Frank A. Seixas, MD

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ALCOHOLISM THERAPY COVERS WIDE AREA

Chicago—Medical treatment of alcoholism should embrace all aspects of the disease from beginning to end—recruitment into therapy, detoxification, education of the patient and referral to proper agencies for long term care.

Stories datelined Chicago are from the 18th annual meeting of the No. American Assn. of Alcoholism Programs, Sept. 24-28.

"It requires no skills unusual in the general medical practitioner. And I assure you that it provides rewards as great or greater than those received from treatment of any other medical disease," says Dr. Richard Bates of the Edward W. Sparrow Hospital, Lansing, Michigan.

Dr. Bates admonishes physicians that proper treatment of alcoholism does not begin in the clinic. The patient first must be lured into the treatment program; he must be aware of his condition before detoxification and rehabilitation programs have any long term effect.

The wife of the recalcitrant alcoholic who is unable to admit he has the disease must employ any measures her physician deems necessary to shock her husband into accepting treatment. She should attend Al-Anon meetings with or without her husband's consent and leave pamphlets dealing with the disease and its treatment around the house. Close friends, employers, or law enforcers should be consulted and asked to steer the alcoholic to the physician. If all else fails, divorce or separation should be threatened. "I feel I have failed my obligation to the wife unless I exhaust every means of getting her husband involved in treatment," Dr. Bates declared.

Once the alcoholic consents to see the physician, the major goal is to convince him that he is sick. "If he admits his drinking is sometimes unpredictably immoderate," Dr. Bates discusses with him the "unreasonableness of repeatedly

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NEW ALCOHOL CHIEF OUTLINES VIGOROUS RESEARCH PROGRAM

The goals of the well funded National Center for Prevention and Research on Alcoholism, of the National Institute of Mental Health will be mainly concerned with 'hard' research and will eschew treatment oriented projects, according to Dr. Jack Mendelsohn, its chief. Although the law enabling the disposition of funds provides for research, he told the first meeting of the American Medical Society on Alcoholism, in New York, in the past many primarily treatment programs have been given grants, under the title of demonstration projects. Review of these projects of the past, said the Boston psychiatrist, showed that in the majority, whereas much treatment was given, the research aspect or testing of efficacy aspect was not often fulfilled. The innovative parts of the grant project could not be replicated in other studies.

Dr. Mendelson praised the long efforts of a small band of doctors to give care to patients with alcoholism, and said that large sums for funds for care would be forthcoming. These enormous sums would be granted through public law 749. However, they would be non-categorical, and distributed through the states. It would take medical lobbying to get a fair share for alcoholism treatment.

He invited applications for bona fide research projects, which are reviewed by two study groups, one of experts not

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ALCOHOLIC SYMPTOMS ARE ENUMERATED

Chicago—To assist physicians in determining whether or not a patient is an alcoholic, Dr. Robert A. Moore, director of psychiatry, Swedish-American Hospital, Rockford Ill., has compiled a list of significant items commonly found in histories of alcoholic patients.

They include: alcoholic parents or an alcoholic spouse, arrest for drunken driving or for being drunk and disorderly, a well-educated person working at a low-status job, heavy debts despite an apparently good earning potential, getting drunk on frequent occasions, job absenteeism (especially on Mondays), many physical complaints and repeated hospitalizations in past for vague reasons, statements that the spouse is worried about the drinking, use of sedatives and tranquilizers with a tendency to increase dosage, a duodenal ulcer that fails

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DESCRIBES TYPICAL WIFE OF ALCOHOLIC

Chicago—The wife of the alcoholic is unable to judge the strengths and weaknesses of men, according to Dr. Martin D. Kissin, Institute for Alcoholism, Narcotic Addiction and Compulsive Gambling, Philadelphia.

Reporting on a study by the Institute of wives of alcoholics, he declared that the wife is susceptible to the typical "con artistry," of the alcoholic, and is persistent in failing to help her husband abstain.

