

ARBD

Assessment, Diagnosis and MCA



Dr Julia Lewis

Consultant Addiction Psychiatrist

Aneurin Bevan University Health Board

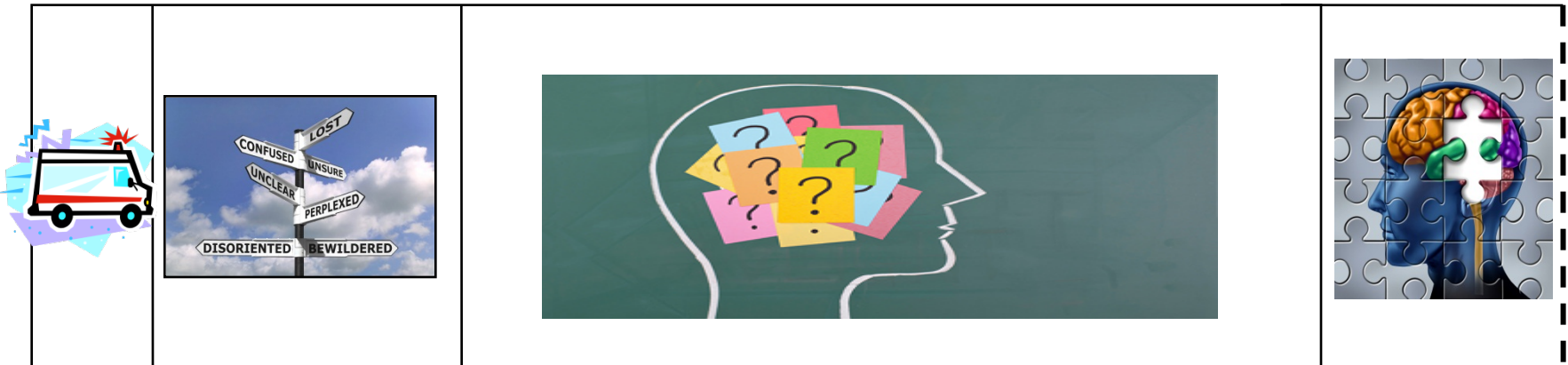
Assessment

Acute
Medical
Stage

Acute Global
Confusion

Non-permanent Cognitive
Dysfunction

Permanent
Cognitive
Dysfunction



Identify

Diagnose

Assess physical,
psychological and social
effects

Re-assess



Identify

- High index of suspicion
- History (or probable history) of heavy, longstanding alcohol intake
- Presenting with confusion, memory problems, risk behaviour
- Possible history of alcohol withdrawal
- History of admissions with either similar presentations or other trauma/ disease associated with alcohol misuse

Diagnose

- Complete assessment once patient is abstinent from alcohol and stabilised
- Neuroimaging is not diagnostic but can rule out other causes
- Take a good history from patients and informants
- Perform simple cognitive assessment (e.g. ACE-R)
- Perform risk assessment and consider use of MHA/MCA

Suggested Diagnostic Criteria (adapted from Oslin)

- A. Criteria for the clinical diagnosis of probable ARBD include the following:
1. Evidence of cognitive impairment (as demonstrated by clinical examination or use of appropriate instruments e.g. ACE-R)
 2. Significant alcohol use as defined by the minimum average of 35 standard drinks per week for men and 28 for women, for a period of greater than 5 years. The period of significant alcohol use must occur within three years of clinical onset of the cognitive deficits.

Suggested Diagnostic Criteria (adapted from Oslin)

B. The diagnosis of ARBD is supported by the presence of the following:

1. Alcohol related hepatic, pancreatic, gastrointestinal, cardiovascular or renal disease or other end organ damage
2. Ataxia or peripheral neuropathy (not attributable to other non alcohol related causes)
3. Neuroimaging evidence of cerebellar atrophy, especially of the vermis
4. Cognitive damage and evidence of ventricular or sulcal dilatation are likely to improve within the first 60 days, residual damage will be slower to improve and may be permanent

Suggested Diagnostic Criteria (adapted from Oslin)

- C. The following clinical presentation indicates that there may be complicating conditions such as vascular or traumatic lesions
1. The presence of language impairment, especially dysnomia or anomia
 2. The presence of focal neurological signs or symptoms (except ataxia or peripheral sensory polyneuropathy)
 3. Neuroimaging evidence of cortical or subcortical infarction, subdural haematoma or other focal brain pathology
 4. Elevated Hachinski ischaemia scale score

Assess complications

Identify Concomitant
mental illness

ADL assessment
(nurses, OT's)

MHA/MCA
assessment

Risk assessment

Initial financial
assessment

Initial social
assessment

Re-assess

- With changes to environment
- With different stages of illness
- With acute changes
- When family/ staff feel it is necessary
- As an ongoing, regular process

Mental Capacity Act (2005)

When could it be appropriate in these patients?

