**Alcohol Intervention Helps Hepatitis C Patients**

**By Jane Salodof MacNeil**

**Southwest Bureau**

**Santa Ana Pueblo, N.M.** — A hepatitis C virus clinic in Minnesota helped alcoholic patients become eligible for antiviral therapy by integrating alcohol screening and a behavioral intervention into medical care.

Nearly half (47%) of 47 new patients flagged for “severe alcohol use” reduced their drinking after physicians warned that it could make them ineligible for antiviral treatment, according to a poster presented by Dr. Eric W. Dieperink at the annual meeting of the Academy of Psychosomatic Medicine.

Some relapsed after this initial brief intervention, but nearly two-thirds (62%) subsequently reduced their alcohol use by participating in the program with a psychiatric clinical nurse-specialist. And 17 patients (36%) achieved long-term abstinence and were offered antiviral therapy.

“There was a big effect of just having the clinic staff address alcohol use at the initial visit,” Dr. Dieperink, a psychiatrist at the University of Minnesota, said in an interview at the meeting. “It’s a cost-effective way to help people start treatment.”

Standard practice is to refer patients to a substance abuse program and tell them to “come back in 6 months when you are sober,” Dr. Dieperink said. He and his colleagues reasoned that people facing medical consequences would be more likely to respond to an alcohol intervention than would a general population. They decided, therefore, to engage patients medically and psychiatrically in the clinic.

Gastroenterologists at the Veterans Affairs Medical Center in Minneapolis invited participants into the clinical program after 17.2 years and 22 months of integrating alcohol screening and a behavioral intervention into medical care.

A cornerstone of the program was having gastroenterologists present at the clinic when the patients saw the patients “at every visit, the hepatology folks continued to address alcohol,” Dr. Dieperink said.

“Suicide and severe psychiatric complications, which occurred in 3% of patients, were the leading causes of death in a large study of patients with mental illness in Ohio. Moreover, these patients died at a mean age of 48 years, which represented 32 years of potential life lost, Dr. Brian J. Miller reported during a poster session at the American Psychiatric Association’s Institute on Psychiatric Services.

“That is a strikingly high figure,” said Dr. Miller, a psychiatrist resident at the Medical College of Georgia, Augusta. The findings underscore the importance of integrating the delivery of health care services to patients with serious mental illness and targeting interventions that improve their quality of life, such as monitoring blood glucose levels, taking waist circumference measurements, and looking for depression as a side effect of interferon treatment.

Over time, the collaboration took on other psychiatric disorders in an ongoing attempt to address barriers to treatment. “Alcohol is considered a barrier to treatment for hepatitis C and also hastens the fibrosis related to liver disease. So there was no way we could address it, Dr. Dieperink said.

The intervention began with all patients being screened for psychiatric problems at their initial clinic visit. Instruments included the Alcohol Use Disorders Identification Test-C (AUDIT-C), which the psychiatric clinical nurse-specialist reviewed. The nurse-specialist subsequently met with patients who scored above 4 on the AUDIT-C or were identified by members of the clinic.

A recent report in Psychosomatic Medicine. Patients died at a mean age of 48 years, which represented 32 years of potential life lost.

**Dr. MILLER**

- **obesity (24%), hypertension (22%), and diabetes mellitus (12%).**
- The overall standardized mortality ratio was 3.2, which corresponded to 417 excess deaths.
- “What’s interesting is that we found that the leading medical comorbidities—specifically, obesity, hypertension, diabetes, and COPD—are consistent with the risk factors for the observed leading [medical] causes of death: heart disease, COPD, and diabetes,” Dr. Miller said.
- In the text of their poster, the investigators acknowledged that the findings may not apply to other populations with serious mental illness. “While our statistical models adjusted for age and gender differences, there are many other demographic, health, and socioeconomic factors that are not adequately and accurately accounted for,” they wrote.
- The investigators said that their data came entirely from state mental health inpatient records. Two patients were reasons to exclude—male, unmarried, and uneducated—a group for which alcohol and substance abuse were well documented.

**Suicides in Liver Donors Suggest Need for Psychiatric Assessment**

**By Sherry Boschert**

**San Francisco Bureau**

**San Francisco — Postoperative psychiatric complications in a small percentage of liver donors included three completed or attempted suicides, and that was the synergism—” said Dr. Trotter. “That was the synergism—constantly attending to the alcohol use at every visit—which we think made a big difference.”

He described the approach as matter of fact. Physicians would compare the patients’ drinking with standards and norms for their age and gender, and if they cut back, offer to arrange follow-up with the nurse.

The poster described the treatment rate, 28% of patients with serious alcohol use, compared favorably with the national rate reported for consecutive hepatitis C patients in Veterans Affairs clinics nationwide.

1.6- to 2.8-fold increased risk of premature death.”

More studies are needed to determine if the psychiatric complications are related to stress from the surgery or to the types of people who choose to donate, or both, as they sometimes do.

The postoperative psychiatric complications, which occurred in 3% of 390 liver donors, included two completed suicides among one attempted suicide in addition to depression in two donors, substance abuse in two, and the development of worsening obsessive-compulsive disorder, insomnia, or bipolar disorder in one donor each. Detailed questionnaires were used to profile the three suicide events. The recipients of the right hepatic lobe donations in these three cases were alive and well at the time of the suicide attempts.

A 50-year-old man who donated to his niece was treated with clonazepam for bipolar disorder before and after the donation. He developed physical postoperative complications, including a middle hepatic vein thrombosis, abdominal discomfort, and fatigue. He used a shotgun to the head to kill himself 22 months after the donation.

A 35-year-old man who donated to his brother developed a pleural effusion, ileus, and mild urinary retention after the surgery. Prior to donation, he had been in counseling related to a divorce but had no psychiatric history. A fetal, self-induced drug overdose 23 months after donation was recorded as suicide by the transplant center.

A 23-year-old man who donated to his father had no physical complications. Nine months later he was hospitalized twice in a 2-month period for slashing his wrists in attempted suicide and was treated with antidepressants and a significant other. He is alive and doing well today, said Dr. Trotter.

Besides the two donors who committed suicide, two other donors died—one from postdonation surgical complications and one in a train accident.