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Physician's Alcohol NEWSLETTER



APRIL 1974

National Alcoholism Forum opens in Denver

The 1974 National Alcoholism Forum—a comprehensive, large-scale meeting expected to attract more than 1,000 experts in the field of alcoholism—will open in Denver on April 28 at the Denver Hilton Hotel. The meeting, which is sponsored by NCA, its affiliate, associate, and component members and hosted by the NCA-Mile High Area of Denver, will last through May 3.

An international symposium on "The Medical Consequences of Alcoholism" is scheduled for April 28-30. Alcohol and the cell, clinical manifestations, and treatment considerations will be the topics in an in-depth examination of how the cumulative toxicity of excessive alcohol use affects cells of every organ system. The main speaker for the Medical Luncheon on April 30 will be Rear Admiral William M. Lukash who will speak on "Medical Impressions of the People's Republic of China." The NCA Research Grants will also be awarded at this time.

Norman Lear, Executive Producer of the CBS-TV "Maude" show, will open the Forum on Monday, April 29. He will receive an award in recognition of the contribution made by the program by devoting two episodes to alcoholism.

During the following four days, workshops will be presented on such topics as alcoholism vs. poly-drug problems, the poverty alcoholic, adolescence and alcohol, alcohol in industry, and the federal alcoholism thrust. Special interest workshops will include education, the Indian, Black, and Chicano alcoholic, and older problem drinkers.

Forum Issues, a special feature, will allow two participants to discuss opposing points of view on crucial issues, with audience participation.

The NCA Gold Key Award will be presented to James S. Kemper, Jr., President, Kemper Insurance, at the President's Luncheon on May 2.

NCA, NIAAA issue joint recommendations to expand health insurance coverage for alcoholism care

The Health Insurance Task Force of the National Council on Alcoholism and the National Institute on Alcohol Abuse and Alcoholism has issued a series of recommendations which will have a far-reaching effect on one of the most critical problems in the treatment of alcoholism. The six-member group has worked for three years developing the recommendations for health insurance coverage. A joint statement by NCA and NIAAA endorsed several activities designed to achieve adequate health insurance coverage.

Study on youthful alcoholics presented at APHA meetings

Classical signs and symptoms of alcoholism can appear in 19- and 20-year-olds; however, most treatment centers are not yet prepared to deal with the young alcoholic, Karlis C. Ullis, M.D. of the University of Washington told the 101st annual meeting of the American Public Health Association held in San Francisco November 4-8, 1973.

Dr. Ullis reported on a study of 34 adolescents aged 16-20 referred by the courts of the Adolescent Clinic of the University of Washington for evaluation and treatment of problem drinking. Most were referred because of arrests for driving while intoxicated. Using the NCA criteria, three were diagnosed as alcoholics and received in-patient treatment.

The adolescents were compared to a matched control group from a community college; both groups revealed almost no current use of psychedelic drugs, amphetamines, barbiturates, and opiates. Alcohol, marijuana, and cocaine were currently the most popular drugs with both groups.

Awareness of risk and personal relevance in alcoholics

In an attempt to determine whether a group of alcoholics were themselves aware of the risk-taking implications of

NIAA has entered into a contract with the Joint Commission on Hospital Accreditation to develop appropriate standards, in cooperation with a wide variety of resources within the alcoholism field. The proposed model is designed to use all effective settings to fit the treatment needs of alcoholics.

Another contract has been negotiated by NIAAA to determine appropriate qualifications for national certification of degreed and/or non-degreed counselor staff.

Additional work has been done to determine the nature and length of treatment services for alcoholism. At the present it is proposed that health care for the alcoholic should consist of: emergency services of 6 days in a medical, para-medical or other specialized treatment setting; inpatient care of 14 days in a setting primarily concerned with intensive treatment of physical and mental complications of alcoholism; intermediate short-term care of 30 days in a social residential facility and long-term care of 90 days in a residential facility which provides a program and service to assist in social and economic rehabilitation; and outpatient care of 45 visits for treatment based on a primary diagnosis of alcoholism.

The Health Insurance Task Force recommends that the objectives be sought first through voluntary cooperation between NCA, NIAAA, and the insurance industry, with mandatory state legislation a possible alternate route.

