



Alcohol related brain damage: knowledge and attitudes of frontline care staff

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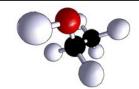
INTRODUCTION

Alcohol related brain damage (ARBD) is an increasing challenge for service providers working with older people and adults. ARBD has a complex aetiology making care for people with ARBD difficult; this is further complicated by social issues around the misuse of alcohol and society's attitude towards alcohol consumption. This research, undertaken by Dr. Louise McCabe of Stirling University, examined current care for people with ARBD through interviews with care staff working in care homes where people with ARBD live. The project built on the work of the expert group on needs of people with ARBD commissioned by the Scottish Executive in 2003. The research involved a review of current research literature on ARBD complemented by qualitative interviews with staff working in care homes in Scotland. Many of the staff in these homes had considerable experience of working with people with ARBD.

FINDINGS

- ARBD causes cognitive impairment leading to short-term memory loss and other problems with thinking.
- Staff working with people with ARBD reported an increase in the number of referrals over the past ten to fifteen years. It was not clear, however, whether this was due to increasing awareness or increasing prevalence but seems likely to be linked to both.
- The aetiology of ARBD is much debated within the literature making accurate identification and diagnosis of the condition difficult. The staff interviewed in this project lacked a clear understanding of the condition and its causes.
- ARBD is a treatable condition and if it is recognised and treated promptly there is a good chance of recovery. ARBD differs in this respect from more common causes of cognitive impairment such as Alzheimer's disease or vascular dementia. Maintaining recovery from ARBD is dependent on ongoing abstinence from alcohol. This fact was not clearly understood by some staff interviewed in this project who felt it would do little further harm for someone with ARBD to continue drinking alcohol.
- Caring for someone with ARBD is complicated by many other conditions associated with alcohol misuse such as circulation problems, mental health problems, nutritional deficiencies and seizures. The staff interviewed here worked with individuals with complex needs, both mental and physical, making care for this group particularly difficult.





The full report can be obtained from: Dr Louise McCabe Tel 01786 46769 email: l.f.m.mccabe@stir.ac.uk ALCOHOL INSIGHTS

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- ARBD affects many social aspects of an individual's life. People with ARBD often lack family networks and have limited social networks which may be centred around drinking. They are more likely to be unemployed and homeless. People with ARBD living in the homes in this study had varied family networks. Some maintained or re-established good family links while others had little or no contact with their families.
- There is a lack of appropriate services for people with ARBD in Scotland and across the UK. Two of the homes in this project provided specialist care for people with ARBD and found their services much in demand. One home receives referrals from across the whole of Scotland. Overall there was a lack of input from other services and professionals, particularly alcohol specialists, in the care of the residents with ARBD.
- The homes in this study took different approaches to the management and control of alcohol. These differences affected the experiences of staff and residents alike. The attitudes of the staff towards alcohol and alcohol misuse influenced their approach to working with people with ARBD.

IMPLICATIONS

- There is lack of awareness about ARBD in Scotland but it is likely to become an increasing issue both for individuals and for service providers and professionals. Greater awareness of ARBD needs to be prompted through health promotion campaigns and other dissemination processes.
- The staff interviewed in this project have a wealth of experience of working directly with people with ARBD, however, they lacked specific knowledge on the medical and treatment aspects of the condition. The staff had received little or no training on ARBD. This indicates a need for training and information on ARBD for these staff and those in other care services providing care for people with ARBD. The knowledge of the experienced staff in this study could be drawn on to further develop training packages.
- Another major issue examined within the project was that of managing alcohol in care homes. This was approached in very different ways by different homes although there was consensus on the fact that alcohol should be controlled within care homes to some degree. The management of alcohol appears to depend on the understanding and opinions of care home managers. Further research on the management of alcohol in care homes is needed to ensure residents' needs are met and their rights are protected.

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