

Typical Substance Dependence Treatment for Patients with Severe Medical Sequelae of Alcohol Abuse in Zaragoza, Spain Compared to the United States

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Purpose: To compare the US healthcare system to the socialized medical system in Spain. Particularly to better understand the differences and similarities amongst psychiatric care in these populations. Topics includes access to care and approaches to substance use disorders.

Background

Substance dependence and abuse, particularly alcohol, are one of the most prevalent mental health issues that are persistent across the world.

•WHO Statistics:

- US: 13% of males and 3.4% of females are heavy episodic drinkers, and alcohol use disorders of 5.48% and 1.92% respectively.
- Spain: rates of heavy episodic drinking are unreported, likely due to differential cultural drinking patterns, but rates of alcohol use disorders are 1.07% in males and 0.17% in females.
- Lower reported rates of heavy drinking in Spain compared to the US, the rates of liver cirrhosis in males is only 13.5% in the US, but 15.6% in Spain
- Both countries have high comorbid with other psychiatric illnesses, approximately 56.3% of the time.
- Most commonly Depression, Bipolar Disorder, PTSD.
- Alcoholism can lead to many consequences both physical, including cancers, chronic pancreatitis, insulin-dependent diabetes, memory difficulties, electrolyte abnormalities, nerve damage, withdrawal seizures, not to mention the traumas that occur as a result of drunk driving or fights.,
- Drinking leads to poorer work performance, absences, -higher rates of unemployment, familial discord, and violence.



Method

- Direct Observation at 3 medical locations
 - Miguel Servet teaching hospital on inpatient Psychiatry floor
 - Centro de Salud public clinics
 - Centro de Salud Munez Frenandez Sagasta working with Child Psychiatrist
 - Centrol de Salud Actur Sur working with Family Medicine department
- Where: Zaragoza, Spain
- When: July 1-26, 2013
- Patients included all ages, Spanish residents.
 - Clinic- medically stable
 - Hospital- acute danger to self or others, range psychiatric disorders

Results

- Long substance abuse history, 2 years sobriety on antabuse, previous inpatient and outpatient therapy
- Significant medical sequelae of EtOH abuse with continued drinking
- Admitted in DKA, monitored for withdrawal. Medically stabilized prior to inpatient unit admission.
- 10 D hospital admission, no specific substance abuse treatment, Daily meeting with psychiatrist, group therapy.
- No AA recommendations
- Discharged home to follow up with outpatient provider.

Discussion/Conclusions

Treatment aims: US v. Spain:
Inpatient substance abuse treatment of chronic alcohol abuse, unemployed.
•In US- out of pocket, unable to afford therapy, services, medications; access to services better in Spain due to public health insurance coverage.
•Length of stay on inpatient psychiatric floor-up to discretion of physician, no insurance pressures
•Mainstay in US- support groups such as AA.

Summary

1. Cultural differences in attitudes towards drinking in social situations and abuse.
2. Access to outpatient and inpatient treatments available to all residents
3. Patients and families not forced to pay for expensive treatment costs out of pocket.
4. With increased access to providers and coverage, all able to get medications
5. Physicians able to treat patients based on what they think is the best interest of the patient without having to worry about insurance coverage or length of stay



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