The Role of the Alcohol Outreach Nurse & it's challenges

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The Queens Nursing Institute 19/10/2016

Who are Brownlow Health?

- A busy Liverpool City Centre GP Surgery
- 4 sites – inclusive of those supporting students
- 36, 000 patients
- Has specific remit to work with homeless
- 700+ patients registered that are homeless

(Homeless patients represent less than 1% of the patient population of Practice and 25% of admissions)

Service delivery

- Has dedicated outreach Nurses

- Homelessness nurses Ian Harrison & Melanie Johnson

- Alcohol Outreach Nurse*

- Wider GP lead team with dedicated GP partner for Homelessness

- *Expert supervision accessible via Alcohol Nurse Consultant (RLUH)

Why have an Alcohol Outreach Nurse?

- The role was designed to work with those patients registered in the City Centre Neighbourhood who had problematic Alcohol Use and were frequently attending hospital.
- This was expected to be largely made up of the Homeless Community and Students.
- The role is proactive & reactive.
- Patients being made aware of role by direct contact, or via colleagues within the Surgery.

Aim?

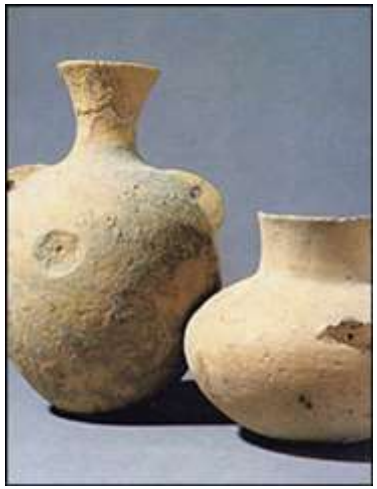
- To work with those who are frequently attending A&E
- To encourage contact with GP surgery / appropriate access to treatments
- To act as link between other agents for complex cases
- To be point of contact for those who are unlikely / choose not to engage with community based alcohol services

So what is the problem with Alcohol?

It's been around for a long time……..

- In 2004, publication of analysis of organic materials absorbed into pottery jars from the early Neolithic village of Jiahu in Henan Provence, China found evidence of a mixed fermented beverage made from rice, honey and fruit (hawthorn berry or grape)
- The pottery was estimated to date from around

6,000-7,000 BC



and today…..

- The total annual cost to society of alcohol-related harm is estimated to be **£21bn**.
- The NHS incurs **£3.5bn a year** in costs related to alcohol.
- Few other health harms have such high overall costs when the impact on productivity and crime are included.

(PHE, 14 Oct 2014)

So why should we watch our BAC?

- There were an estimated 1.09 million hospital admissions in 2014/15, where alcohol-related disease, injury or condition was the primary reason or a secondary diagnosis
- (1.06million in 2013-14)
- There are over 60 medical conditions, including mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver and depression

- Hospital visits for alcohol poisoning have doubled in six years, with the highest rate among females aged 15 to 19, a report has found.
- Emergency admissions due to the effects of alcohol, such as liver disease, have also risen by more than 50% in nine years to 250,000 a year in England.
- Rates were highest in deprived areas and in the north, and among men aged 45-64

(Nuffield Trust, 2015)