Members of the Task Force were Frank S. Harrington, Richard J. Caron, and James S. Kemper, Jr., members of NCA's Board of Directors; and John Deering, Donald Godwin, and Willard Foster of NIAAA.

(Continued on page 5)

EDITORIAL

A major breakthrough in obtaining third-party payments for alcoholism treatment

The statement of the joint task force of NCA and NIAAA (see page 1) marks a major breakthrough in beginning to obtain the major support of third-party payments, which is today an essential feature of any viable health care program in the United States.

Whereas many foresighted insurance companies like the Kemper Insurance Company, Equitable Life Assurance Co., and Insurance Companies of North America have begun this change, and the Blue Cross Plans have made admirable beginnings in this field, the comprehensive coverage of alcoholism as a primary diagnosis envisaged by the statement will make it possible for the first time for us to meet the criticism that "the medical model of alcoholism has failed." Indeed, the adoption of this kind of financial support will enable us for the first time to give the medical model of alcoholism treatment a chance of succeeding on a widespread basis.

The statement envisages the utilization of paramedical facilities with strong medical support, certifying the already well-known success of institutions like Hazelden Foundation and Chit Chat Farms. However, it says nothing that would deny the inclusion of all alcoholism services under one roof in a medical center or like facility.

The provision for what is called "intermediate care-long term" facilities provides some underpinning for the viability of half-way houses, so necessary for the re-establishment of social and vocational ties, which have been disrupted when alcoholism has gone undiagnosed and untreated too long.

The coordination of this document with the standards being established by the Joint Commission on Hospital Accreditation insures serious consideration by health care facilities.

The statement correctly calls for voluntary cooperation with the insurance companies to effect this change. However, the possibility of legislative action to accomplish it is not just a wish. Four states have already passed such legislation.

Physicians and medical administrators are advised to study the provisions and the current "state of the art" carefully. They will want to take their full share of the burden of alcoholism treatment, not only for the financial rewards, but in order to bring to bear their medical and psychiatric skills in an appropriate way to assure the protection of the health and well-being of their patients.

—FAS

AMSA national meeting opens April 26 in Denver

The American Medical Society on Alcoholism will hold its national meeting April 26-27 in Denver as an early event in the opening of the National Alcoholism Forum. Demonstrations, workshops, and panels will be presented on encounter therapy; transactional analysis¹ group; family, dance, and art therapy; transcendental meditation, biogenic feedback, and medical education in alcoholism.

Presentations will also be given on solo practice, methadone clinics, developing alcohol treatment programs in a private rehabilitation facility, a public institution program, a general hospital program. A recovered alcoholic who was treated in a variety of such institutions will discuss the patient's point of view.

Dr. Jennings Olsen, of Ogden, Utah, will be the luncheon speaker on April 27.

MEETINGS

JUNE 12—Meeting of NIAAA-Region II. Main speaker will be Malcolm Mackay, "Patterns for Future Funding." For more information, write New York Council on Alcoholism, 29 E. 22nd Street, New York, N.Y. 10010.

JUNE 12-14—Fourth Annual Alcoholism Conference, NIAAA, Shoreham Americana Hotel, Washington, D.C. For information, write Paul Garner, NIAAA, 5600 Fishers Lane, Rockville, Md. 20852.

JUNE 23-27—Annual conference of the Canadian Foundation of Alcoholism and Drug Dependencies, Edmonton, Alberta. For more information, write CFADD Convention Secretary, Alberta Alcoholism and Drug Abuse Commission, 9929 103 St., Edmonton, Alberta.

SEPTEMBER 12-14—18th Annual Meeting of American Association of Automotive Medicine. Downtown Holiday Inn, Toronto, Canada. For information, contact Kendrick A. Sears, M.D., Upstate Medical Center, 750 E. Adams St., Syracuse, N.Y.

DECEMBER 12-18—North American Congress on Alcohol and Drug Problems, San Francisco Hilton Hotel. For information, write ADPA, 1130 17th Street, N.W., Washington, D.C. 20036.

FEBRUARY 23-28, 1975—31st International Conference on Alcoholism and Drug Dependence, Bangkok, Thailand. Contact ICAA, Case Postale 140, 1001 Lausanne, Switzerland.

