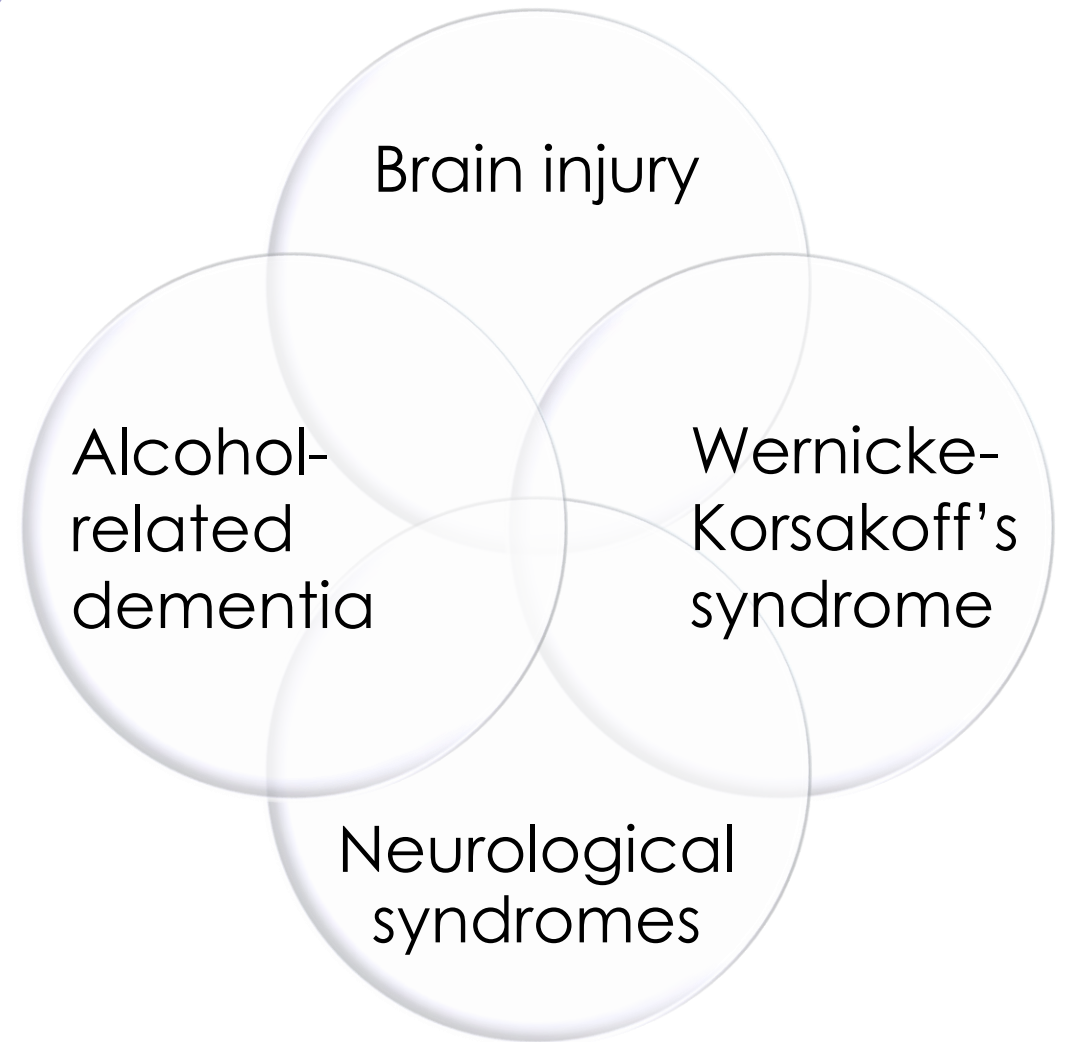
- 55 year old man, **alcohol dependent**.
- Drinking since he was 14.
- **In and out of hospital**, relapses to alcohol at discharge.
- Previous **head injuries** and seizures from **unplanned withdrawal**.
- Rarely seems to eat.
- **Doesn't attend appointments** with alcohol services.
- Low mood, little motivation.
- **Forgets** what you say to him.
- Says he **wants to stop** drinking.



What is ARBD?



Umbrella term for the damage that can happen to the brain due to long-term heavy drinking.



What causes ARBD?



Too much alcohol



Not enough thiamine (B1)



+

Automatic Repair

Automatic Repair couldn't repair your PC

Press "Advanced options" to try other options to repair your PC or "Shut down" to turn off your PC.
Log file: C:\Windows\System32\Logfiles\Srt\SrtTrail.txt

Shut down

Advanced options

=

ARBD

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Martin
in
the
Fields

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How common is it?

- **35% of heavy drinkers** have some form of ARBD.
- Women are more at risk than men.
- 10-24% of all cases of dementia.

Risk factors

- Men drinking **>50 units a week** or women drinking **>35 units a week** for 5 years+
- Poor nutrition
- Liver disease
- Homelessness
- Repeated head injuries
- Chaotic drinking
- Early life disadvantage



Why can't Steve stop drinking?