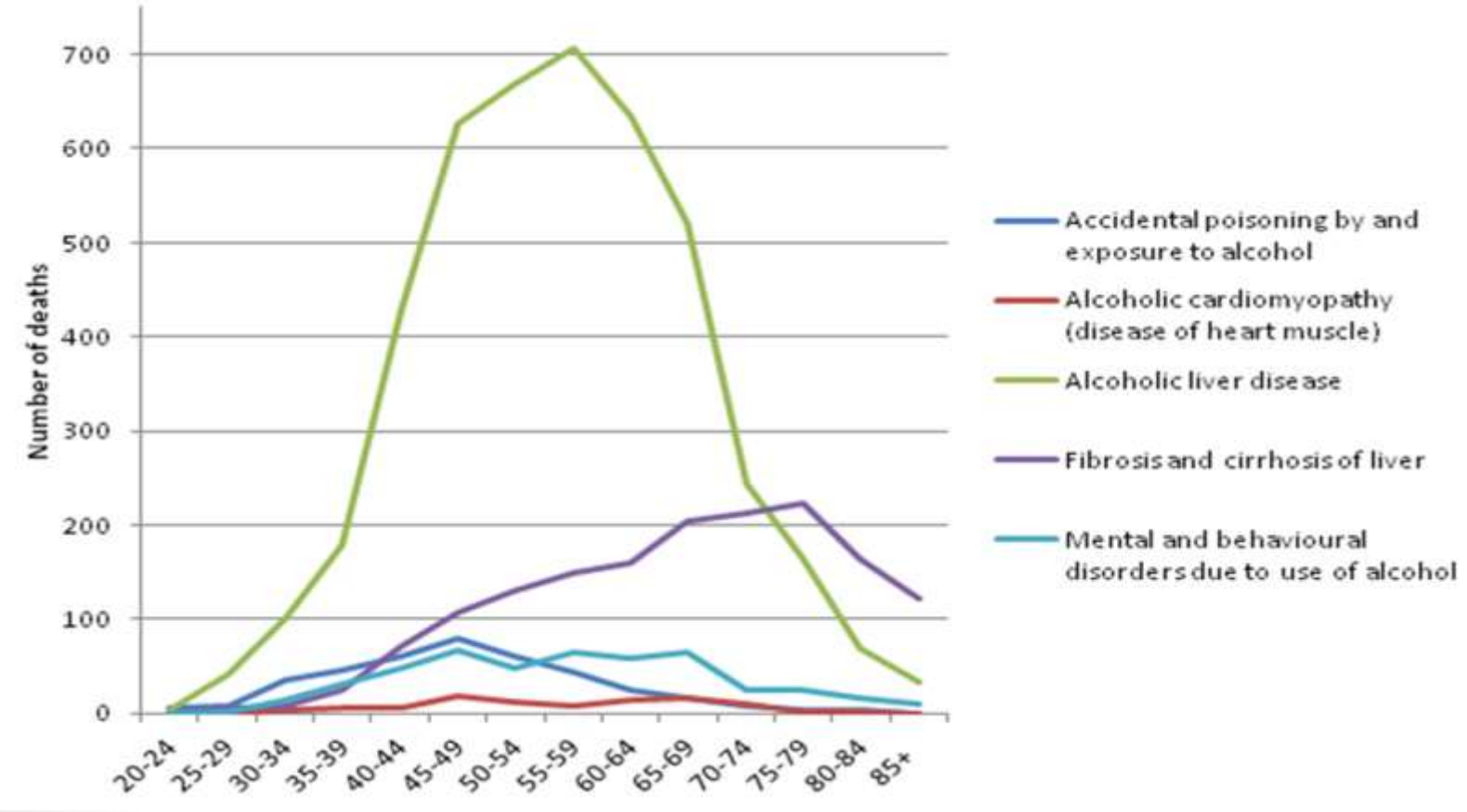
http://www.bbc.co.uk/news/health-35151246

and……

- The North West has the highest number of alcohol related deaths in England
- A person is admitted to hospital every four minutes in the North West because of alcohol
- In the North West, 1 in 5 adults drink at a level likely to pose significant risk to health

