

# ALCOHOL ABUSE IN DIALYSIS PATIENT

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## INTRODUCTION

Alcoholism is a chronic recurrent disease affecting not only the entire personality of the person, but also their psychological and physical aspects. Alcohol addiction is particularly understated in the Czech Republic, although it is the most common form of addiction with life-threatening consequences. Unfortunately, these problems are not unknown to dialysis patients. Following their enrolment in a chronic dialysis programme, most patients are forced by circumstances to change their daily routine to adjust it to the requirements of dialysis. This adaptation period places great demands on the patient's mental wellbeing, and from the patient's viewpoint, alcohol can be a crutch of sorts in this difficult period.

Up to one quarter of dialysis patients have had a positive test for alcohol abuse (based on the MAST questionnaire), while an estimate for the normal population was 5-10%. No specific data is available on the approach to alcoholism in dialysis patients; the prognosis in the dialysis programme, but also after transplantation, is worse.

## OBJECTIVE

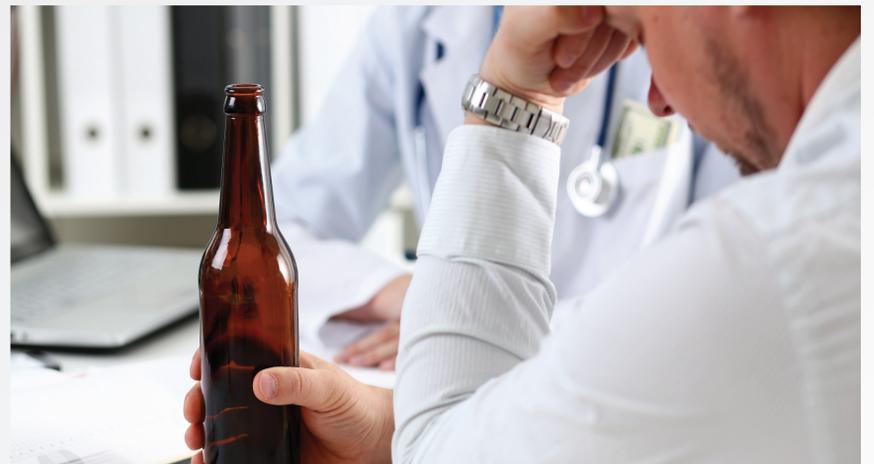
Definition of methods for the medical staff to help the patient cope with this addiction. Enable the patient to combine haemodialysis treatment with an alcohol addiction recovery programme.

## METHOD

We present an outline of this issue, prepared as a case report. The text can be a useful basis for practice. On the other hand, there are no answers to all the specific questions about the management of dialysis patients suffering from alcohol abuse. However, it is useful to become acquainted with it, given that there are limited references on the components of comprehensive care in these dialysis patients.

## CASE REPORT

A male, 43 years old, enrolled in the dialysis programme in 10/2016, lives in a common household with his father. Since the age of 18, the patient has gradually used a wide range of psychoactive substances (marijuana, pervitin, hallucinogenic agents, heroin), always in combination with alcohol. The patient repeatedly underwent withdrawal treatment in the psychiatric unit in Bohnice in 2000 and 2001. Up until approximately 20 January 2018, he had participated in substitution drug-addiction treatment at the Remedis Centre, which was involuntarily discontinued due to a dispute with staff. Unfortunately, he was not able to get rid of the alcohol addiction; after inclusion in the chronic dialysis programme and the subsequent termination of the substitution treatment, this addiction deepened. The patient states that he drinks about 2 beers and about half a litre of vodka per day on a regular basis. The patient's addiction not only reduces his adherence to haemodialysis treatment, but also complicates the control of fluid intake, thus jeopardising the patient's life. Alcohol abuse is undoubtedly a negative prognostic factor.



## RESULTS

Care for this particular patient is specific in a way and the approach of the whole team is individual.

Communication was conducted in a way that preserved the dignity of the patient, and created a safe and confidential atmosphere. Good communication enables the patient to express their opinion, the physician or medical staff speak clearly without technical terms, the statements are brief, the information specific, and verbal and non-verbal communication unified.

In April 2018, we succeeded in resuming the cooperation of the patient with the Remedis centre, restarting the substitution drug-addiction treatment. The patient has lowered his alcohol intake by approximately half and is continuing with treatment.

Our knowledge related to the issues of alcohol addiction in dialysis patients shows us how to better target an individual approach to nursing care for such patients. In this particular case, psychological support and specifically the renewal of the patient's motivation for treatment has been shown to be of crucial importance. In co-operation with the Remedis centre, adapting the dialysis schedule to the patient's current needs in direct association with the alcohol addiction treatment, repeated advice on fluid intake restriction. The key has been the cooperation of the entire multidisciplinary team, including psychological help directed at the addiction.

## CONCLUSION

Abuse or substance addiction may be comorbid in patients with ESRD. It is a burden within the ESRD program and is strongly associated with premature mortality, particularly among younger patients. Targeted intervention is needed to help reduce this burden. Care of these patients is demanding for both medical and paramedical staff.

However, there is the absence of a substantial pre-existing literature on this topic.

These patients apart from the need of dialysis require increased nursing care and ongoing monitoring. Nurses must have sufficient information about the care of this patient with alcohol addiction in order to be able to properly evaluate the patient's condition, provide adequate care, and identify potential risks.

SOURCE: Complex care of dialysed patients; Prof. MUDr. Sylvie Dusilová Sulková, DrSc; vol. XII • no. 1 • March 2014; review; Postgraduate Nephrology