BOOKS

The Para-Professional in the Treatment of Alcoholism [A New Profession]. George E. Staub and Leona M. Kent. Springfield, Ill.: Charles C. Thomas, 1973. 170 pp.

Among the topics covered in this volume are in-service training; non-alcoholic vs. "recovered" personnel, and the role of the administrator, as well as the role of the para-professional in various settings such as poverty communities, medical settings, and out-patient clinics.

You and Your Alcoholic Parent. By Edith Lynn Hornik. New York: Association Press, 1974. \$2.95.

Written in collaboration with NCA, and based on the author's experiences in working with children of alcoholic parents, this book is directed to the 20 million young people living at home with someone suffering from alcoholism. It uses a question-and-answer format.

Le diagnostic de l'alcolisme; Die Diagnose des Alkoholismus; Criterios para el diagnostico del alcoholismo.

French, German, and Spanish translations of NCA Diagnostic Criteria for Alcoholism have been published in separate booklets and are available from NCA, 2 Park Avenue, N.Y. 10016.

DOT campaign urges doctors to recognize alcohol abuse

The National Highway Traffic Safety Administration of the Department of Transportation considers the practicing physician in the front line of defense in recognizing signs of alcohol abuse and its potentially lethal effects in traffic accidents. To make doctors aware of the magnitude of the problem of alcohol-related traffic accidents and to encourage them to treat such patients or to refer them to others for treatment, the NHTSA has embarked on a promotion campaign especially designed for the medical profession.

A series of advertisements appears in medical journals; a booklet is available for background information; materials are available for waiting room distribution; a convention display has appeared at national and regional medical conventions; and a 2½ minute commercial is played on a series of audio-cassette programs on medical economics.

Physicians who wish to receive more information should write Drunk Driver, Box 2345, Rockville, Md. 20852.

Treatment of alcoholic workers reduces driving infractions

Treatment of alcoholic workers reduces the number of their driving infractions, according to a study presented to the 17th annual meeting of the American Association of Automotive Medicine in Oklahoma City, November 14-17, 1973.

The study, conducted by Frank A. Seixas, M.D., Medical Director of NCA, and Anna Lee Hopson, Ph.D., was comprised of an examination of Motor Vehicle Department records for 391 alcoholics, employed in eight large industries across the country. The records for these industrially treated subjects for the three-year period before the alcoholic's entry into a treatment program and for the three years following his return to satisfactory job performance were compared. Driving records of controls were studied for the same dates.

Before treatment experimentals had significantly more convictions than controls for driving under the influence of liquor, reckless driving, other moving violations, total collisions, collisions involving property damage, and driving without a valid license. After treatment there were no significant differences between experimentals and controls.

There was a tendency for frequency of offenses to increase yearly before entry into treatment and to decrease yearly after return to satisfactory job performance. The data also suggested that raw speeding data without miles-per-hour over the speed limit predicts neither crashes nor alcoholism.

Critical Tracking Task: alcohol ignition interlock

Dr. J. A. Tennant of General Motors Engineering Staff described GM's second-generation Critical Tracking Task (CTT), which requires the operator to stabilize the output of an unstable system whose level of instability increases monotonically up to the critical point of loss of control. Quantification of the results obtained in evaluating its potential to discriminate between sober and intoxicated performances shows a great deal of promise, indicating that intoxicated failure rates of 50% for BAC's at or above 0.1% and 75% for BAC's at or above 0.14% can be attained with no sober failure rates.

Medical orientation for driver license examinees

In an attempt to upgrade the medical portion of the driver licensing procedures, the AMA and the AAMVA, along with the Automotive Safety Foundation, have established a pilot project in Wisconsin, said Lee N. Hames, Assistant Director of the AMA's Department of Safety Education. The examiners are not being trained to be medical diagnosticians, but only to become more aware of hints of serious limitations to driving, and to refer drivers with such signs to a physician. It is difficult to identify problem drinkers unless the applicant is drunk at the time of the examination, but certain clues are emphasized: red, "bloodshot" eyes, unexplained bumps and bruises, burnt fingertips, and indications of a severe hangover.