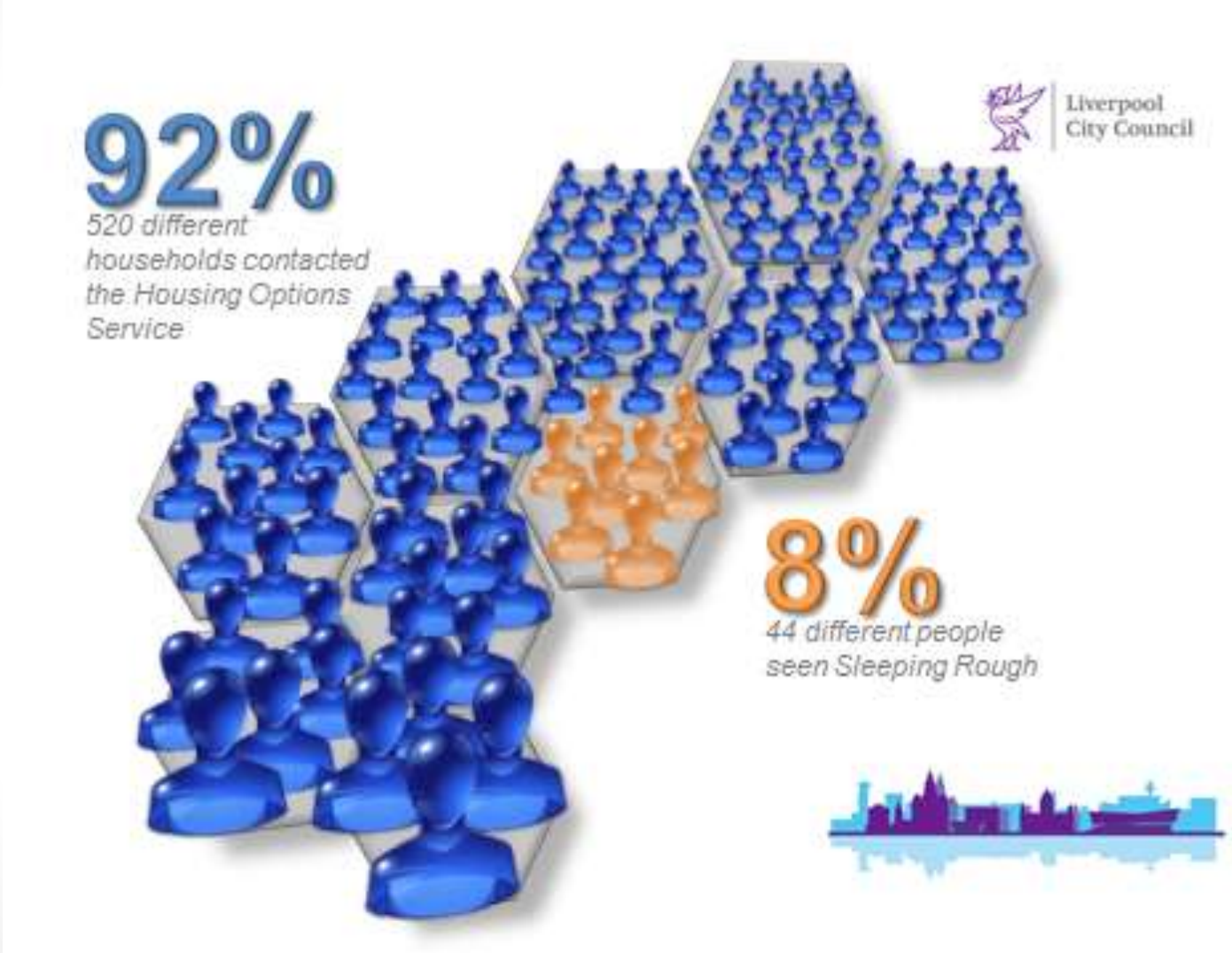
- Drinkwise http://ranzetta.typepad.com/files/drink_wise_know_more_pack.pdf

Top 5 alcohol related deaths by causes and age group, England and Wales, 2012



Source: Office for National Statistics

And homelessness…..



(Liverpool City Council homelessness forum September 2016)

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Health and Homelessness – why it matters?

- On average, homeless people die at 47 years old; 30 years before the national average (men 47yrs ; women 43yrs)
- In a survey, 70% of homeless population had physical *health problems*
- *13 times more likely to be a victim of violence*
- *70% of clients in homelessness services in England have mental health needs*
- Being homeless itself is traumatic - detrimental effects on physical and mental wellbeing
- Difficulties for homeless people accessing primary healthcare services
- Significant use of emergency services

(Liverpool City Council homelessness forum September 2016)

So….units:

- **Sensible drinking is defined by the NHS as ' drinking in a way that is unlikely to cause yourself or others significant risk of harm. '**
- **The NHS recommended sensible drinking levels are:**
- **Men & Women = 2 to 3 units per day.**

- **Whether male or female you should try to have at least two alcohol free days each week to give your liver a break from alcohol, especially if you have had a heavy drinking session the night before.**
- **(14units weekly for men & women)**

~~Easy peesy—~~Quick tip for units

Litre principle:

The unit amount per litre is the same as the 'abv %' of the drink (UK)

One litre of 4% abv beer = 4 units

One litre of 7.5% abv alcohol drink = 7.5 units

One litre of 40% abv alcohol drink = 40units.

(Beer cans often 500mls – so ½ litre. Wine bottles are commonly ¾ litre – so take quarter off.)

This is one unit...

For more detailed information on calculating units see - www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx

Half pint of "regular" beer, lager or cider

1 very small glass of wine (9%)

1 single measure of spirits

1 small glass of sherry

1 single measure of aperitifs

How many units did you drink last week?

