

## COMPARISON OF PATIENT OUTCOMES BETWEEN STAFF SUPERVISED AND NON-STAFF SUPERVISED DISULFIRAM (Antabuse)

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Disulfiram is an adjunct drug licenced for the treatment of alcohol dependence. Disulfiram prevents the enzyme acetaldehyde dehydrogenase from converting acetaldehyde to acetate. If an patient drinks alcohol whilst taking Disulfiram, they may experience a Disulfiram Ethanol Reaction (DER). This can be life threatening. Supervised consumption of disulfiram leads to safer patient outcomes.



### AIMS

To compare patient outcomes between Community Addictions Team (CAT) and non CAT supervised Disulfiram in one CAT site in the SET.

### METHODS

Maxims (multidisciplinary patient record system) was reviewed for all patients on Disulfiram between 01/01/2018 and 31/12/2019.

Outcome measurements included self reported alcohol relapse, self reported DER (life threatening versus non life threatening with Electronic Care Record review), number of times reinduction took place and if the script was stopped.

### RESULTS

Staff Supervised Disulfiram	Non-Staff Supervised Disulfiram
7/17 (41%) relapsed and all were in 50-69 age group. 5/7 (71%) were male	8/13 (61%) relapsed and 7/8 (88%) were in the 30-49 age group. 5/8 (63%) were male
6/7 (86%) had a dual diagnosis	6/8 (75%) had a dual diagnosis
Average time to first relapse was 11 months	Average time to first relapse was 6 months
5/7 (71%) were reinitiated on two or more occasions	5/8 (63%) were reinitiated on two or more occasions
2/5 had a non life threatening DER No cessation of script	1/5 had a non life threatening DER No cessation of script

### CONCLUSIONS

Interpretation is limited due to the small sample size. However, it is apparent that a high percentage of those who relapsed in both groups had a dual diagnosis. A higher number relapsed in the non staff supervised group but a chi square test was not significant. Binomial tests show that the relapse rate in both was not significantly different from chance.

The mean relapse time was shorter in the staff supervised group. However, as variances around the mean were significantly different ( $F=8.54$ ,  $p<02$ ), a t-test was employed. These results are non significant,  $t(6.78)=1.40$ ,  $p=.2$ .

We plan to repeat this study, but will utilise data from the other two CAT sites. A bigger sample may capture more significant differences.

We will continue to offer patients a choice between staff and non staff supervised consumption of Disulfiram.