

## Day care for alcoholism in psychiatric hospital »Sveti Ivan« 2004–2012

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**Summary** – Alcohol addiction treatment represents complex and lingering therapeutic procedure which can be provided stationary, within specialized psychiatric wards, and through partial hospitalization or day care hospitals for alcoholism. A psychiatric hospital day care, or partial hospitalization, represents facility for patients requiring intensive psychiatric treatment within relatively structured environment. While it offers the same variety of treatment procedures as the mental hospital, it differs in that patients are present for part of the day and do not live at the hospital. Main goal of psychiatric partial hospitalization should be patient's adequate resumption to his community, adequate rehabilitation and resocialization which are based on the premise that supportive and safe environment encourages self-care and enhances motivation for recovery. Treatment should be person centered; meaning that it is tailored to each patient's specific needs in a confidential, supportive, and structured environment. Partial hospitalization is a cost-effective strategy that also provides an opportunity to test, in community life, the lessons learned in the treatment program. Day care hospital for alcoholism in Psychiatric hospital »Sveti Ivan« was established on 2004 and it encompasses wide array of therapeutic procedures such as psychopharmacotherapy, small and large group psychotherapy, multifamily group therapy, therapeutic community, occupational therapy, work therapy, bibliotherapy and recreation. Multidisciplinary therapeutic team is focused on helping patients confront and overcome their alcohol dependency, and to

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assist them in developing strategies for maintaining alcohol-free lifestyle in order to enhance their quality of life.

**Key words:** Day care; alcoholism.

## INTRODUCTION

Alcoholism represents as widespread public-health issue, considering its direct and indirect pathological influence on mental and physical health, economic, social and cultural consequences; in Psychiatric hospital »Sveti Ivan« in accordance with modern preventive, diagnostic and therapeutic positions, alcohol addiction treatment can be provided stationary on alcohol addiction Ward and through partially hospitalisation on Hospital day care as functional and organisational unit of addiction ward.<sup>1,2</sup>

Hospital day care is defined as an organizational form of partial hospital treatment, but despite that fact, rehabilitation and therapy procedures are treated by the health-care system partially as outpatient health care treatment.<sup>3</sup> Hospital day care is more represented as a special institutionalized sociotherapy form than specific methodological approach of sociotherapy. Therapeutic approach is integrative, therefore psychopharmacology, sociotherapy are applied, as well as other psychosocial interventions when needed. Structure within hospital day care, by itself, has an important therapeutic influence on patients which is logically synergistically connected with applied therapeutic methods such as psychopharmacotherapy, psychotherapy and sociotherapy. Patient is represented as active participant in therapeutic process, not just a therapeutic object, thus he has responsibility for his own treatment and success, reversely creating selfconfidence, selfrespect, treatment motivation and identification with the overall therapeutic agenda and its main goals: recovery and resocialization.<sup>4,5</sup> Treatment and psychosocial rehabilitation are provided by the multidisciplinary team consisted of psychiatrist, nurse, occupational therapist, clinical psychologist and social worker. Multidisciplinary team plans rehabilitation, uses recreational sociotherapy methods such as group visiting of the cinema, museums, exhibitions, sports, etc. The goal of the therapy is to achieve positive effects on patient's behaviour, to increase his social activities, determine his social and professional functionality, to enable them to function normally within their family and to reconstruct their working capabilities.<sup>6,7</sup>

Hospital day care is an alternative to stationary hospital treatment, representing transitional phase between stationary and ambulant treatment and intermediary phase between processes of rehabilitation and resocialization. Functionally, hospital day care is independent institution, with its professional staff, therapeutic and rehabilita-

tion programmes. During the time present in hospital, patients maintain social and emotional relations in their family and social environment, thus being less stigmatized and lesser isolated from society. Experts do not have a unified opinion on the treatment of alcohol addiction, but the fact is that there are a vast number of special departments in daily hospital intended to treat alcoholics, but not other addicts.<sup>8,9</sup> First hospital day care in Croatia has been established in 1964 as a part of Centre for studying and prevention of alcoholism of Neurologic-Psychiatric Department of Dr. Mladen Stojanovic Hospital (today Clinical Hospital Centre »Sestre Milosrdnice«).<sup>3,8</sup>