"She seems trapped between her own insecurity and sense of failure at any relationship," he continued. "She has chosen what must often appear to her an insurmountable task, yet she will proclaim that it is her moral obligation to stick by him."

In Dr. Kissin's opinion, the alcoholic wife often invokes her children and their need of support in the presence of the father. Unwittingly, he added, the children are symbolically substituted for the husband and whatever companionship the wife has to offer is transferred to them.

Neither violence nor degradation, it appears, seemed to keep the wife of the alcoholic from being "forgiving," when her husband appealed for compassion. "Perhaps her only sense of recompense," "Dr. Kissin says, "is that she can feel superior to her obviously inadequate husband."

Summing up, Dr. Kissin observed that the secondary gains of the wives of alcoholics are often subtle and somewhat unobservable. "But, there can be little doubt that they must glean some feedback from their apparently arid existence."

Campaign Against Addiction

ASKS HELP OF N. Y. DOCTORS

New York physicians have been asked to join in the city's campaign against addiction. The plea came from Dr. Efren Ramirez, the Mayor's coordinator of addiction programs, who called on "all practicing physicians to contribute their particular skills to our current endeavor."

The former head of the Addiction Research Center in San Juan noted that a major handicap during the past year has been lack of trained personnel.

Dr. Ramirez and his staff are focusing on treatment and rehabilitation, as well as prevention. The therapy is based on the assumption that addicts suffer from severe character malformations or disorders which do not respond successfully either to traditional, analytically oriented pychiatric treatment, or to mere physical detoxification.

Consequently, the treatment program is designed specifically to deal with such characterological deviations and to achieve profound character reconstruction.

To be able to provide the kind of setting in which treatment and rehabilitation can most effectively take place," he says, "we have found that a sequence of successive treatment environments is essential so that each successive environment can apply itself to one level in the process of character reconstruction."

There are three phases of the recovery process: induction, which lasts an average of two or three months; treatment, carried out in a therapeutic community, lasting six to eight months, and re-entry, which runs for about one year. In the course of the entire program, the addict becomes actively involved in the processes of behavioral conditioning during the first phase, attitudinal modifications in the second and emotional and vocational maturation in the third.

The contributions which the medical profession can make to our program are many," Dr. Ramirez concluded in his talk to the Medical Society on Alcoholism given at the Roosevelt Hospital, "and I hope that you will find the time to join with us."

As an aid to physicians, a directory of services and facilities provided by and through the office of the coordinator of addiction has been compiled. It is available on request from Dr. Ramirez, 250 Broadway, N.Y. 10007.

ILLINOIS STUDY HITS DRUNK DRIVING

Chicago—After assessing the probable relationship between blood alcohol levels and motor vehicle fatalities, an Illinois research team has concluded that a BAL of more than 0.10 should be presumptive evidence of "driving while under the influence."

This conclusion followed a survey by Drs. Julius M. Kowalski, Norman J. Rose and Frank F. Fiorese, at the request of the Illinois Dept. of Health. It was undertaken after the state legislature had considered lowering the present .15 BAL to 0.10.

Of 1,562 blood specimens from drivers, suspected drivers, occupants and pedestrians who had died a a result of a vehicular accident, 41 per cent showed measurable BALs; 25% had levels over 0.15, and 10% had BALs from 0.10 to 0.15.

ALCOHOLISM THERAPY COVERS WIDE AREA

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starting to drink when one can never be sure of a happy outcome."

If the patient can stay dry for five days, he is advised to seek treatment as an outpatient with Alcoholics Anonymouse because, in Dr. Bates' view, it still is the most effective agent for those who embrace it. If the patient cannot stay dry for five days, outside intervention, he feels, has to be employed.

The first stage for the patient who cannot stay sober is detoxification. Usually the process is completed within 36 or 72 hours, according to Dr. Bates, "and the suffering is not much worse than that of a head cold, provided double doses of tranquilizers are administered."

