

przed terapią u 24% badanych, brak zmian w sposobie używania alkoholu w przypadku 19%.

Przeprowadzone analizy wskazują na:

– pozytywne efekty ukończenia przez pacjenta PPTU, w postaci częstszego utrzymywania abstynencji w grupie osób kończących PPTU w stosunku do pacjentów, którzy przzerwali terapię;

– konieczność podjęcia starań w kierunku ograniczenia liczby brakujących informacji o badanych pacjentach; dotychczasowa duża liczba braków danych w poszczególnych placówkach zawiąza procent osób, u których nie zanotowano pozytywnych rezultatów terapii, zaniżając jednocześnie liczbę osób, którym terapia odwykowa w placówkach sieci przyniosła wyraźne korzyści.

Marzenna Kucińska, Jerzy Mellibruda

Alcohol use in patients completing vs. dropping out from alcohol treatment in the APETA program

Summary

Alcohol use in patients who either completed therapy or dropped out was compared at 6, 12 and 24 months since their completion of or dropping out from the basic alcohol treatment program (BAT).

Subjects in the study were 1897 patients who in 1994 entered the BAT in the alcohol treatment Network under the APETA research program, and in the same year terminated treatment either prematurely or as planned.

In the analysis an assumption was made that missing cases should be interpreted as a „probable relapse to alcohol use as destructive as prior to treatment” – thus, data on 100% of patients entering treatment in a given facility were processed.

Considering all the patients who had entered alcohol treatment as 100%, it was found at a 2-year follow-up that:

– in the group of those who **had completed** the BAT on the outpatient basis the alcohol disease development was stopped (i.e. total abstinence was maintained) in 52% of cases; a positive outcome, i.e. a less destructive drinking pattern was attained in 10% of the group under study, while no change in the alcohol use pattern was noted in 37% of BAT completers;

– in the group of those who **had completed** the BAT in inpatient facilities total abstinence was reported by 20% of patients (in a half of them, i.e. in 10,5% of cases the process of alcohol dependence can be said to be stopped, since total abstinence had been maintained for at least three months prior to the follow-up); a positive outcome, i.e. a less destructive drinking pattern than before therapy was attained by 5% of patients, while there were no changes in alcohol use in 75% of cases;

– in the group of **drop-outs** from outpatient alcohol treatment total abstinence was maintained by 10,4% of respondents, a drinking pattern less destructive than before therapy was found in 10% of subjects, and no changes in 79,5% of cases;

– in the group of **drop-outs** from inpatient treatment only 2% maintained total abstinence, 1,5% reported a less destructive drinking pattern, while 94% indicated no change in their alcohol use.

Assuming that in the group of patients on whom information was available the distribution of outcomes was the same as in that of missing cases (i.e. that data were available in 100% of cases) at a 2-year follow-up it was found that:

– in the group of outpatient BAT **completers** 71% maintained total abstinence, while in 11% of cases there was no change in alcohol use;

– in the group of inpatient BAT **completers** total abstinence was maintained in 72% of cases, while no change in the pattern of alcohol use, or a relapse to drinking as destructive as that before therapy, was noted in 9%;

– in the group of **dropouts** from outpatient treatment total abstinence was maintained by 30,5% of respondents, a less destructive drinking pattern in 30,5%, and no changes in the alcohol use pattern – in 39% of cases;

– in the group of **dropouts** from inpatient treatment total abstinence was maintained by 57% of respondents, a less destructive drinking pattern was reported by 24%, and no changes in alcohol use – by 19%.

Performed analyses indicate:

– a positive outcome of the BAT program completion, since current abstinence was found more often in completers than in dropouts;

– a necessity of obtaining more complete data at follow-ups, since frequently missing data on patients treated in particular alcohol treatment facilities result in an overestimated percentage of cases with no improvement after therapy, and at the same time, in an underestimated number of those who definitely benefited from alcohol treatment in the Network facilities.

Key words: treatment efficacy (alcoholics)