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НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE

Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
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COMPLEX ASPECTS OF ALCOHOL INTOXICATION AND RECOVERY PROBLEMS

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✓ ***Resume***

The development of a scoring system based on laboratory and screening research methods will make it possible to determine in more detail the timing and strategy of drug and psychosocial correction of patients. Further study of alcoholic patients in the early stages of alcohol dependence and associated somatic complications will lead to an improvement in the quality of life and social interaction.

Key words: cognitive impairment, alcohol dependence, drug therapy, screening.

КОМПЛЕКСНЫЕ АСПЕКТЫ АЛКОГОЛЬНОЙ ИНТОКСИКАЦИИ И ПРОБЛЕМ ВОССТАНОВЛЕНИЯ

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✓ ***Резюме***

Разработка балльной системы на основе лабораторных и скрининговых методов исследования позволит более детально определить сроки и стратегию медикаментозной и психосоциальной коррекции пациентов. Дальнейшее изучение больных алкоголизмом на ранних стадиях алкогольной зависимости и связанных с ней соматических осложнений приведет к улучшению качества жизни и социального взаимодействия.

Ключевые слова: когнитивные нарушения, алкогольная зависимость, лекарственная терапия, скрининг.

ALKOLLIKLARNI INTOXIKASHISHNING MUMKIN ASSPEKTILARI VA TAYTA BERISH MUAMMOLARI

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✓ ***Rezyume***

Laboratoriya va skrining tadqiqot usullariga asoslangan skoring tizimini ishlab chiqish bemorlarni giyohvandlik va psixososyal korreksiya qilish muddati va strategiyasini batafsilroq aniqlash imkonini beradi. Alkogolli bemorlarni alkogolga qaramlikning dastlabki bosqichlarida va ular bilan bog'liq somatik asoratlarda keyingi o'rganish hayot sifati va ijtimoiy o'zaro ta'sirning yaxshilanishiga olib keladi.

Kalit so'zlar: kognitiv buzilish, spirtli ichimliklarga qaramlik, dori terapiyasi, skrining.

Topicality

The average annual alcohol consumption worldwide is 6.4 litres **[**1**]** for every person over the age of fifteen. Alcohol consumption is higher in Europe – approximately 15 litres per person per year in Lithuania, the Czech Republic and Moldova. This is equivalent to about two bottles of wine per

person per week. related to alcohol. Just behind the countries of Eastern Europe are the countries of Western Europe, including Belgium, Ireland, Portugal, France and Germany (about 12 to 14 liters). Nigeria is the only country outside of Europe with high levels of alcohol consumption and alcohol use disorders. 15.7 million people in the United States of America (US) aged 12 and older meet the criteria for alcohol use disorder (see image for specific criteria). In addition, in the United States, alcohol-related problems are responsible for more than 85,000 deaths annually in the country [8,9,11]. However, the World Health Organization (WHO) estimates that 3 million deaths occur annually worldwide as a result of the harmful use of alcohol, which is 5.3% of all deaths [5, 6].

The highest level of alcoholism consumption by country is Russia (18.9%), Hungary (17.56%), Lithuania (15.24%), South Korea (13.51%), Latvia (13.19%) and Belarus (13.13%). According to this indicator, Uzbekistan ranks 110th, and the consumption of alcoholic beverages is 2.33% of the population. Alcohol addiction has a wide range of social consequences, affecting both the drinker himself and his close environment, as well as society as a whole. From a social point of view, this is a form of behavior characterized by a person's pathological craving for alcohol and subsequent degradation of personality. Social manifestations of alcoholism are expressed in a change in the circle of friends, in the rejection of alcohol by society, in their stigmatization [7]. The social damage from excessive alcohol consumption is enormous: it is caused by industrial and transport injuries, an increase in crime, and causes fires. Alcohol dependence is the most common cause of family breakdown, an increase in the number of dysfunctional families, the number of orphans and children with special mental and physical development, the formation of a syndrome of dependence and suicidal behavior [8].

The dynamics of substance use disorders in Uzbekistan is characterized by an increase in alcohol dependence with a relative decrease in drug abuse. Thus, between 2008 and 2022, the incidence of drug dependence decreased from 8.2 cases per 100,000 population to 2.9 cases, respectively. At the same time, the incidence of alcohol dependence increased from 13.0 to 24.3, respectively [2].

Patients with alcohol intoxication make up from 39.8 to 54.9% of all victims admitted to toxicology departments, firmly occupying the first place in the structure of hospitalization of these departments. Emergency care (NP) for acute alcohol poisoning, according to clinical and diagnostic standards, mainly includes infusion therapy, detoxification therapy, vitamin therapy, respiratory support in case of deep coma or aspiration syndrome. However, already at the stage of the toxicogenic phase of poisoning, the toxicologist is faced with the need for a differentiated approach to the diagnosis and intensive therapy of alcohol intoxication resulting from a single abuse and as a result of long-term previous alcoholization [2].