Reporting of alcoholic patients focus of AMSA-IX meetings

What happens when state law requires a physician to report alcoholic patients? The resulting problems for physician and patient were discussed at a meeting sponsored by AMSA-Region IX and the University of California (Irvine) School of Medicine on March 16 at Beverly Manor Hospital in Orange, California.

Dr. Joseph D. Zuska, Medical Director of the Los Angeles County Alcoholism Program, explained the recent law passed by the state of Maryland that makes alcoholism a reportable disease and reviewed the California law that requires physicians to report to the Health Department "patients who have impaired judgement or periods of unconsciousness or mental confusion which may make their driving unsafe."

The Hon. Leon Emerson, Judge of the Municipal Court of Downey, Calif., emphasized the need for physicians to review their stand and perhaps to encourage re-evaluation and rewording of these laws. The local Health Department's role in transmitting the physician's report to the State Department of Motor Vehicles was reviewed by Dr. Paul R. Engle, Deputy Director of the Orange County Health Department.

Mr. Lowell Fisher of the California Department of Motor Vehicles reviewed the policies and procedures for processing and re-evaluating the patients so reported. Dr. David Geddes, Associate Professor of Psychiatry at the University of California School of Medicine, concluded the formal presentation with remarks concerning the problems of the patients' confidentiality and community rights.

A discussion of "After Detox—What?" preceded this session. The speakers included Commander Joseph Persh, MC, USN, a psychiatrist and Director of the Alcoholic Rehabilitation Center for the Long Beach Naval Hospital; Dr. Joseph Zuska; Dr. Vernelle Fox, Medical Director of the Long Beach General Hospital Alcoholism Services; Dr. Daniel Feldman, Deputy Director for Alcoholic Services of the Orange County Department of Mental Health; Dr. Paul G. Ohliger, an internist; and Dr. E. Mansell Pattison.

Dr. Max Schneider, Medical Director of Beverly Manor Hospital, and Dr. Zuska are co-chairman of AMSA-Region IX.

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Two Park Avenue—Suite 1720
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NIAAA-Region II conference focuses on alcohol problems of women, youth, minority groups

Women and children are among the most neglected victims of alcoholism, affirmed several speakers at the NIAAA Federal Region II Conference held in New York December 5, 1973. The New York Council on Alcoholism-Accept also sponsored the conference, which was chaired by Joel Bennett, Accept's Executive Director.

The Hon. June Christmas, M.D., Deputy Administrator of New York City's Health Services Administration, was the main speaker, emphasizing "Socio-cultural Factors in the Treatment of Alcoholism."

Patterns of female alcoholism

Alcoholism in the isolated suburban housewife is a common pattern, said Sheila B. Blume, M.D., Unit Chief of Alcoholism Rehabilitation at the Central Islip (L.I.) State Hospital. Such women slowly develop dependence on alcohol, and often are able to hide their drinking until it is far advanced.

Another common pattern, and high-risk woman, is the wife of an alcoholic husband, who is unaware that the small amount of alcohol she begins to take to allay her anxieties can lead to addictive drinking. Because of her stressful situation, especially if help is unavailable, her alcoholism may progress rapidly.

A third pattern is the older or "involutional" alcoholic woman, who responds to the well-known problems of menopause, children leaving home, loss of health, and perhaps widowhood, by increasing dependence on alcohol. Because of her age and physical condition, she may not develop the alcohol tolerance typically seen in the younger alcoholic.

Associated use of sedatives, stimulants, and minor tranquilizers is frequently found in alcoholic women, said Dr. Blume. She recommends that women be treated together with men in the same treatment and therapy programs.

The double burden of female alcoholics

The woman alcoholic bears a double burden—the general stigma of alcoholism and the additional popular assumption that a female drinker indulges in amoral behavior—said Ruth P. Oakley, M.D., Director of the John L. Norris Clinic for Alcoholism of Rochester State Hospital. The 1972 admission statistics at the clinic indicate that the ratio of women to men has reached 1:2.2. Full-time housewives do not predominate; among the widely varying occupations, there is a preponderance of nurses

and teachers. Three Roman Catholic nuns, one of them black, were among the admissions.

About one third of the women gave a family history of alcoholism, either in the father, siblings, or both; but rarely in the mother. Women, far more than men, date the onset of their alcoholism to some crisis, tragic event, or loss. However, their drinking had already been leading in the direction of alcoholism.