### FOUNDATION OF DAY CARE FOR ALCOHOLISM IN PSYCHIATRIC HOSPITAL »SVETI IVAN«

Until 2004, contemporary Psychiatric hospital »Sveti Ivan« had a name Psychiatric hospital Jankomir, and on that exact year hospital day care for alcoholism was established. It had a multidisciplinary team that consisted of addiction orientated psychiatrist, nurse, occupational therapist, clinical psychologist and social worker with 4 hour working day. Hospital day care has had a capacity for 15 patients which persisted until nowadays.<sup>10</sup>

**Table 1.** Hospital day care multidisciplinary team

Professional profile	Working hours
Addiction-orientated psychiatrist	8
Senior nurse	8
Occupational-therapist	8
Clinical psychologist	4
Social worker	4

**Table 2.** Therapeutic and recreational methods

1. Psychopharmacotherapy
2. Small and large group psychotherapy
3. Multifamily group therapy
4. Therapeutic community
5. Occupational therapy
6. Work therapy
7. Bibliotherapy
8. Recreation

Therapeutic and rehabilitation programme is consisted of psycho pharmacotherapy, small and large group psychotherapy, multifamily group therapy, therapeutic community, occupational therapy, work therapy, bibliotherapy and recreation.<sup>11–13</sup>

### FUNCTIONAL AND COMMUNICATIONAL CONJUNCTIONS OF HOSPITAL DAY CARE

Hospital day care has vertical functional and communicational connections with addictions Ward, other hospital wards and specialist health care within hospital and with primary health care. Patients are admitted in Hospital day care in order to obtain prolonged treatment and stabilisation after completing stationary treatment on addictions Ward. They are also admitted from other wards and hospital specialist health care, though statistically not in significant number. Small numbers of patients are admitted from primary health care physicians and from other hospitals for prolonged treatment.

**Table 3.** Vertical functional and communicational conjunctions of Hospital day care

Functional unit	Relative quantity in overall number of patients (%)
Alcoholism and other addictions ward	91
Other hospital wards	22
Hospital specialist health care	11
Other hospitals	11
Primary health care	5

Although treating only alcohol and other substance abuse addictions, Hospital day care does not has separate functional subunits, thereby horizontal communication is provided through therapeutic community meetings, attended by the patients and all the employees of Hospital day care.<sup>10,11</sup>

### STATISTICAL AND EPIDEMIOLOGICAL DATA ON TREATED PATIENTS

During analysed interval, from the year 2004 to 2012, namely nine years, 1107 patients were treated in Hospital day care. From addictions ward there were 1007 or 91 percent of patients, and from other wards 22 or 2 percent. Primary health care physi-

cians sent 56 or 5 percent of patients, from other hospitals 11 or 1 percent of patients were sent and equally from hospital specialist health care.

Average occupancy during analysed interval was 79, 09 percent. Average treatment length per patient was 63, 22 days. Average treatment length for males was 63, 48 days, for females 62, 10 days.<sup>11,14</sup>

**Table 4.** Average treatment length

	Overall	Male	Female
Average treatment length (days)	63,22	63,48	62,10

## SOCIODEMOGRAPHIC FEATURES OF TREATED PATIENTS

According to gender distribution in overall number of treated patients during analysed interval there were 888 or 80.22 percent males and 219 or 19.78 percent females. Average lifespan in the analysed sample was 47.3 years. Male average lifespan was 46.2 years and in females it was 48.4 years. Amongst analysed sample there were 737 or 66.6 percent married, 124 or 11.2 percent singles. There were also 246 or 22.2 percent divorced, respectively 205 or 83.33 percent males and 41 or 16.67 percent females.

**Table 5.** Sex distribution and average lifespan

Overall treated	N	%	Average lifespan
	1107	100,00	
Male	888	80,22	46,2
Female	219	19,78	48,4

In the analysed sample 120 or 10.84 percent of patients had university graduates, among them were 82 or 68.3 percent males and 38 or 31.6 females. Vocational college had 58 or 5.2 percent of patients, 50 or 86.2 percent males and 8 or 13.8 percent females. Secondary school had 860 or 77.69 of patients, 690 or 80.23 males and 170 or 19.77 percent females. Primary school had 69 or 6.23 percent of patients, 50 or 72.46 percent males and 19 or 27.54 percent females.<sup>15,16</sup>

**Table 6.** Sociodemographic features

Professional qualification	Overall (N)	Male (N)	Female (N)
University graduates	120	82	38
Vocational college	58	50	8
Secondary school	860	690	170
Primary school	69	50	19