In fact, we are dealing with two different diseases, despite the same etiological factor - the use of ethanol products. This is due to the peculiarities of the effect of ethanol on the body with long-term abuse [2, 3, 7, 9].

The dynamics of substance use disorders in Uzbekistan is characterized by an increase in alcohol dependence with a constant decrease in drug abuse. According to available data, more than 90% of all patients with acute alcohol intoxication admitted to the toxicology departments of the RSCEMP and its branches suffer from chronic alcoholism.

Objective. To study the effectiveness of the developed scoring system for early diagnosis of cognitive impairment and alcohol dependence in patients with alcohol intoxication against the background of binge drinking.

Material and methods

150 patients aged 18 to 60 years who were admitted with alcohol intoxication against the background of binge drinking to the RSCEMP of the Bukhara branch in 2019–2022 were examined (138 of them were men (92%) and 12 women (8%)). All patients received standard drug therapy, at the end of which on the 5th day. he conducted a study of the level of ammonia and lactate in the blood, assessed cognitive functions using the MMSE and the Reitan test. Depending on the level of indicators, a point assessment of patients' cognitive impairments was developed. Each indicator was evaluated from 1 (mild impairment or none) to 3 (severe impairment) points. Patients with severe cognitive impairment (ammonia level greater than 150 μmol/L, lactate greater than 2.5 mmol/L), MMSE less than 25 points and Reitan test greater than 120 sec. received a score in the range from 10 to 12 points. With moderate disorders (ammonia level of 100–150 μmol/l, lactate level of more than

2.0–2.5 mmol/l, MMSE of 25–27 points, and Reitan's test of more than 90–120 seconds) – 6–10 points. With mild (ammonia level less than 100 μmol/l, lactate less than 2.0 mmol/l, MMSE more than 27 points and Reitan test less than 90 seconds) – 4–6 points. Also on the 5th day. problematic alcohol consumption was assessed using AUDIT (1 intervention). AUDIT - the test consists of 10 questions relating to various aspects of alcohol consumption and related problems, the maximum possible sum of points is 40.

The test results are interpreted as follows: less than 8 points – no problems with alcohol consumption; 8 – 15 points: problematic or risky alcohol consumption; 16 – 19 points: alcohol abuse and alcohol consumption with harmful consequences; more than 20 points – alcohol dependence is possible (Table 1).

Table 1.

Main questions of the AUDIT test

Points Questions	**0**	**1**	**2**	**3**	**4**
1. How often do you drink alcoholic beverages?	Never	1 time a month or less	2-4 times per month	2-3 times a week	4 and more once a week
2. What is your usual dose of alcoholic beverages per day of drinking?	1-2 tbsp. doses	3-4 tbsp. doses	5-6 tbsp. doses	7-8 tbsp. doses	10 and more tbsp. doses
3. How often do you drink more than 5 (for men) or 4 (for women) standard doses during one drink?	Never	Less than 1 time per month	1 time per month (monthly)	1 time per week (weekly)	Daily or almost daily
4. How often over the past year have you realized that you are not able to stop when you start drinking?	Never	Less than 1 time per month	1 time per month (monthly)	1 time per week (weekly)	Daily or almost daily
5. How often over the past year have you failed to cope with your duties or promises because of drinking?	Never	Less than 1 time per month	1 time per month (monthly)	1 time per week (weekly)	Daily or almost daily
6. How often over the past year have you had to drink in the morning to recover from the previous heavy drinking (get drunk)?	Never	Less than 1 time per month	1 time per month (monthly)	1 time per week (weekly)	Daily or almost daily
7. How often have you had feelings of guilt and/or remorse over the past year after drinking?	Never	Less than 1 time per month	1 time per month (monthly)	1 time per week (weekly)	Daily or almost daily
8. How often over the past year have you been unable to remember what happened the day before because you were drinking?	Never	Less than 1 time per month	1 time per month (monthly)	1 time per week (weekly)	Daily or almost daily
9. Have your drinking ever caused bodily injury to you or others?	Never	This was more than 1 year ago	Yes, this has been the case during this year	-	-
10. Have your relatives, acquaintances, doctors, or other health care providers ever expressed concern about your alcohol use or suggested stop drinking?	Never	This was more than 1 year ago	Да, такое было в течение этого года	-	-

If, according to the results of the screening, the patient scored more than 8 points in the AUDIT test, then the next stage of psychosocial intervention is the so-called Short-Term Alcohol Counseling (CCPA) [10, 17, 19, 28, 37].

CCPAs are a variety of interventions that involve a brief conversation aimed at motivating the individual to think about drinking alcohol in a non-confrontational way and to plan changes aimed at reducing such use and/or reducing the risk of harm to one's health. For the most part, the types of brief preventive counseling are based on two key concepts [10, 20, 21, 28]:

A) the concept of gradual change;

B) the concept of motivational interviewing

Let's consider the content of these concepts:

A) Stages of behavior change. Behavior change stages are five sequential steps related to specific tasks that an individual needs to solve in order to achieve intentional behavior change [7,9, 13,28,40].

