

## LETTER TO THE EDITOR

### A POSSIBLE WAY TO MOTIVATE AMBIVALENT PATIENTS TO UNDERGO DETOXIFICATION

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Health-related quality-of-life and well-being are two important outcome measures for inpatients attending alcohol treatment programs. Rapid improvement in well-being and health related quality-of-life may be a possible way to motivate ambivalent patients to undergo detoxification.

The present letter is an ancillary report of a randomized controlled trial on pharmacological management of alcohol withdrawal. It focuses on changes in patients' perception of well-being and health-related quality-of-life over the first 3 days of inpatient detoxification.

During a 12-month period, consecutive patients admitted to an alcohol treatment inpatient unit were considered for inclusion. The selection process was described in the principal report (Daeppen *et al.*, 2002). Subjects' well-being and perceived health-related quality of life were assessed at intake using four questions from the well-being schedule (McDowell and Newell, 1996) and three dimensions from the MOS-SF-36 (physical functioning, vitality, and mental health) (Ware and Sherbourne, 1992). Perceived well-being and health-related quality of life were measured again at withdrawal day 4 using similar measures adapted to reflect the three first detoxification days. Wilcoxon tests were used to compare health-related measures between withdrawal days 1 and 4. Among the 126 included individuals, 4 left the programme within the first 3 days, 3 had exclusion criteria apparent only after inclusion, 1 had somnolence and 1 had several falls, resulting in a 117 (92.9 %) patient sample. The mean  $\pm$  SD age was  $46.6 \pm 9.52$  years; 76.9% were men ( $n = 90$ ); 94.9% were white ( $n = 111$ ).

Compared to withdrawal day 1, all mean scores were statistically improved at withdrawal day 4 toward a self-perception of a better functioning and health: health concerns score

(3.72 vs 5.97,  $Z = -5.68$ ,  $P < 0.001$ ), anxiety score (3.84 vs 6.9,  $Z = -7.46$ ,  $P < 0.001$ ), energy score (5.43 vs 3.93,  $Z = -5.20$ ,  $P < 0.001$ ), feeling good vs. depressed score (6.12 vs 3.9,  $Z = -7.06$ ,  $P < 0.001$ ), physical functioning (MOS-SF-36) (87.91 vs 84.30,  $Z = -4.08$ ,  $P < 0.001$ ), vitality (MOS-SF-36) (57.61 vs 42.87,  $Z = -6.85$ ,  $P < 0.001$ ), and mental health (MOS-SF-36) (66.99 vs 46.26,  $Z = -7.91$ ,  $P < 0.001$ ).

This letter suggests rapid improvement in all examined dimensions of perceived well-being and health-related quality of life over the first 3 days of alcohol withdrawal among alcohol-dependent individuals. The data reported are consistent with observations on perceived health-related quality-of-life associated with abstinence published in the literature (Foster *et al.*, 1999). These findings may be used as a motivational tool to encourage alcohol-dependent patients to undergo detoxification and as positive feedback for patients' during early alcohol withdrawal.

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