...and each of these is more than one unit

A pint of "regular" beer, lager or cider

A pint of "strong" or "premium" beer, lager or cider

Alcopop or a 275ml bottle of regular lager

440ml can of "regular" lager or cider

440ml can of "super strength" lager

250ml glass of wine (12%)

Bottle of wine (12%)

Risk	Men	Women	Common Effects
Lower Risk	Both men and women should not regularly drink more than 14 units per week spread over three or more days		• Increased relaxation • Sociability • Sensory enjoyment of alcoholic drinks
Increasing Risk	Regularly drinking 15-50 units per week	Regularly drinking 15-35 units per week	**Progressively increasing risk of:** • Low energy • Relationship problems • Depression • Insomnia • Impotence • Injury • High blood pressure • Alcohol dependence • Liver disease • Breast, mouth and throat cancers
Higher Risk	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	

There is no completely safe level of drinking and drinking even small amounts of alcohol can incur risk in certain circumstances

For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medications.

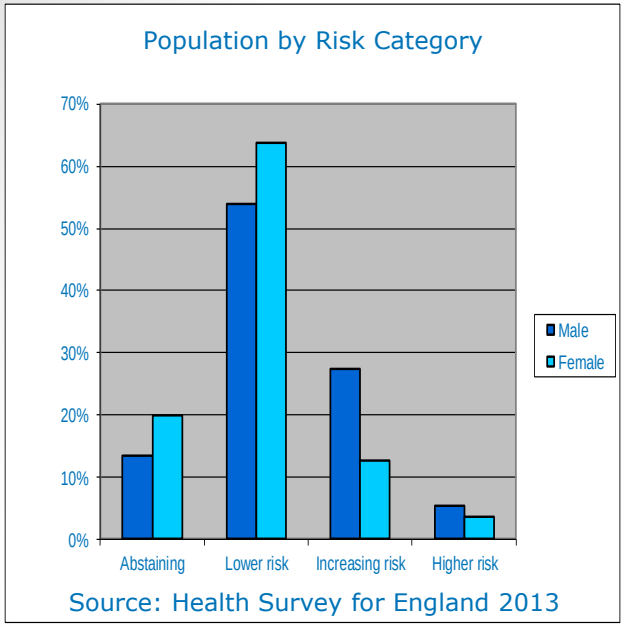
If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

Drinking in pregnancy can harm the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

More information is available from One You: www.nhs.uk/oneyou

What's everyone else like?



Source: Health Survey for England 2013

The potential benefits of cutting down

Psychological/Social/Financial

- Improved mood
- Improved relationships
- More time for hobbies and interests
- Reduced risks of drink driving
- Save money

Physical

- Sleep better
- More energy
- Lose weight
- Reduced risk of injury
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risk of cancer
- Reduced risks of liver disease
- Reduced risks of brain damage

Making your plan

- Have several 'drink-free' days, when you don't drink at all
- When you do drink, set yourself a limit and stick to it
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks
- Avoid drinking in rounds or in large groups
- Eat when you drink - have your first drink after starting to eat
- Switch to lower alcohol beer/lager
- Avoid going to the pub after work
- Plan activities and tasks at those times you would usually drink
- When bored or stressed do something physical instead of drinking
- Avoid or limit the time spent with "heavy" drinking friends

What targets should you aim for?

There is no completely safe level of drinking, but by sticking within these guidelines, you can lower your risk of harming your health:

- **Adults are advised not to regularly drink more than 14 units a week**
- **If you do drink as much as 14 units in a week, spread this out evenly over 3 or more days.**