Youthful alcohol abusers

The incidence of alcohol abuse among young people is definitely increasing, reported Phyllis Harrison-Ross, M.D., and James J. Cadden, M.D. of Metropolitan Hospital. At the same time, there is a decrease in the use of stimulants and hallucinogens in this age group. Young men and women who had previously been addicted to heroin are becoming addicted to methadone and alcohol.

Girls who have a tendency to resort to the use of alcohol frequently come from more disruptive home environments; both heavy drinking and non-drinking female delinquents are more likely to have fathers with drinking problems.

Spanish-speaking youth vulnerable to alcohol abuse

A particular problem of youthful alcohol abuse exists in the Puerto Rican community, said Blanca Torres de Gonzalez of the East Harlem Tenants Council. Culturally and socially, Puerto Ricans are introduced to alcohol at an early age. An early introduction in an acceptable context is in essence interpreted as acceptance of alcohol itself. It is common for young men to go directly from work to the "club" where the usual forms of relaxation are music, pool, cards, TV, and alcohol. Drunkenness is not considered unacceptable; it is in fact one of the things that makes a person feel he is not isolated within the inner city.

Alcoholism is the third greatest killer in East Harlem; approximately 4.4% of the community suffered from chronic alcoholism, with the most vulnerable the young Puerto Rican, according to a study by the East Harlem Tenants Council.

Also on the program were Carlos Aviles-Roig, M.D., Associate Secretary of Addiction Services, Commonwealth of Puerto Rico, who spoke on "Methods of Treating the Puerto Rican Alcoholic," and Andrew Abrahams, M.D., Medical

Pittsburgh seminar discusses "Many Faces of Alcoholism"

The increasing prevalence of dual addictions presents special problems for detoxification, Dr. Charles Gabos, Medical Director of the Alcohol Program of St. John's General Hospital in Pittsburgh, told a seminar on "The Many Faces of Alcoholism—Physical Disease Mimicry." The seminar was held Feb. 3 and sponsored by the University of Pittsburgh School of Medicine.

Although many people have alcohol as the drug of choice, more and more are presenting with use of and addiction to the various soft drugs, said Dr. Gabos. He emphasized that although it is often necessary to utilize sedative-type drugs during the withdrawal phase, it is contraindicated to prescribe tranquilizers to the patient for use as an outpatient after detoxification. Invariably the person will begin using any mind-altering drug in much the same fashion as he or she used alcohol, with a consequent serious sedative addiction problem.

Dr. Eleanor T. Hoffman, a pediatrician and member of the Pennsylvania Governor's Council on Drug and Alcohol Abuse, emphasized the need for early detection through careful history-taking, with particular attention to family history of alcohol abuse, drinking habits, past illnesses, medications, and signs and symptoms of alcohol abuse, such as insomnia, nervousness, shaking, hot sweats, diarrhea resistant to therapy, bruising due to falls, accidents, and others.

Also on the program were Kenneth Williams, M.D., Assistant Professor of Psychiatry at the University of Pittsburgh School of Medicine, who spoke on medical problems of alcohol origin; and Raymond Miller, Director of Therapy at the Gateway Rehabilitation Center, who described rehabilitation services. Abraham Twerski, M.D., Clinical Director of the Department of Psychiatry at St. Francis Hospital, was course director.

Director of the Bedford Stuyvesant Alcoholism Treatment Program, whose topic was "Methods of Treatment of the Black Alcoholic."

As a result of the conference, Commissioner Christmas has set up an Advisory Committee on the problems of the youthful alcohol and drug abuser. Joel Bennett and Mrs. Alice Fordyce, Vice-President of the Lasker Foundation, are co-chairman. The New York Council on Alcoholism-Accept has also been funded to provide services for the youthful alcoholic.

Reports from APHA meetings in San Francisco

(Continued from page 1)

their drinking, particularly in view of the denial clinically attributed to alcoholics, John S. Tamerin, M.D., Director of Research of the Silver Hill Foundation of New Canaan, Conn., administered the Horn's Smoker's Self-Testing Kit to 61 alcoholic in-patients. The test was modified to measure respondents' attitudes toward excessive drinking and its consequences.

