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Organization Of Minimum Courses Of Treatment For Patients With Chronic Alcoholism In Uzbekistan

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Abstract – This article highlights the issues of organizing compulsory courses of treatment for patients with chronic alcoholism, as well as, in the absence of contraindications, conducting patients with minimal courses of special anti-alcoholic active and supportive (anti-relapse) therapy.

Keywords – Alcoholism, Narcological Service, Compulsory Treatment, Teturam, Abstinence.

The introduction of the general medical network of compulsory minimum courses of treatment into the practice of the narcological service has created the prerequisites for increasing its effectiveness and greatly facilitated the implementation of the entire range of treatment and organizational measures. At the same time, there remains a need for a corresponding reorganization of the narcological service in institutions providing compulsory treatment of alcoholic patients [1].

As you know, compulsory treatment is carried out for patients with alcoholism who refuse to be treated in medical institutions or who have been treated without due effect and continue to lead an antisocial lifestyle, violating the rules of social behavior and order, causing damage to the family and their health. For successful treatment with alcoholism, a complete and long-term disuse of alcohol is required, the development of a critical attitude towards one's condition. One of the main factors of therapy is the involvement of patients in labor processes [2].

Drug treatment of alcoholism with drugs that cause aversion to alcohol can reduce the physical attraction to alcoholic beverages. The action of such drugs is aimed at disrupting the metabolism of ethyl alcohol, as a result of which, when drinking even minimal doses of alcohol, the patient feels nausea, stomach pains, dizziness and weakness, and vomiting is often observed. The drugs form a conditioned reflex, due to which a person, understanding what consequences await him after drinking alcohol, refuses it. Treatment of alcoholism with medication is also carried out with drugs that block pleasure receptors [3]. In this case, the patient does not feel aversion to alcohol, however, having consumed alcohol, he also does not feel the expected effect. Thus, the use of alcoholic beverages becomes meaningless for the patient.

The recommended courses of compulsory treatment of patients with chronic alcoholism provide for the obligatory, in the absence of contraindications, to conduct the patient with a minimum course of special anti-alcohol active and supportive (anti-relapse) therapy. The scope of these courses does not limit the physician to conduct more intensive treatment [4].

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Compulsory anti-alcohol treatment is conventionally divided into three stages. The phased design of therapy requires an individual approach to the treatment of each patient, taking into account the characteristics of the clinic and the duration of the disease, mental, neurological and physical condition, and the tolerability of drugs.

At the first (adaptation) stage of compulsory treatment, according to indications, symptomatic, detoxification and restorative therapy is carried out.

Patients with alcoholism with mild withdrawal symptoms and other disorders receive detoxification and restorative therapy on an outpatient basis, in the event of severe hangover symptoms, in a hospital. During this period, therapy of concomitant somatic and neurological diseases is carried out. The doctor helps the patient to adapt to the conditions of compulsory treatment and to be actively involved in labor processes.

At the second (main) stage of anti-alcohol treatment, the patient receives the bulk of the mandatory minimum courses of anti-alcohol therapy (conditioned reflex therapy, alcohol sensitizing therapy). At this time, patients develop a nausea-vomiting reaction to alcohol with the help of apomorphine, emetine, "emetic cocktails", decoctions of sheep and thyme, as well as suggestion in a hypnotic state.

The development of a conditioned nausea-vomiting reaction to alcohol using apomorphine in the absence of contraindications to its use is the most common type of conditioned reflex therapy in patients with chronic alcoholism. The optimal dose of apomorphine, which causes a pronounced nausea-vomiting reaction, is selected individually and ranges from 0.1 to 1 ml of a 1% solution of apomorphine hydrochloric acid, administered subcutaneously.

If neither large nor small doses of apomorphine cause an emetic reaction, then drugs that potentiate the emetic effect of apomorphine are used. Simultaneously with the introduction of apomorphine, the patient takes inside the root of ipecac, or zinc sulfate, or copper sulfate, or thermopsis, or emetic mixtures according to I.V. Strelchuk.

The criterion for the formation of a negative conditioned reaction to alcohol is the occurrence of nausea and vomiting when giving only alcohol without apomorphine. In most patients with alcoholism, such a reaction is developed after 20-30 sessions of apomorphine therapy.

Long-term stay of patients on compulsory treatment makes it possible to carry out repeated short (up to 3-5 sessions) courses of treatment necessary to strengthen the developed conditioned reactions. Such reinforcing courses are carried out with an interval of 2-4 months. depending on the persistence of conditioned reactions.