- Acute physical stage
- Maintaining abstinence in supportive environment during initial confusional period
- Ongoing protection due to residual cognitive deficits

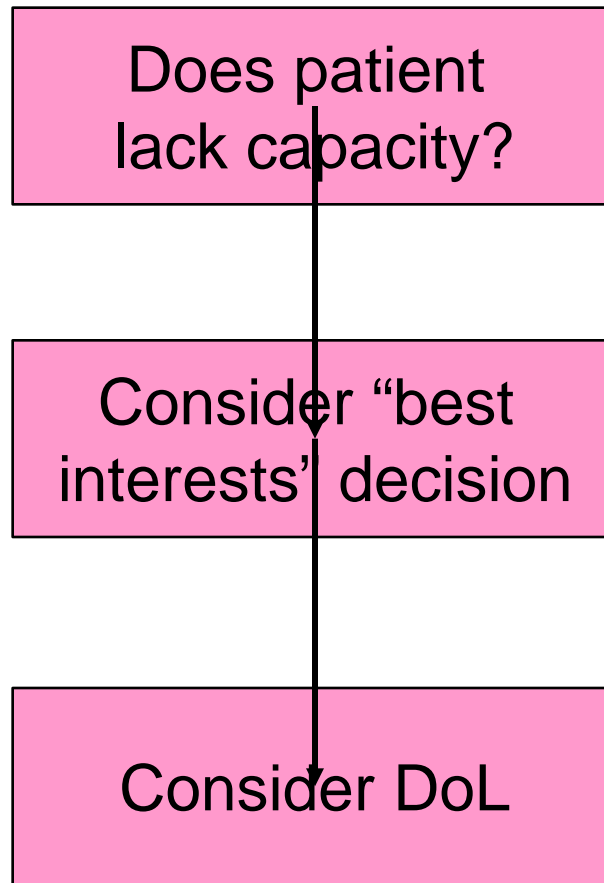
Mental Health Act

- ICD-10 – mental and behavioural disorders due to use of alcohol, amnesic disorder (F10.6)
- MHA appropriate for the treatment of mental health component – is often preferred as deemed to have greater protection for patient

Mental Capacity Act

- For longer term Deprivation of Liberty (DoL) arrangements
- Such as holding patient in a specialist nursing home to ensure abstinence, calm supportive environment etc

General Principles of MCA



Test of Capacity

- Does patient understand the information relevant to the decision (presented appropriately and with assistance)?
- Can they retain the information (long enough to make the decision)?
- Can they weigh it as part of a decision-making process?
- Can they communicate their answer to you (with assistance if required)?

However.....

- Individuals are allowed to make “unwise” choices
- Capacity is ‘decision-specific’
- Assume the individual has capacity unless proved otherwise
- Do not treat people as incapacitous unless you have taken all practicable steps to help them
- Always do things or take decisions for people without capacity in their best interests
- Always take the least restrictive option

So, why would we be considering it?



Do they have the capacity to make decisions about abstinence?

Do they have the capacity to make decisions about placement?



Best Interest Decisions

- Whether the decision can be delayed in case they **regain the ability** to make the decision in the future (e.g. recovering from an episode or illness, or getting support with communicating their wishes.)
- When someone is working out what is in the best interests of another person, they cannot make a decision based merely on their **appearance, age, medical condition, or behaviour**.
- When deciding what would be in their best interests **all the relevant information** needs to be considered, and it is important to involve them as much as possible in decisions affecting them.

- Their **wishes, feelings, values and beliefs**. This includes any views they have expressed in the past that would help to understand what their wishes and feelings might be. This may be things they have said to other people, how they have behaved in similar circumstances in the past and especially things they have written down. This places them at the centre of any decision being made on their behalf.
- The views of their **family members, parents, carers and other relevant people** who support them or are interested in their welfare, if this is practical and appropriate.
- If decisions are being made about treatment that is needed to keep them alive, people are not allowed to be motivated by a desire to bring about their death, and they must not make assumptions about the quality of their life.

Deprivation of Liberty

Restraint or restrictions on an incapacitated individual's liberty can be justified under the Mental Capacity Act 2005 provided:

- **reasonable steps** are taken to establish that the individual lacks capacity in relation to the matter in question; and
- it is reasonably believed that the individual **does lack capacity in relation to the matter in question**; and
- it is **in the best interests** of that individual for the act to be done; and
- it is reasonably believed that it is necessary to do the act **to prevent harm** to that individual; and
- the act in question is a **proportionate response** to the **likelihood** of the individual suffering harm; and
- the act in question is a proportionate response to the **seriousness** of that harm

Deprivation of Liberty Safeguards (DOLS)

- The managing authority makes application to their supervisory body for an 'authorisation' of deprivation of liberty.
- Applications can be made on either an 'urgent' or 'standard' basis
- The supervisory body, having received such an application, is responsible for ensuring that the application is assessed

DOLS Assessments

Once an application is made, the supervisory body will have to appoint 'assessors' to positively assess each of the following 'qualifying criteria':

- That the individual is over 18;
- That the individual is of unsound mind (a mental health assessment);
- That the individual lacks capacity.

- That the individual is not subject to the Mental Health Act 1983 (and so ineligible for treatment under the Mental Capacity Act 2005);
- That any deprivation of liberty would not conflict with any valid advanced decisions made by the individual (ie under a lasting power of attorney);
- That the deprivation of liberty would be in the best interests of the individual.

The assessments must be completed within 21 days.

- Best interests assessor must always give consideration as to whether the care being considered could be provided in a **less restrictive manner**, or in a way that would **not involve a deprivation of liberty**.
- If the criteria are satisfied then authorisation is given.
- The maximum duration of a standard authorisation is 12 months.

Summary

- Assessment of ARBD
- How MCA might apply in ARBD
- Practicalities of using MCA in ARBD



diolch

Gwent Specialist Substance Misuse
Service



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Aneurin Bevan
Health Board