

KEY MESSAGES | ARC KSS DEMENTIA AND ALCOHOL COMMUNITY OF PRACTICE (8/12/2021)

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Prevalence of alcohol-related brain damage (ARBD) and its significance for dementia

- The prevalence of ARBD is poorly understood. It is estimated in the range of 0.5% to 2.4% in varying populations, including hospitalised groups and post-mortem
- Research confirms excessive and prolonged alcohol use as a significant contributor in the development of early-onset dementia
- One study found 76% of older adults with alcohol-use disorders scored 'likely' for dementia (Rao, 2016)
- These patients typically have a different clinical profile, being younger and less cognitively or functionally impaired (Oslin and Cary, 2003)
- High risk groups include the homeless population, the prison population, acute hospital units (alcohol related admissions), and community and inpatient alcohol service users

System challenges

- There is confusing terminology and a false impression of alcohol-induced dementia being a progressive neurodegenerative condition
- A typical patient receives poor social support and their cognitive impairment is identified late, at hospitalisation or crisis stage
- Cognitive decline is linked to levels below what is considered alcohol dependency and problematic consumption
- ARBD patients are unable to access appropriate services and fall through gaps in the system or defaulting between cognitive impairment and alcohol/substance misuse services, including homeless services

System opportunities

- Memory assessment (MAS) clinicians feel that discussing alcohol consumption is feasible and older adults find it acceptable if relevant to the presenting problem
- Memory assessment services do not currently have sensitive screening tools for identification of, or interventions for, alcohol-related cognitive decline
- Up to 75% of individuals will improve with appropriate identification and intervention
- Services providing a rehabilitative model can reduce all acute hospital bed-day usage by 85% and are able to maintain 75% of affected patients in non-institutional community settings.
- Dedicated ARBD teams can be used to successfully identify high risk patients and provide integrated service support, similar to the Wirral ARBD service