At the **stage of prereflection,** a person is either unaware of the problem that needs to be solved, or is aware of it, but does not want to change the problem behavior.

The next stage of **reflection is** characterized by an ambiguous attitude to problem behavior and an assessment of the advantages and disadvantages of such behavior, as well as its change, which in many cases ends with a decision being made [14,33,35].

At the **stage of preparation**, a person makes a conscious decision to change, accompanied by a willingness to adhere to the appropriate action plan [15, 16].

This plan is implemented at the **stage of action**, within the framework of which the individual becomes a participant in actions aimed at achieving changes and overcoming emerging difficulties [14, 17, 21].

If successful actions are sustainable, a person moves on to **the stage of preservation**, at which an effort is made to consolidate the achieved changes [13, 15, 19].

Once these changes have become part of the lifestyle, the individual leaves the cycle of step-by-step change. Relapses, however, are not uncommon, and sometimes it is necessary to complete the entire cycle of changes more than once, before the changes become stable [8, 19, 20, 25, 28].

B) The key concept is motivational interviewing. Motivational interviewing (MI) is a style of conversation designed to reinforce a person's motivation and willingness to change. MI is a style of two-way, purposeful communication that focuses on creating and reinforcing the desire for change in the person seeking help. The purpose of such communication is to strengthen the person's motivation and commitment to achieve concrete change by clarifying and analyzing his/her own reasons for changing in an atmosphere of understanding and support [9, 18, 36, 37, 39].

MD is based on four processes:

1. involvement (formation of relationships, trust – attentive listening);
2. focus (reaching mutual agreement on the main topic of conversation);
3. inducement (active listening in order to stimulate discussion of changes);
4. planning (joint development and approval of a change plan) [13, 18, 39, 40].

The focus is on ensuring the active participation of the patient. A brief preventive consultation is a short, evidence-based, sympathetic, well-structured conversation with the patient, the purpose of which is to motivate and encourage without conflict to think about changing behavior in relation to alcohol consumption and/or to plan for such a change [11, 23, 25, 27, 41].

Brief preventive consultations differ in several parameters:

1. by duration – from 5 minutes to several sessions of an hour or more;
2. by context – from advice to instruction;
3. on the use of MD or a step-by-step change model [10, 28, 34, 35, 37, 42].

It is very important that brief preventive consultations are based on a sympathetic, respectful, positive relationship with the patient and are conflict-free. The idea is to work with the consciousness and motivation of a person so as not to shock him, not to confront him and not to impose your own opinion.

Results and discussion.

MMSE results in patients with alcohol dependence and in the control group, the mean MMSE score in patients with alcohol dependence was 25.45 ± 3.62 and the control group was 27.23 ± 2.65. A significant difference was found in the MMSE of the two groups (t =−2.622, p "=" 0.010*)

Table 2.

MMSE scores in patients of alcohol dependence and normal control group

Variable	Mean±SD		t	P
	Patients(n=44)	Normal controls (n=44)		
MMSE score	25.45±3.62	27.23±2.65	−2.622	0.010*
MMSE: Mini mental state examination, SD: Standard deviation				

At the time of MoCA assessment, the mean MoCA score in patients with alcohol dependence was 21.5 ± 3.33, in the control group it was 24.41 ± 2.94, a significant difference between patients and in the control, group was (t = −4.346, p = 0.000**).

Table 3.

Evaluation of MoCA in Alcohol-Dependent Patients and Controls

Variable	**Mean ± Standard Deviation**		**t**	**p**
	Patients (n = 44)	Control group (n = 44)		
MoCA Account	21.5±3.33	24.41±2.94	−4,346	0,000**
SD: Standard Deviation, MOCA: Montreal Cognitive Assessment				

In 32 patients (21.3%) serious metabolic and cognitive disorders were detected, on average they scored 10.3±0.6 points on the scale developed by us. At the same time, the patients could not undergo the AUDIT screening and they needed additional drug therapy in the hospital. A second intervention was carried out a week later, according to which they scored an average of 24±5 points, that is, they were found to have a serious alcohol dependence. 69 patients (46%) were diagnosed with moderate cognitive and metabolic impairment, with an average score of 7.2±0.8 points, and the AUDIT screening showed 15±3 points, which corresponded to health-threatening consumption and an average risk of developing addiction. A total of 49 patients (32.7%) had mild cognitive and metabolic impairment, with an average score of 3.8±0.5 points, and the AUDIT screening showed 9±2 points, i.e. a relatively low risk of alcohol dependence.

Conclusion

The development of a point assessment system based on laboratory and screening research methods will make it possible to determine in more detail the timing and strategy of drug and psychosocial correction of patients. Further research into alcoholics in the early stages of alcohol dependence and related somatic complications will lead to improved quality of life and social interaction.

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