The results indicated that during sobriety these alcoholics definitely acknowledged the health hazards of excessive drinking, the seriousness of the problem, its personal relevance, and the value of stopping. They also expressed a high level of concern with mastering their drinking. However, subjects generally anticipated great difficulty in making any significant change in their self-destructive drinking patterns.

Behavior modification in preventive medicine

Behavior modification—operant reinforcement psychology—is being used at the University of Pennsylvania's Experimental Treatment Center as part of the program for alcoholism. Clients are assigned randomly to various treatment groups, allowing comparison between behavior modification and traditional treatment for the disorder. The program

was described by Ovide F. Pomerleau, of the Department of Psychiatry, and Victor Crown of the Department of Community Medicine. Long-term data are being recorded.

Carcinogenic action of alcohol

In a study of over 2,000 cancer patients, it was found that alcohol was associated with cancer of the mouth and pharynx, larynx and esophagus and that these associations persisted when the controls were matched by tobacco use. Cancer of the lung was found to be associated with tobacco but not with alcohol, while cancer of the stomach was associated with neither alcohol nor tobacco. There was no association found between cirrhosis of the liver and cancer of the mouth and pharynx, larynx, and esophagus.

The authors of the study—Milton Terris, M.D., and Wing Yu Lee, M.D., New York Medical College; and Andrew Z. Keller, VA Central Office—concluded that this epidemiologic evidence is consistent with the concept that alcohol acts as a carcinogen or cocarcinogen on the susceptible tissues of contact. The study fails to provide support for the hypothesis that the role of alcohol in cancer is due to its effect in impairing the ability of the liver to metabolize carcinogens.

Mt. Airy awards Gold Medal to Chafetz

Dr. Morris E. Chafetz, Director of NIAAA, was awarded this year's Gold Medal by the Mount Airy Foundation at the fourth annual Gold Medal Award and Seminar held February 16 in Denver.

Accepting the award, Dr. Chafetz said: "Alcoholism is America's largest untreated, treatable illness, and there are 9,000,000 alcoholic Americans who directly affect the lives of nearly 40,000,000 family members. . . . If a program is to be truly successful in treating alcoholism, it must first of all reject narrow, rigid approaches to a complex problem. It must develop a capacity for comprehensive evaluation of the alcoholic individual, his problems, his social system, and his needs. . . ."

Dr. Ephraim T. Lisansky of the University of Maryland, in his address to the group, said that doctors frequently avoid the early diagnosis of alcoholism because of conscious and unconscious psychological mechanisms functioning as value judgments concerning behavior, health, and disease. He said, "A physician frequently mirrors society's rejection of those illnesses which were previously categorized as misbehavior. This misdirection of reasoning originates in early life and becomes rigidified in medical school education."

Marty Mann, founder of NCA, told the seminar: "More progress has been made in the field of alcoholism in the past three years than was made in the 27 preceding years. . . . There are said to be more than 2500 alcohol treatment facilities—both inpatient and outpatient—in operation today. When I started there were only two and neither had the word alcoholism in its title. . . ."

"The greatest educational force in the field of alcoholism is the vast number of recovered alcoholics who are living happy, productive lives." Mrs. Mann cited the increase in membership in AA, calling it "truly a design for living."

Frank A. Seixas, M.D., Medical Director of NCA, asserted that "we are in a time of crisis in our conceptualization of alcoholism. . . . views of alcoholism from a chemical and genetic point of view seem to be producing data which extends the thrust of normal science." Dr. Seixas called for continuation of the treatment goals of "getting the alcoholic drug-free and mobilizing his resources through AA."



The Main Lodge at Harmony Foundation, one of several treatment facilities to be visited as part of the 1974 National Alcoholism Forum.

RESEARCH and REVIEW

Mice show inherited differences in alcohol withdrawal reactions

Genes influence the severity of alcohol withdrawal effects in mice, according to a study reported by Dora B. Goldstein of the Stanford University School of Medicine. The data may mean, she says, that vulnerability to physical dependence can be inherited.

Three generations of mice were tested for severity of withdrawal convulsions: data obtained from two generations of offspring.

