Inpatient Detox:

Who needs it and how do they get it?

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PRESENTER DISCLOSURE

PRESENTER: Laurie Shorting

No conflicts of interest to disclose

Objectives:

- 1) Alcohol detoxification options in Winnipeg
- Pros and cons of inpatient and outpatient detox
- 3) Appropriate patients to refer to Inpatient detoxification

Choices For When Patients Require/Request Detox:

- 1. Outpatient Detox: at home
- Non Medical Detox: through Main Street Project (MSP)
- Inpatient Detox: hospital based medical detox

Pros/Cons of Inpatient versus Outpatient Detox

Inpatient:

- Access to medical specialty referrals and consultations
- Medical care and supervision
- Separation from triggers
- Introductions of mutual help/peer support
- Higher rate of detox completion
- Higher cost
- May relieve patient of personal responsibility and encourage unnecessary dependence of hospital staff

Outpatient:

- Ability to continue to function 'as usual' without much disruption
- Retain freedom
- Incurs less cost

Patients Appropriate for Admission to the Inpatient Addictions Unit (AU)

Patients are usually admitted to AU due to active abuse and/or withdrawal from alcohol. We would prioritize patients with alcohol use disorders who:

- 1) Have a past or present seizure history or a history of severe alcohol withdrawal or DT's.
- 2) Whose alcohol withdrawal is complicated by a medical illness that is stable enough for our ward. Also, on occasion, patients are admitted to the Addictions Unit who are **not** in active withdrawal but who have significant medical problems and whose severe alcoholism makes them unreliable to be treated as outpatients.
- 3) Who are pregnant, and are committed to change
- 4) Who have significant psychological distress. This must not just be the desperation of wanting a place to stay; but a feeling that someone is actually at risk of self harm or too vulnerable to go home, on a case by case basis.
- 5) Who present for help for the first time. These patients benefit from an admission to our ward to be exposed to mutual help and addictions education groups and find out about community resources and treatment options.

References:

- ABBOTT, P.J.; QUINN, D.; AND KNOX, L. Ambulatory medical detoxification for alcohol. American Journal of Drug and Alcohol Abuse 21(4):549–563, 1995.
- Addictions Program- University of Manitobahttp://umanitoba.ca/faculties/health_sciences/medicine/units/psychiatry/programs/addictions.html, 2019
- HAYSHIDA, M., An overview of outpatient and inpatient detoxification. Alcohol Health Res World. 1998;22(1):44-6.
- HAYASHIDA, M.; ALTERMAN, A.I.; MCLELLAN, A.T.; O'BRIEN, C.P.; PURTILL, J.J.; VOLPICELLI, J.R.; RAPHAELSON, A.H.; AND HALL, C.P. Comparative effectiveness and costs of inpatient and outpatient detoxification of patients with mild-to-moderate alcohol withdrawal syndrome. New England Journal of Medicine 320(6):358–364, 1989.