


# Patient Outcomes Based on Detoxification Circumstances



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# Introduction

- High alcohol abuse rates have caused different courses of detoxification to emerge and unplanned detoxification to become common
- The United States shows that unplanned detoxification can cause poor long term patient outcomes both emotionally and physically
- It is important for nurses to provide and advocate for the care that will serve the patient better in the long run, even if it may not be what first appears to be the healthiest decision



# PICOT Question

In addicted patients living in the United States, how does planned detoxification compare to unplanned detoxification with regards to both mental and physical patient outcomes?



# Research Methods

- Peer-reviewed articles from PubMed, using keywords: “planned detoxification” versus “unplanned detoxification” and “patient outcomes”
- Consulted with Mr. David Brown, a librarian at the University of Wyoming
- Criteria: based in first world countries, most recent available data, patient outcomes assessed for at least 6 months



# Equal Rates of Poor Outcomes in Planned vs. Unplanned Detoxification

- Azuar et al. (2016) studied N=120 patients, half of which went through unplanned detoxification via Emergency Department and the other through planned inpatient detoxification.
- Duong et al. (2012) studied patients who had undergone mandatory inpatient alcohol detoxification.



# Equal Rates of Poor Outcomes in Planned vs. Unplanned Detoxification

- Wolfe et al. (2013) studied coercion, motivation, and therapeutic alliance on both forced and planned inpatient detoxification.
- All three were longitudinal studies that included detoxifications within the United States and concluded that equal rates of poor patient outcomes were produced from both planned and unplanned detoxification.



# Decreased Rates of Poor Outcomes in Planned vs. Unplanned Detoxification

- Moos and Moos (2006) studied N=461 patients lives at baseline, one, three, eight, and sixteen years after treatment of either planned or unplanned detoxification.
- Kelly et al. (2015) compared relapse rate of N=220 patients over a year post planned/unplanned detoxification.



# Decreased Rates of Poor Outcomes in Planned vs. Unplanned Detoxification

- Moos and Moos (2006) took place in the United States.
- Kelley et al. (2015) took place in Australia.
- Both of these studies showed that there was a decrease in rates of poor outcomes in planned detoxifications when compared to those of unplanned detoxification





# Confounding Factors

- Kelly et al. (2015) utilized research from outside the United States which obscured the data since the health care system is different than in the United States and can impact detoxification outcomes.



# Strengths

- Moos and Moos (2006) and Kelly et al. (2015) both included results from well over 200 patients and stratified their results to a year or longer
- Azuar et al. (2016) included demographics of patients that showed additional trends with patient outcome
- Duong et al. (2012) included the specification of a 30-day MAD treatment.
- Kelly et al. (2015) included other aspects of detoxification care that can impact patient outcomes in addition to prep work.
- Wolfe et al. (2013) included demographics that showed trends in outcome of addiction treatment along with the inclusion of impact that different during-detoxification care had on outcomes.

# Weaknesses

- Moos and Moos (2006) included N=121 of their participants that passed away in negative outcomes regardless of cause of death, which could skew data correlating the detoxification planning to that outcome and uses data from fifteen years ago and could have outdated information.
- Azuar et al. (2016) does not span over five months and only includes N=120 patients. The research in this study also shows the patient outcome is better in planned detoxification but not quite significant.
- Duong et al. (2012) only includes ten patients in Massachusetts and as such represents a very small portion of the United States.
- Kelly et al. (2015) included research from outside the United States which obscured the data.
- Wolfe et al. (2013) found no significance found with planned vs unplanned detoxification and instead there was an indication to conduct a new study on during-detoxification care philosophies impact on outcomes, making it's conclusion less applicable to the PICOT.

# Gaps in Research

- Three studies resulted in equal patient outcomes based on preparation or not of detoxification, however, this is easily explained by the fact that the results from their studies included insignificant sample sizes and included other factors within detoxification.
- These studies have found that patient demographics such as being male, elderly, less educated, unmarried, unemployed, later recognition of drinking problem, existent lifetime of drinking problems, and high numbers of attempts to cut down on drinking were all found to correlate with poorer patient outcomes after detoxification.
- These studies have found that safe, compassionate, genuine, empathetic relationships between caregiver and patient have a positive impact on patient outcome as well.
- Additional study would be required to outline exactly what degree each of these items impact patient outcomes. This further study is also indicated as research on detoxification and the impact on patient outcome has not been studied in recent years.

# Clinical Implications

- Based on the evidence: the question remains to what degree preparation has on patient outcomes; however, it is observed that unplanned detoxification results in poorer patient outcomes.
- Statistics found that there are many more variables that must be discussed when looking at patient outcomes from detoxification to define a true significance of any one thing.
- It is important that nurses, as health care providers, have the most up to date evidence-based recommendations to provide communities heavily laden with addiction.



# Contribution to Personal Development

The overwhelming lesson that has been evident for me through this is that addiction is too complex disease that impacts entire communities and involves individuals in every aspect of their life. In order to help patients, additional studies should be completed to further define what best practices are to help provide these individuals with long term recovery and improvement on their wholistic health.



# Conclusions

- Planned detoxification can help to limit the amount of damage done on a body by increasing patient adherence to support groups, involvement in the community, maintaining job security, financial security, shelter, report of overall happiness, and lack of return to addiction treatment.
- Both unplanned and planned detoxification is difficult on the body and can produce seizure activities, hallucinations, loss of consciousness, severe behavioral changes, cognitive decline, neurological overload, weakness, tremors, anxiety, depression, and death.
- Demographics and quality care also impact patient outcomes after detoxification.





# References

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