LETTER TO THE EDITORS

A COMPARISON OF HOME DETOXIFICATION AND MINIMAL INTERVENTION STRATEGIES FOR PROBLEM DRINKERS

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We read with interest Colin Bennie’s (1998) comparison of home detoxification and minimal intervention for problem drinkers. We would be grateful for some clarification of the methodology and the results.

How many patients were approached to recruit the 95 subjects, and what inclusion and exclusion criteria were employed? Were there any demographic differences between the treatment groups? Were the 19 patients who could not be contacted distinguishable from the remainder of the sample at intake? Were the same therapists used for the two treatments? What psychosocial interventions were used during the eight visits for home detoxification and what was the duration of these visits? Were the patients in the minimal intervention group sober when assessed and were they breathalized to determine this? Who carried out the three research assessments, and were they blind to treatment? Were the structured interview schedules and the Severity of Withdrawal Symptom Checklist validated?

All patients were referred to the Home Detoxification Service by their General Practitioners (GPs) and yet only 21 (28%) are reported to have sought help from this source during the 12 months before referral (Table 2). It is also unclear as to how much GP involvement was in the Home Detoxification Group; for example, was this confined to the prescribing of chlordiazepoxide, or did the GPs take on any further work with the patients? Also we would question the use of a fixed regime of reducing doses of chlordiazepoxide, as this would not take into account the need for flexibility in withdrawal regimes. In the Discussion, it is stated that 30% of all subjects had had at least one recent alcohol-related admission to psychiatric hospital for treatment, whereas only 12 subjects (16%) had been a psychiatric in-patient for any reason during the past year (Table 2). The Methods section also stated that the Minimal Intervention group received a further visit from a nurse after 4 weeks, but did not state the length of this visit. It is reported that a third of all subjects attended a Council on Alcohol and a third Alcoholics Anonymous during the follow-up period. The treatments investigated were not good predictors of outcome; it might be speculated that uptake of continued help would be a better predictor. Did the analysis support such a view? Finally, the Discussion suggests that a more intense follow-up period afforded to those in the HD group contributed to the increased abstinence rates seen in those subjects without stating what this follow-up period consisted of.

The paper certainly addresses a very important and relevant issue but, unfortunately, poses more questions than it appears to have answered.

REFERENCE


Editor’s note — The author of the paper in question (Bennie, 1998) has been given the opportunity to respond to the above letter by Drs Lewis and McBride (A.A.-A.B.)

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