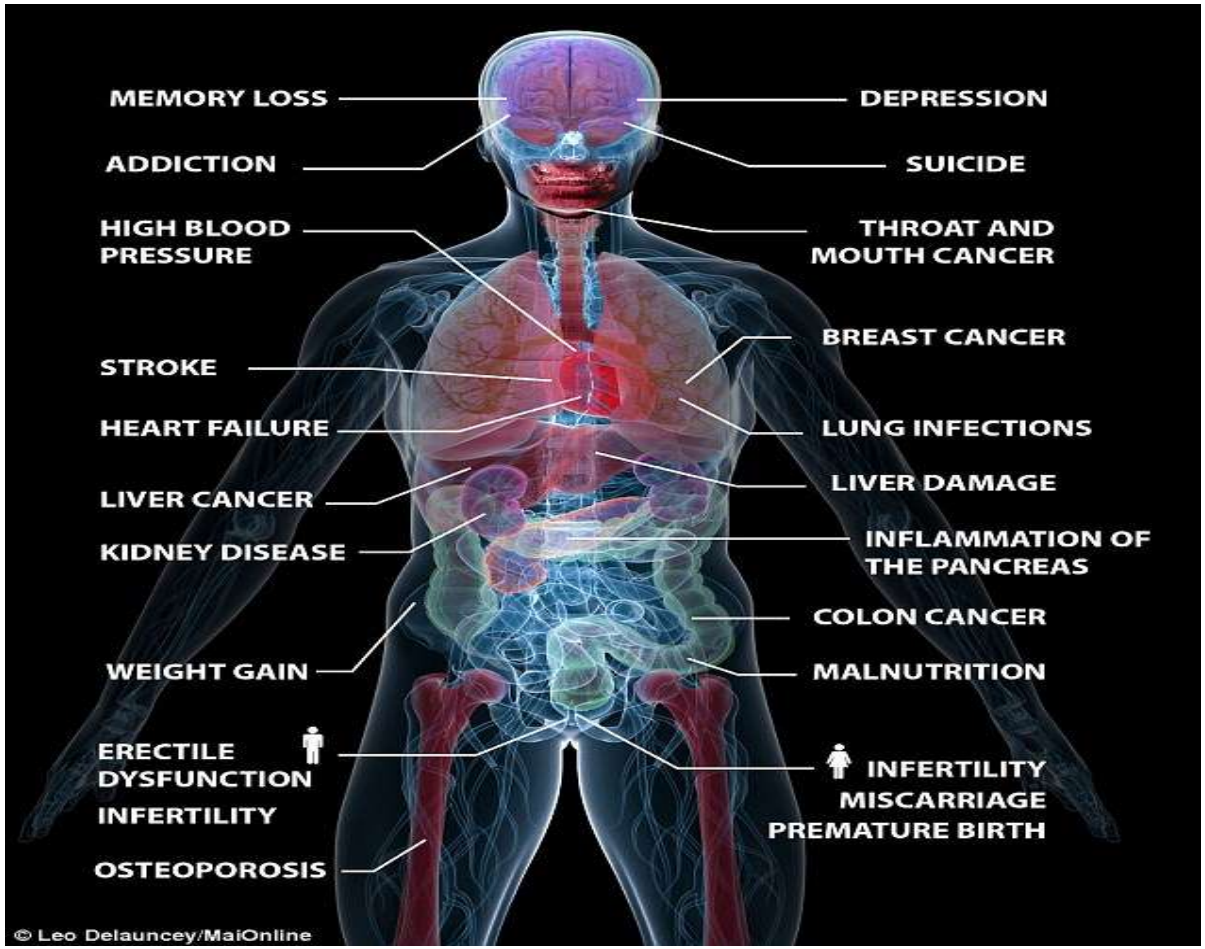
What's your personal target?

NHS

This brief advice is based on the "**How Much Is Too Much?"** Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study.

Download this alcohol advice tool from http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/

Health risks…….



There are three main direct mechanisms of harm caused by alcohol consumption in an individual (Babor et al., 2003; WHO, 2004b; WHO, 2007).

These three mechanisms are:

- toxic effects on organs and tissues;
- intoxication, leading to impairment of physical coordination, consciousness, cognition,
- perception, affect or behaviour;
- dependence, whereby the drinker's self-control over his or her drinking behaviour is impaired.

Features of alcohol dependence

Tolerance – a need to drink/use more to get the same effect or less effects with the same amount

- The brain adjusting to function in the presence of alcohol.
- If the intake of alcohol is stopped, the blood-alcohol level decreases but the brain remains in a hyperexcited state, which leads to the withdrawal syndrome.
- Needing to ‘relief drink’ on waking to avoid withdrawal

- Psychological withdrawal symptoms can include:
  - anxiety
  - depression
  - irritability
  - restlessness
  - insomnia
- Physical symptoms can include :
  - hand tremors /body shakes/ flap
  - sweating
  - nausea

Complicated withdrawals can also include features of hallucinations and fits/ seizure.