## STATISTICAL-EPIDEMIOLOGICAL MORBIDITY INDICATORS ACCORDING TO NOSOLOGICAL ENTITIES

Patients diagnosed only Alcohol dependency syndrome (F10.2) were 734 or 66.30 percent of overall number of 1107 patients treated. Patients with alcohol dependency syndrome (F10.2) and subsequent »non-addictive« co morbid diagnosis were also treated: Acute stress reaction (F43.0) 4 patients; Adjustment disorder (F43.2) 11 patients; Posttraumatic stress disorder (43.1) 43 patients; Enduring personality changes

**Table 7.** Statistical-epidemiological morbidity indicators according to nosological entities

Analysed interval 2004.–2012.				
Discharge diagnosis	Code	Patients number		
		Absolute number	Relative number	
1. Alcohol dependency syndrome (ADS)	F 10.2	734	66,30	
2. Alcohol dependency syndrome (ADS) with comorbid Acute stress reaction	F 43.0	4		
3. ADS with Adjustment disorder	F 43.2	11		
4. ADS with Posttraumatic stress disorder	F 43.1	43		
5. ADS with Enduring personality changes	F 62.0	11		
6. ADS with Personality disorder	F 60.3	20		
7. ADS with Depressive disorder	F 32	30		
8. ADS with Recurrent depressive disorder	F 33	48		
Overall		<b>177</b>		
9. Other diagnoses	F 10.1 and F 19.2	373	33,70	
Overall		1107	100,00	

following catastrophic events (F62.0) 11 patients; Borderline personality disorder (F60.3) 20 patients; Depressive disorder (F32) 30 patients and Recurrent depressive disorder (F33) 48 patients, which is altogether 177 patients or 24.11 percent in the sample of 734 patients with »main« diagnosis of Alcohol dependency syndrome (F10.2). Residual sample of 373 patients was consisted of 304 or 81.5 percent patients with Harmful use of alcohol (F10.1) and 69 patients or 18.5 percent with diagnosis of Multiple drug use (F19.2) which includes alcohol addiction (F10.2).<sup>8,11,16,17,18,19</sup>

## DNEVNA BOLNICA ZA ALKOHOLIZAM U PSIHIJATRIJSKOJ BOLNICI »SVETI IVAN« 2004–2012

**Sažetak** – Liječenje ovisnosti o alkoholu predstavlja složen i dugotrajan terapijski postupak koji se može provoditi u stacionarnim uvjetima, unutar specijaliziranih psihijatrijskih odjela za liječenje alkoholizma, ili pak putem parcijalne hospitalizacije odnosno dnevne bolnice za liječenje alkoholizma. Psihijatrijska dnevna bolnica namijenjena je bolesnicima kojima je potrebna psihijatrijska skrb unutar relativno strukturiranog okruženja. Iako Dnevna bolnica provodi jednake terapijske postupke kao i stacionarno liječenje, razlika je u tome da su bolesnici jedan dio dana na liječenju dok drugi dio dana provode u svojoj obiteljskoj, odnosno društvenoj sredini. Glavni cilj liječenja unutar Dnevne bolnice je adekvatnije sudjelovanje pojedinca u zajednici, obiteljskoj i društvenoj, odnosno provođenje što potpunije resocijalizacije i rehabilitacije alkoholičara kroz prihvaćanje ranije zapostavljenih dužnosti i odgovornosti. U liječenju koristimo individualizirani pristup svakom bolesniku, što znači da se lepeza terapijskih postupaka prilagođava svakom pojedinom bolesniku odnosno njegovim potrebama, u diskretnom, podupirućem i strukturiranom okruženju, koje poticajno djeluje na samopouzdanje i motivacijske procese svakog ovisnika o alkoholu. Liječenje u Dnevnoj bolnici za alkoholizam Psihijatrijske bolnice »Sveti Ivan« koja je osnovana 2004. godine sastoji se od široke lepeze programa koji obuhvaćaju psihofarmakoterapiju, grupnu psihoterapiju u maloj i velikoj grupi, višeobiteljsku grupnu terapiju, terapijsku zajednicu, okupacijsku terapiju, radnu terapiju, biblioterapiju i rekreaciju. Multidisciplinarni terapijski tim u svom radu pomaže bolesnicima u suočavanju i prihvaćanju problema ovisnosti o alkoholu, te im pomaže u razvoju strategija za promjenom životnog stila s ciljem poboljšanja kvalitete života.

**Ključne riječi:** Dnevna bolnica; alkoholizam.

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