After detoxification, the physician must convince the patient that his life will be greatly altered because he is an alcoholic. He is told that he can never drink alcohol again. After starting sobriety, he will require an average of two years of some kind of therapy to correct the personality deviations that he previously tried to correct with alcohol.

"I do not believe that the average general doctor is to be expected to enter into the long-term therapy of alcoholism. Not that it's beyond him, but because he has too many high priorities for his particular skills and because his time is too expensive for alcoholics to purchase."

In any event, Dr. Bates believes, one to one therapy is less efficient than group therapy.

RESEARCHERS FIND PROGNOSTIC CLUES

Chicago—The two main predictors of an alcoholic patient's possible improvement are the extent of his contact with the clinic and his social stability upon admission to the program, according to a team of researchers from Downstate Medical Center, Brooklyn.

In their study, they divided 480 male alcoholics into four treatment modalities: control, pharmacologic therapy, psychotherapy and pharmacologic therapy, and in-patient rehabilitation ward therapy for one-to-three months followed by out-patient aftercare.

"These four modalities were conceived as constituting increasing intensities of medical care," Dr. Arthur Platz said, "and it was hypothetized that they should result in correspondingly increased improvement rates."

As patients were admitted to the study group, they were given a socio-economic evaluation in addition to standard psychological tests, including a Rorschach, several components of the Wechsler Bellevue Intelligence test, and some modification of the embedded figure test.

The most reliable evidence for general prognostic indicators lay in the social and psychological indices of social competence, which included age, intelligence, education, occupation, employment history marital status, place of drinking, pattern of drinking, and number of arrests.

Success in the control group was 4%; with drug therapy, it was 17.4%; psychotherapy category, 20%, and rehabilitation, 19.5%. The psychotherapy success rate was slighter higher than the drug therapy rate, in Dr. Platz' view, because it had a slightly better composition of the patient population.

In predicting success or failure in the rehabilitation group, the most significant variable was occupational stability.

A preliminary inspection of the data, it was concluded, reveals that those patients who are most socially competent and most psychologically competent on the social and psychological variables might do best in psychotherapy. Those patients who are highly socially competent but relatively psychologically less competent might do best in a drug-therapy-like program; those who are relatively socially incompetent, but highly psychologically competent, might do best in a rehabilitation ward.

Associated with Dr. Platz were Drs. Sidney M. Rosenblatt, Solomon Machover and Benjamin Kissin.

LITERATURE REVIEW

Alcohol Problems

A Report to the Nation by the Cooperative Commission on the Study of Alcoholism: prepared by Thomas F. A. Plaut. Oxford U. Press, N.Y., 1967 $4.75

One of the great legacies given by the late E. M. Jellinek to the alcoholism movement is Thomas F. A. Plaut, his devoted student,* who has rendered into very readable form the results of six years of deliberation of the Cooperative Commission on the Study of Alcoholism.

Comprising a series of proposals of what *should* be done to ameliorate alcohol problems, it at first glance seems an outgrowth of many exhortative, repetitive pieces produced (seemingly ineffectually) during the last twenty years.

The difference lies in the distinction and power of the commission, the intent of the government, and the present feasibility of the recommendations. The feasibility comes in turn, perhaps, from the constant and growing chorus of exhortative literature from the past.

Of four recommendations made which directly affect the Federal Government, two have already been put into effect. A Center on Alcoholism has been established within the National Institute of Mental Health and a permanent Intradepartmental Committee has been established within the Department of Health Education and Welfare. Two other national recommendations, the establishment of a quasi-national Committee on National Alcohol Policy, comprised of leaders from diverse fields to help bring about changes in drinking patterns, and the formation of an interdepartmental committee within the executive branch of the government to coordinate work of involved agencies, are still ahead. Two other governmental proposals outline the role of the states.

The substantial number of proposals for the alteration of treatment services would, if put into effect, give equal treatment ancillary facilities (such as halfway houses), adequate insurance coverage, training of personnel, good record keeping, participation of labor and industry, and the provision for research and its communication.