- Severe and untreated alcohol withdrawal can be fatal

Alcohol, nutrition and calories…

- There are 7kcal in each gram of alcohol
- This is almost the same as in a gram of fat
- There's no nutrients in alcohol drinks
- Alcohol calories are often referred to as 'empty calories'.

(British Nutrition Foundation, 2014)

Calories in a bottle of wine…

- A bottle of white wine can contain between 490 – 635 calories
- Generally the stronger the %abv – the more calories

and with beer.....

3.5%abv beer

5%abv beer

9%abv beer

- Standard larger 3.5%abv (500ml can) = 160 calories (1.75units)
- Premium 5% abv (500ml can) = 205 calories (2.5units)
- Super strength 9% abv (500ml can) = 345 calories (4.5units)

and white cider….

- 22.5units in a 3 litre bottle of 7.5% abv cider
- +/- 1077 calories a bottle!

+/- same as 4 slices of chocolate fudge cake

- Same as 4 slices of a large BBQ stuffed crust pizza

Why does vitamin depletion happen?

- People who drink heavily over long periods of time often have lowered vitamin levels (especially thiamine)
- This can be because of :
  - poor eating habits
  - poor appetite
  - vomiting
  - damage to the stomach lining (affecting the ability to absorb vitamins)
  - malabsorption because liver less able to produce bile to aid digestion
  - when the liver is damaged by alcohol, it is less able to process vitamins to make them bioavailable (including thiamine)

Why is thiamine important?

- Thiamine (vitamin B1) is an important nutrient for taking energy from food and turning it into energy for our brains, nerves and heart
- It is needed in order to process carbohydrates, fats and proteins
- Thiamine deficiency may be called Wernicke's encephalopathy or Beriberi, depending on how it presents.

High index suspicion of thiamine deficiency should include:

- Significantly underweight patients including those with a low BMI (but not always)
- Vomiting
- Ataxia
- Memory Problems
- Clinical signs of malnourishment

Thiamine Deficiency over time:

Cellular Damage

Thiamine-dependent cellular systems begin to fail leading to a decrease in enzyme activity

-**Neuronal necrosis**

-Drop in energy production leads to neuronal damage and cell death

-**Metabolic impairment**

-Lack of thiamine-dependent enzymes alters cerebral energy utilisation

(Adapted from Sechi and Serra 2007)

This means that brain damage can occur as a result of alcohol use, that does not resolve once withdrawal management is completed

So what is alcohol related brain injury (ARBI)

- an umbrella term for the damage that can happen to the brain as a result of long-term heavy drinking. Over time, drinking too much alcohol can change the way the brain works and its physical shape and structure.
- Serious consequences can include
- - personality changes
- - problems with thinking
- - problems with mood
- - problems with memory
- - problems with new learning

Key points for conditions ranging from Wernicke's Encephalopathy (WE); Alcohol Related Brain Injury (ARBI) and Korsakoff's syndrome

- Cerebellar Atrophy – primarily affecting coordination and causing a wide-based gait
- Peripheral Neuropathy – leading to reduced sensation in feet and legs (and sometimes the hands)
- Hepatic Encephalopathy – severe alcohol related liver disease can cause an acute disturbance of brain function with confusion initially but may develop to coma
- Frontal Lobe Dysfunction – this part of the brain is important for our ability to plan and organise, judgment, problem solving, be flexible in thinking and behave in socially appropriate ways
- Wernicke's Encephalopathy – caused by a lack of thiamine (Vitamin B1) and which causes confusion, ataxia and disturbance of the muscles controlling the eye movements.
- Korsakoff's Amnesic Syndrome – leading to difficulty in learning new information , memory loss and confabulation

(Taken from Assessment of Incidences of Alcohol-Related Brain Injury (ARBI), HSE West, 2011)

The recovery outcome for people with ARBI is thought to be split into quarters (Smith and Hillman, 1999)

- 25% making a complete recovery
- 25% making a significant recovery
- 25% making a slight recovery
- 25% making no recovery.
- It should be held in mind that the circumstances for these outcomes are that patients had stopped using alcohol.

Why does this happen?

The reasons can be varied and could include:

- Alcohol is a toxin; long term this can damage brain cells
- Alcohol is a diuretic. This can lead to dehydration which can affect brain cells (shrinkage / cell death)
- Vitamin deficiency
- Alcohol related cardiovascular changes can increase the risk of heart attack / arrhythmia and strokes (which can affect the brain)
- Intoxication can lead to increase risks of falls/ fights and vulnerability to attack (head injury)
- Alcohol withdrawal can be taxing to the brain and nervous system (form of neurogenic shock)

(Alcohol Concern 2016)

Options for treatment….