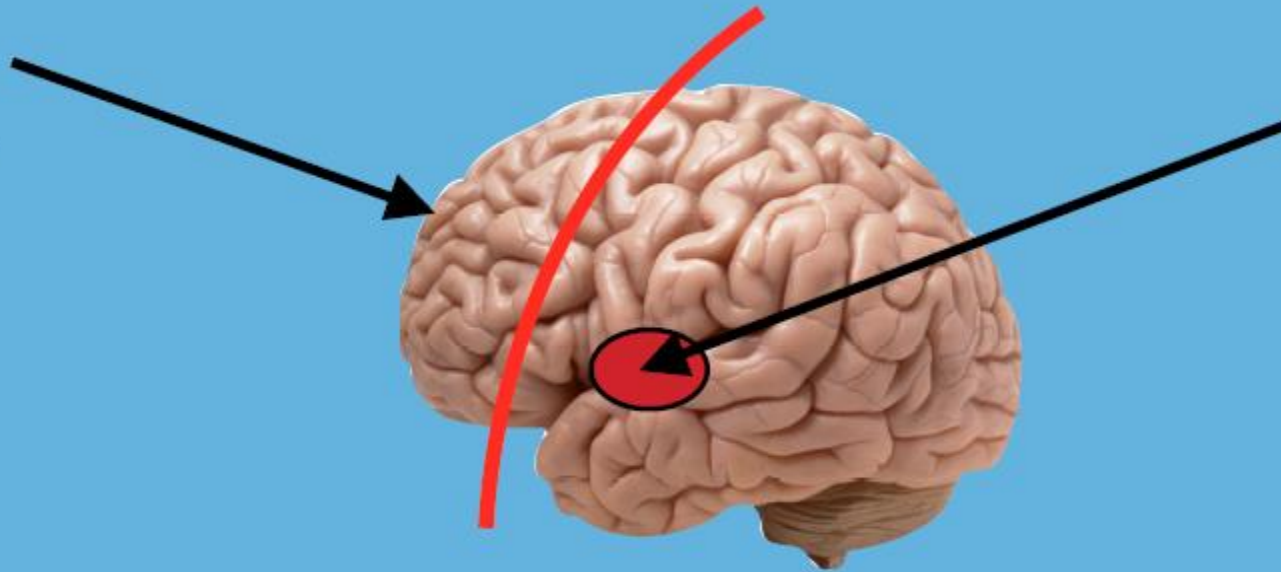
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What are the symptoms...?

Prefrontal Cortex
damage here causes
disorders of behaviour



Diencephalon
damage here causes
memory disorders

The first problem noticed tends to be the memory disorders but the behaviour disorders tend to develop first.

Executive function

Alcohol Forum
Ireland

Can they think flexibly about things?

Flexible Thinking
Adjust behavior to unexpected changes

03

Can the person implement feedback from others consistently?

Working Memory
keep key information in mind will using it

04

Do they seem aware of the difficulties they have been experiencing in their life?

Self - Monitor
Self-awareness to how one is doing in the moment

05

Have they become more irritable than they have been in the past?

Emotional Control
keep feelings in check

02

Are they socially appropriate with other people? Do they make impulsive decisions without thinking things through?

Impulse Control
Think before acting

01

Do they have an interest in their personal affairs?

Organization
keep track of things physically and mentally

08

Are they interested in doing things?

Planning and Prioritizing
To set and meet goals

06

Can they initiate/begin activities on their own?

Task Iniation
Take action to get started on tasks

07

What are the biggest frustrations you have trying to access help for these patients?

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How can we support Steve?

What is the care pathway for suspected ARBD?

What does 'GOOD' look like?

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Prevention / Treatment?

Thiamine, Thiamine, Thiamine



And abstinence...

Clinical Assessment

- History
- Bloods
- Cognitive tests
- Neuroimaging

Inpatient detox
Appropriate rehab

LEGISLATION – MCA/MHA

ASSESSMENT – Diagnosis Suspected

ABSTINENCE

3 months abstinence

ASSESSMENT – Diagnosis Confirmed

Appropriate Care Setting

Risk Assessment
Needs Assessment
Capacity Assessment

Risk Assessment
Needs Assessment
Capacity Assessment

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What is the current 'REALITY'?

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Clinical Assessment

- History
- Bloods
- Cognitive tests
- Neuroimaging

Input
Approach
toox
rehab

ASSESSMENT – Diagnosis Suspected

Risk Assessment
Needs Assessment
Capacity Assessment

LEGISLATION
MCA/MHA

APPROPRIATE

3 months
experience

ASSESSMENT – Diagnosis Confirmed

Risk Assessment
Needs Assessment
Capacity Assessment

Appropriate
Setting

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The Mental Capacity Act (2005)

Two stage test:

1. Is there an impairment of or disturbance of the person's mind or brain?
2. With reference to a particular decision, can they:
 - Understand
 - Retain
 - Use or weigh up
 - Communicate their decision

Change is afoot...

- Local pathway – ARBD MDT working group, working with commissioners
- More awareness around capacity – training for A&E staff
- Advocacy for more appropriate housing
- National advocacy – Alcohol Change UK, ARBD Network

What can we be doing?

- **Communication** – optimising capacity
- **Build the evidence**...Documenting – info retention, impulsivity, failure to execute intention
- **Advocating** - “At points, practitioners may have to ‘fight’ to secure the help they need for cognitively impaired dependent drinkers. This may include professional challenge and escalation to more senior staff or to multi-agency groups”

Where are we?

- Very common condition
- Huge impact on life course and services
- We know what 'Good' looks like
- Things need to change
- Change is happening....



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**WE ARE ALL IN THIS
TOGETHER...**



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References

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