It is in the section on alteration of drinking patterns that some of the most interesting observations are made. The attempt here is to remove the emotionalism associated with alcoholic beverages, clarify distinctions between acceptable and unacceptable drinking, encourage integration of drinking with other activities, and to influence the young in a positive way in their attitudes.

Members of the commission are H. David Archibald, Selden D. Bacon, Harold W. Demone, Ruth Fox, M.D., Ebbe Curtis Hoff, M.D., Mark Keller, Erich Lindemann, M.D., Dudley Porter Miller, Benjamin Paul, John R. Philp, M.D., J.H. Quastel, R. Nevitt Sanford, John R. Seeley, Ernest A. Shepard, Benson R. Snyder, M.D., Robert Straus and E. M. Jellinek, M.D. deceased.

It is of continuing interest that in planning for this illness, whose properties and effects have so many physical characteristics that it was not chosen to appoint an internist, with so many other disciplines already involved.

Anyone interested in the field of alcohol problems will do well to read this book, and to have it, as a constant source of informed opinion, and as a harbinger of things to come. Some of the individual proposals may change, or may not be implemented, but interested parties should see that it is kept alive until the majority are put into effect. This persuasive presentation will be another factor in producing the changes the commission calls for.

Alcoholism, Behavioral Research, Therapeutic Approaches

Edited by Ruth Fox, M.D., Springer Publishing Co., N.Y., $7.50.

This volume consisting of papers delivered at various scientific conferences of the National Council on Alcoholism, with additional papers solicited by the editor, comprises a wide variety of subjects loosely arranged into two sections, behavioral research, and therapeutic methods.

Because of the authors wide interest and experience, and perhaps because of the breadth of the problem the contributions range from those of neurophysiologists Jacques St. Laurent, M.D. and James Olds, Ph.D., who describe work on the effect of alcohol as opposed to phenothiazine tranquilizers on self-stimulation of 'centers of positive reinforcement' in the brains of rats, to 'the contribution of the public health nurse in the treatment of alcoholism.'

In a final summing up, Dr. Fox stresses how each treatment paper had a common denominator – 'getting across to the isolated, self-loathing alcoholic the feeling that the therapist does really consider him a worthwhile person who can be helped.'

No one interested in any phase of alcoholism, in its psychological treatment or behavioral aspects, will fail to find much stimulation in this volume.

Alcohol and Alcoholism:

Public Health Service Publication No. 1640, Superintendent of Documents, U. S. Govt. Printing office, Washington, D.C. 50 cents.

*Now Asst. Chief, National Center for Prevention and Control of Alcoholism, National Institute Mental Health

SCIENTIFIC RESEARCH PROGRAM

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employed by the National Institute, and a second review, by those in the Institute. His impression has been that this is as fair a method as can be obtained. The outcome of grant requests would depend on the investigators own creativity, ingenuity and diligence and the support of his own hospital.

Training programs both for medical and paramedical personnel will also be supported.

In addition to the large sums that will be granted extra-murally for investigative projects, an intramural research project is going on at the National Institute of Mental Health, and Dr. Mendelson gave some examples of current investigations.

One question of crucial importance has been whether alcohol is metabolized ifferently in the alcoholic or in the non-alcoholic patient. Metabolic studies find no difference. However, in both populations, alcohol is metabolized differently when given after prior priming with alcohol.

Current evidence suggests that the apparent dehydration of the acute alcohol intoxication, despite the known transint diuresis, is not present. This has implications in reference to a frequently used treatment of indiscriminate intravenous feedings to intoxicated patients.

A third area where surprising results have been obtained is in the question of hallucinosis and withdrawal syndrome. It has been postulated that sleep disturbance during the alcohol ingestion phase may be the inciting cause of hallucinosis in the withdrawal syndrome. The sleep of study patients was measured during the ingestion phase, and they were observed also in the withdrawal phase. Whereas patients with sleep disturbance showed the withdrawal syndrome, patients without sleep disturbance also showed the same phenomenon.