- Working to engage
- Ensure understand risks of abrupt alcohol cessation
- Thiamine prescribing
- Alcohol reduction plans
- Detox

- When there are delays with access to detox or resistance to this option
    - Ensure compliance with thiamine / diet / fluids
    - Consider I.M. high potency vitamins (Pabrinex®)

At Brownlow we have a 'Pabrinex®' Protocol for use outside of detox (I.M)

- Where there is evidence of poor compliance with oral medication
  - where there is high risk of Wernicke's encephalopathy with withdrawal
  - where there is evidence of poor nutrition / weight loss / neglect
  - evidence of alcohol related ataxia / peripheral neuropathy / memory concerns (MoCA*)

(protocol was co-authored with Alcohol Nurse Consultant Dr Lynn Owens)

* Montreal Cognitive Assessment

Working closely with specialist alcohol service colleagues in the community

- Liaison with Specialist Alcohol Nurses within Royal Liverpool Hospital
- Good links with community based alcohol service (Liverpool Community Alcohol Service – LCAS)
- Good relationship with local inpatient detox providers (Mersey Care)

- able to complete detox assessment for this service with hard to reach individuals in the community

- assessments are then dealt with directly in Service's 'Gateway Meetings'

Linking in with other support

- Close working with Social Workers within our 'Integrated Social Care Team'
- Local rehabilitation Service referrals
  - Park View Project
  - Transforming Choice
- Referrals for allocation of dedicated intensive support worker via the Liverpool Waves of Hope project
- Working with local recovery community agencies
  - A-PASS
  - The Brink
  - Crisis Merseyside
  - Whitechapel Centre and Basement projects

and accommodation…..

- Need for housing contingency plans to be in place pre- detox
- Some hostel housing providers prefer that people do not return post detox, as feel risk of relapse too high*
- Pressure on individual by associates
- *May find prospect of looking for accommodation ‘overwhelming’

Support and ‘linking in’ with local agencies essential

And what about relapse avoidance?

- Working to plan aftercare before detox
- Discussing options for anti-craving prescribing
  - Acamprosate
  - baclofen
  - referral for Nalmefene therapy
- Activity options

Keeping regular contact via drop in service

Maintaining contact with outreach if necessary

Access to local recovery community

Keep contact with homelessness providers

Case study 1

- John is from Eastern Europe. Speaks Polish with his associates. Cannot speak English. No recourse to funding. In late 40's
- Alcohol dependent at first contact
- Difficulty with inguinal hernia and felt unable to seek work given pain and discomfort from this
- vulnerable to assault whilst sleeping rough
- Referred by GP for hernia repair and close linking in with colleagues at Whitechapel Centre who were able to organise funding for temporary accommodation post –op.
- Able to link in with Specialist Alcohol Nurse Team at Royal Liverpool Hospital
- Able to co-ordinate community detox post-op whilst in temporary accommodation

case 1 contd…

- Able to start anti-craving prescribing on completion of detox

Period of instability following end of funding for accommodation post –op. Property and medication stolen whilst sleeping rough and assaulted. Relapsed

- Was able to decide wanted to return to being alcohol free
- Drink reduction advice / plan (successful)
- Able to re-start anti-craving medication when alcohol free
- Continues to be supported with anti-craving therapy & currently remains alcohol free
- Living in City Mission
- Attending ESOL classes

Case study 2

- Michael chaotic drug and alcohol user, early 30's and living in hostel
- Assaulted near his hostel and sustained serious head injury
- Prolonged hospital inpatient stay and alcohol free when discharged back to community (to his hostel)
- Relapsed whilst back at hostel

- Requested access to detox. Able to discuss local options together with working to support alcohol reduction plan
- Poor attender at GP surgery and felt wouldn't work with statutory alcohol services (previous negative experiences)
- Able to link in with local 'Social Detox' project and did attend GP surgery to confirm plans
- Able to start anti-craving medication when alcohol free and remained at project for period of rehabilitation

case study 2 contd…..

- Currently living independently
- Has completed a college course in health and social care this year
- Continues to act as a peer mentor to others at the social detox project
- Remains alcohol free

End

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