Further work will be necessary to show whether the effect is specific for alcohol, or whether the differences in intensity of seizures is related to another biological mechanism. The data also suggest that there is no sex difference in susceptibility to alcohol physical dependence in mice. Sex differences in withdrawal scores were entirely accounted for by differences in blood alcohol levels. (*Nature*, Vol. 245, September 21, 1973, 154-56).

Hospitalized alcoholics follow drinking rules

Alcohol can be given to alcoholics without necessarily triggering alcohol-seeking behavior, studies at the Oklahoma University College of Medicine show. In the experiments, conducted by a team headed by Alfonso Paredes, M.D., 30 of the 101 alcoholic subjects were assigned to a controlled drinking schedule.

The study, while showing that loss of control does not invariably follow alcohol ingestion, should not be extrapolated to conventional social demands, the authors point out. However, they believe that after completion of a controlled drinking experience, the alcoholic will find it more difficult to attribute his desire to a mysterious overpowering force. The hospital experience can thus be used to help him form more adaptive strategies in society.

Early emerging trends of a follow-up study indicate that men who participated in the experimental drinking showed more social stability, had fewer problems with drinking and better attendance at follow-up meetings than those who were not assigned to drinking. (*Quarterly Journal of Studies on Alcohol*, December, 1973, pp. 1146-61).

Alcoholics who see a psychiatrist similar to those who do not

Alcoholism in psychiatrically untreated subjects is similar to that found

among treated subjects, according to studies conducted by Robert A. Woodruff, Jr., M.D., Samuel B. Guze, M.D., and Paula J. Clayton, M.D. at the Washington University Psychiatric Clinic. An examination of 500 cases seen since 1967 showed that treated and untreated groups are not distinguished by family history, variables of background history such as police difficulties, service history, or school performance; medical history; age at interview; age of onset of heavy drinking; or mean number of alcoholic symptoms.

Alcoholics who seek psychiatric treatment are distinguished from those who do not chiefly by the presence of depression, or by a history of abnormalities of mental content which do not fit any current diagnostic criteria. A long-term follow-up and family study is in progress to give information on these patients with abnormal mental content. (*Quarterly Journal of Studies on Alcohol*, December 1973, pp. 1146-61).

Sleep disturbances persist in recovering alcoholic

Disturbances in various stages of sleep, as indicated by EEG and GSR, may last as long as five weeks, and up to six months in the chronic alcoholic, even when he is sober, according to a study reported by Dr. Boyd K. Lester, Professor of Psychiatry, and a team at the University of Oklahoma Health Sciences Center.

The study compared 20 male alcoholic patients with age-matched normal controls. Patients and controls were examined after three weeks of abstinence and then after bouts of fairly heavy ethanol intake.

The results showed that the alcoholics awakened and fell asleep more frequently than the normal controls. Alcoholics had higher rates per minute of nonspecific GSR's than controls during waking and all stages of sleep. During stage REM sleep, alcoholics generated about four GSR's/min compared to rates of less than 1/min in controls.

The findings suggest, says Dr. Lester, that alcoholics, sober or not, have severe and prolonged sleep disturbances, which are not alleviated by the usual sedatives. (*Medical Tribune*, Feb. 6, 1974)

Physicians and nurses high alcohol risk, warns Chafetz

"Although physicians are supposedly at the top of the health care hierarchy in terms of knowledge and awareness, they are an extremely high alcoholism risk group in a country where alcoholism is generally at an epidemic level," says Dr. Morris E. Chafetz, Director of NIAAA. Dr. Chafetz's address was delivered by Dr. Emil Bendit at a conference on "The Health of the Health Professional" held in Reno, Nevada, February 8-9. He added that nurses and other caregivers appear to have at least the same incidence of alcohol problems as doctors.

A recent canvass of 54 state and country medical societies was undertaken to determine the existence of programs for handling drug-dependent, alcoholic and psychiatrically disordered physicians. Only 14 responses indicated such a program was functioning; 3 respondents even denied altogether the existence of any such problems. "Clearly, at the fountainhead of health knowledge in this country," said Dr. Chafetz, "almost no one is treating the treaters."

PHYSICIAN'S ALCOHOL NEWSLETTER
Two Park Avenue
New York, New York 10016