



DRINK
TALKING

Patient Case Study

Hannah Le Ruez

Alcohol Specialist Nurse

Royal Cornwall Hospital

This presentation is commissioned and funded by Kyowa Kirin

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KKI/UKIRE/PAB/0240

October 2020

KYOWA KIRIN

Patient Profile

- 42 year old female
- Living alone in a flat
- 8 year old son in Foster Care
- Unemployed

Patient History

- Only Past Medical History is Asthma
- Had been drinking 70cl vodka for 3 years
- Was supported by Community Alcohol Services for over 2 years prior to admission
- No prior hospital admissions or contact with Alcohol Liaison Team

Patient Situation

- Initially presented to hospital with decompensated liver disease and jaundice
- Noted to be confused with short term memory loss and confabulation
- Did not improve despite treatment with IV Pabrinex[®] (high potency vitamins B and C) and reasonable length of hospital stay
- Mental capacity fluctuated in hospital and was worsened by anxiety
- Required Deprivation of Liberty Safeguarding to maintain safety and prevent patient leaving hospital
- Would become regularly distressed and required much support from staff

Actions and Outcome

- MDT approach involving family, community keyworker, Alcohol Liaison Team, Psychiatric Liaison, Social worker, Occupational Therapist, Consultant and Independent Advocate
- Agreed patient had developed Alcohol Related Brain Injury which was not improving
- Agreed transfer to ARBI Unit was best outcome for patient
- However, time taken for diagnosis, agreement of treatment plan and funding of unit resulting in total hospital stay of 105 days
- Cognition improved after 4 months in unit, allowing patient to return to independent living with alcohol misuse support and social worker
- Continues to drink alcohol but at reduced rate, improved diet and engagement in community and has not required any further hospital admissions

Key Learnings

- Complex nature of patient's diagnosis and discharge resulted in investigation of other patients with ARBI and their outcomes
- Concerns about missed diagnosis and poor discharges resulted in development of ARBI working group to discuss treatment pathways and complex patients
- ARBI hospital guideline published to improve knowledge of condition, provide treatment plan and advice for appropriate referrals for supported discharge
- Hospital has improved diagnosis and better MDT links to support ARBI patients
- Evidence of reduced Length of Hospital stay for those diagnosed with ARBI