SEES EXPANSION OF TREATMENT FACILITIES AS ESSENTIAL

Chicago — Since physicians will have to treat an increasing number of alcoholics if the U.S. Supreme Court finally holds that they cannot be jailed simply for displaying symptoms of their illness, treatment facilities will have to be expanded, John T. McConnell, Education Director of the Michigan Alcoholism Program declared here.

He outlined five kinds of services for alcoholics in urban areas:

1. Detoxification centers: These should be located in general hospitals because primarily medical procedures are employed in their type of treatment. The staff of such centers should include physicians, nurses and ancillary personnel who are knowledgeable about alcoholism and realize that it is a medical as well as social problem.

2. Outpatient treatment centers: These facilities could be located in general hospitals, in health departments etc. Services should include chemotherapy, group therapy, psychotherapy, social services and spiritual counseling.

3. Temporary living facilities: These should work closely with outpatient centers and provide a half way house between therapeutic treatment and normal activity. Temporary housing providing normal care would allow the alcoholic to begin to adjust himself to a life free from sickness.

4. Rehabilitation services: Vocational rehabilitation and job retraining in addition to recreational activities would be provided at these centers.

5. Continuous supportive therapy: In the majority of cases, A.A. does an admirable job in this field. However, family counseling service, religious counseling or continued psychotherapy should be provided for those who are not comable at A.A. meetings, he said.

All of these services, in his opinion, can and should be provided by resources not set up exclusively for the treatment of alcoholics. Income or financial needs should not be a barrier to services. All services can eventually become self supporting with fees charged for treatment. In cases where the patient is unable to pay, the cost should come from public funds.

Before any of the five essential services can be set up, a massive community education program must be organized since too often, he feels, alcoholism is dismissed as an unsightly social problem.

MEETINGS

FEB. 15, 1967: American Medical Society on Alcoholism. Donald J. Ottenberg, M.D. Asst. Prof. Med. Temple U. Schoo[l] of Medicine, Phila., Pa. "Doctors an Alcoholism: Who We Are, What We Feel, and Where We Are Going." Roosevelt Hospital, 59th Street and 9th Ave. Main Conference Room.

SEPT. 15-20, 1968: The 28th International Congress on Alcohol and Alcoholism, a meeting expected to attract the largest attendance ever recorded for a conference in the field of alcoholism, will be held in Washington, D.C., at the Shoreham Hotel.

The central office of the North American Association of Alcoholism Programs which will act as Congress Secretariat, is located at Suite 615, 1130 Seventeenth Street, N.W., Washington, D.C. 20036.

SIGNIFICANT SYMPTOMS

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to heal despite adequate medical regimen.

The diagnosis of alcoholism is very different from the diagnosis of most medical problems, says Dr. Moore, because it is unusual for the person to come complaining of alcoholism. "Often the necessary history is kept away from the physician," he continued, "sometimes purposely, so that it takes a medical detective to make the diagnosis."

Dr. Moore criticized those physicians who believe that "if the patient is not willing to discuss his drinking it is none of their business, and they should wait until he indicates a desire to talk."

In his view, "the time to listen plus a high titer of suspicion that alcoholism may be behind some other complex is essential."

The physical examination may reveal: palpable, non-tender liver, a course tremor, fresh or partially healed contusions from falling, malnutrition, tatooing, vascular dilatation of the face, alcohol on breath upon arrival for examination, early evidence of a chronic brain syndrome, slight ataxia, forgetfulness.

In addition to these signs and symptoms, outside information from the community or family members may be useful. Dr. Moore warns that a complainin spouse may "have an axe to grind," ana consequently, may exaggerate considerably. As a reasonable rule of thumb, he multiplies by two the amount of drinking admitted by the patient, and divides by two the claim of the spouse.

He feels strongly that physicians must accept drunkenness—as a medical issue. "By and large," he said, "doctors examine a drunk in an emergency room superficially, say nothing is wrong with him and send him back to jail."

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