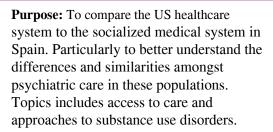
# Typical Substance Dependence Treatment for Patients with Severe Medical Sequelae of Alcohol Abuse in Zaragoza, Spain Compared to the United States

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# **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 inpatitent Psychiatry floor
- •Centro de Salud public clnics-
  - •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 oupatient 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 physican, no insurance pressures
  •Mainstay in US, support groups such
- •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 familes 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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