The number of obligatory minimum sessions of apomorphine therapy performed by a patient with alcoholism depends on the period of compulsory treatment: with a duration of treatment up to 6 months, 25-30 sessions.

In case of intolerance to apomorphine, a tendency of patients to hypotension, the occurrence of severe collaptoid conditions, it is recommended to develop a conditioned nausea-vomiting reaction to alcohol using emetine hydrochloric acid, administered orally or subcutaneously. The number of minimal sessions in the treatment of patients with alcoholism with emetin and the general treatment tactics are similar to those indicated in the treatment with apomorphine.

When patients are unresponsive to apomorphine and emetine, treatment with a 5% decoction of sheep is often effective. Already by the end of the first alcohol-ram reaction, intolerance and aversion to alcohol often develops.

With the duration of compulsory treatment of patients with alcoholism up to 6 months, the number of alcohol-ram samples is 4-5 with an interval of 2-4 weeks. In the future, the reaction of aversion to alcohol in patients is reinforced, spending every 3-6 months. 1-2 alcohol-ram samples each [5].

A conditioned emotionally negative nausea-vomiting reaction to alcohol can be developed by using a 7% thyme decoction. Treatment is similar to apomorphine therapy. The course of treatment of patients with chronic alcoholism with alcohol-thyme reactions is 9-10 sessions. Two courses of alcohol-thyme reactions are prescribed with interruptions of 3-4 months and single supportive sessions.

Alcohol-sensitizing therapy (teturam, metronidazole, nicotinic acid) is the next link of treatment after conditioned reflex therapy. For patients for whom conditioned reflex therapy is contraindicated, a course of treatment with sensitizing drugs is used from the very beginning of the main stage.

Treatment with teturam must be supported by appropriate psychotherapeutic intervention. During the course of treatment, patients take 0.125-0.25 g of teturam 1-2 times a day. Treatment is carried out within 1-2 months. The maximum single dose of teturam should not exceed 0.5 g, the maximum daily dose is -1 g. It is not recommended to prescribe the maximum daily dose of the drug for more than 3 days.

In the process of teturam therapy, in the absence of contraindications, up to several alcohol-teturam reactions should be carried out, in which the effectiveness of treatment increases. The total amount of teturam taken by a patient with chronic alcoholism within 6 months. compulsory treatment should be at least 20 g, for 12 months - 25 g, for 18 months - 25-30 g and for 24 months - 30-35 g of the drug.

Metronidazole is prescribed at 0.5-0.75 g after meals for 2-4 days, and then, if it is well tolerated, the daily dose is increased to 1.5 g for 7-10 days. After that, the dose of metronidazole is reduced to 0.5 g and treatment is discontinued after 20 days. On the course, an average of 30 g of the drug. Metronidazole-alcohol tests are carried out from 3-4 days. Within 6 months of compulsory treatment, a patient with alcoholism should receive 30 g of metronidazole, 12 months -30-40 g, 18 months-40-50 g, 24 months-50-60 g.

Nicotinic acid is prescribed at 0.1-0.2 g per day for 20-30 days (individually, the dose can be increased to 1 g per day).

Upon completion of the course of treatment with teturam, metronidazole and nicotinic acid, if necessary and if there are indications, parenteral administration of a 7% oil solution of teturam or implantation of teturam and other drugs similar to it in pharmacological action can be used.

In some cases, teturam and other drugs of this series can be replaced with placebo drugs.

The criterion for the success of the second stage of compulsory treatment is the emergence of a critical attitude of the patient to his condition, the development of a persistent emotional-negative reaction to alcoholic beverages, the formation of positive anti-alcohol and work attitudes for the future, and the passage of a course of alcohol-sensitizing therapy.

The third stage of compulsory treatment -1-2 of the last months of stay of alcoholic patients in the dispensary. During this period, supportive (anti-relapse) courses of treatment with teturam, metronidazole, nicotinic acid are carried out with or without interruptions until the end of compulsory treatment, positive attitudes towards sobriety and work activity are consolidated. In some cases, reinforcing sessions or small courses (3-4 procedures) of conditioned reflex therapy are prescribed.

Psychotherapy is an essential part of anti-alcohol treatment at all stages. If there are contraindications to conditioned reflex therapy and teturam treatment, psychotherapy is the main method of anti-alcohol treatment. In the final period of compulsory treatment that prepares patients for discharge, psychotherapy is aimed at consolidating the attitude of sobriety.

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