

Psychological disorders

WHICH TYPE OF THERAPIES ARE MORE EFFECTIVE FOR ALCOHOL DEPENDENCE SYNDROME, PSYCHOLOGICAL OR BIOLOGICAL?

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Introduction

In this essay I will discuss substance abuse of all kinds, in particular I will be discussing alcohol dependency. In the ICD-10 (World Health Organization., 1992), dependence syndrome is described as "a cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value". I will first discuss the psychological and biological explanations of alcohol dependency. I will then discuss the therapies of both psychological and biological approaches. Lastly I will compare the two and discuss which would be a better treatment ending with what the potential future treatments could be.

Psychological Explanations and therapies of Alcohol Dependence Syndrome

Alcohol dependence syndrome is a type of addiction, with it comes many arguments between whether the person has the choice, or whether it is a disease of the brain. From a psychological perspective, we can look at how Social Psychology is taken into account. Conformity, for example, is the social influence involving a change in belief or behaviour to fit in with a group (McLeod, 2016). This equates to peer pressure often classed as compliance or ingratiation conformity either through social rewards or the threat of rejection (McLeod, 2016).

Cognitive-behavioral Therapy, also known as CBT is described as an effective form of treatment for alcohol related disorders in Abnormal Psychology (Butcher, Mineka and Hooley, 2010), suggested by Alan Marlatt and Witkiewitz. This method of therapy uses cognitive-behavioural strategies of intervention and combines them with social-learning theory and modeling of behaviour (Butcher, Mineka and Hooley, 2010). The earliest types of CBT were Rational Emotive Behaviour Therapy, developed by Albert Ellis in the 1950's, and Cognitive therapy, developed by Aaron T. Beck in the 1960's (McLeod, 2015).

Further to this, the approach of "skills training " is usually aimed at younger problem drinkers who would be considered a risk for developing more serious drinking problems in the future, either due to current drinking habits, or a family history (Butcher, Mineka and Hooley, 2010).

The patients would work with the therapist to analyse areas that are causing them to drink, they would then be asked to practise the changes in their life and discuss in the following session (nhs.uk, 2016). CBT usually goes on for 5-20 sessions, 1 every week or 2 weeks, the first session would be for the therapist to evaluate the patient, and how they can work together to solve them (nhs.uk, 2016), this would eventually lead to apply any skills that have been learnt during the sessions to daily life.

Biological explanations and therapies of Alcohol Dependence Syndrome

On the other side, I have found that some suggest that alcohol dependence syndrome or any dependence syndrome is an addiction disease in the brain. According to a 2014 review, most research had focused on the relationships between alcohol consumption and the dopaminergic system (Hui MA, 2014). However also in that review, it explains that there are many “contradictory results due to several reasons, including methodology differences, non-linear dosage effects and possible confounding effects of other neurotransmitter systems”. (Hui MA, 2014).

In the 1880's Freud recommended Cocaine to treat alcoholism and at the time, morphine addiction, calling it the “magical drug.” Later on however, Freud dropped his defense to treat morphine. Throughout the 20th century however, the use of cocaine to treat alcoholism was less used due to the opening of the Charles B. Towns Hospital and the founding of Alcoholics Anonymous (Wirth et al., 2018).

If necessary, medication, such as the ones mentioned below, are prescribed to sufferers of alcohol dependence syndrome, or any alcohol related disorder. The therapist, or doctor would prescribe these after evaluation and usually while the patient is abstaining from alcohol (nhs.uk, 2015). Moving to the 21st century, alcohol dependence patients can now be provided with a controllable substitute for Alcohol. Those being a prescribed drug such as Naltrexone, Acamprosate, Nalmefene, or Disulfiram (Wills, 2005), which are currently recommended by the National Institute for Health and Care Excellence (NICE) as treatments for alcohol dependence (nhs.uk, 2015).

The patient would need to be serious about getting sober as they would need to take the drugs continuously for a set period of time, for example a Naltrexone course can last up to 6 months, sometimes even longer. However before starting the course the patient would have a full medical assessment including blood tests (nhs.uk, 2015), likely due to the effects on the brain where it acts as an opiate, and reduces the desire for them (Webmd.com, 2018).

Evaluation of Psychological therapies of Alcohol Dependence Syndrome

One of the advantages of cognitive behavioural therapy is that the sessions can be completed in a fairly short amount of time, compared to other talking therapies (nhs.uk, 2016). For example, in 1935 Alcoholics Anonymous was formed and the principles of the Oxford group influenced the creation of the 12 step program (Alcoholics Anonymous (Great Britain) Ltd, 2018). This supports the point made earlier that CBT can only take 5 sessions, where as, other programs such as the 12 step AA program, take at least double that amount of time.

However, one of the problems that could impact the effectiveness of CBT is that if the patient doesn't attend regular sessions and carry out extra work needed agreed between them and their therapist it tends to take up a lot of time (nhs.uk, 2016). This could cause more issues, if for example the patient has to work a lot in order to pay bills, or has a busy household they may not be able to keep up with what is

needed of them from the CBT sessions. Therefore this is a challenge that could cause a relapse and the patient may start drinking again resulting in more care being needed to treat the patient for recovery and the current treatment becoming ineffective.

Another strength of CBT is that while the main aim is to treat the disorder that the patient has, it also teaches skills that can be used in everyday life, that is, even after the treatment has finished (nhs.uk, 2016). CBT does this by asking simple questions about the patients experience and cravings, which provides a thinking aspect to the actions that are being taken by the patient (Integration.samhsa.gov, 2010). This evidence suggests that through thinking more deeply about the action that the patient is about to take, what impact it could make on their life, be that positive or negative and how they can avoid the negative.

Evaluation of Biological therapies of Alcohol Dependence Syndrome

One of the advantages of medicines, is that it is a long term treatment, giving the opportunity for the patient to work on long term issues (CHOOSE HELP, 2015). For example most drugs that are in effect today can stop the desire to drink alcohol altogether (Naltrexone), due to it replacing the opioid effects that alcohol gives the brain (Wills, 2005). Another example of this is where another drug (Disulfiram), cause negative effects when alcohol is consumed (Wills, 2005). These examples support my point by showing that if the requirement to consume alcohol is not there, it gives the opportunity to work on long term problems, like being homeless, unemployed or having poor relationships.

While prescribing medicines has got its advantages, as it is possible to replicate the desire, or need with medicines so as to stop the use of alcohol (Wills, 2005). However, it does come with its disadvantages. There are limited trials of 2 of the major drugs that are currently in use to treat alcohol dependency, such as Naltrexone and Acamprosate, as mentioned previously. Due to this and the fact that they rarely provide positive effects after use has stopped, medicines are a less effective way of treating this type of illness.

Comparison of both Biological and Psychological therapies

A strength of both prescribing medicines and a cognitive behavioural therapy course, would be that they can work with each other (nhs.uk, 2016). For example, a study review in 2013 (Miller, Book and Stewart, 2013) where a total of 85 studies representing 18,937 subjects, found that "medicinal treatment effects are modest, but in conjunction with brief or more extensive psychotherapy can be effective in primary and specialty care medical settings. " This example supports the point made earlier, by providing the flexibility of both types of therapy, you are able to adapt to what the patients needs are.

With all that I have discussed in mind, it cannot be said which is more effect for sure, both approaches have got advantages, and both have got disadvantages. Treatments must be adaptable to any patient, so depending on the patient, not all treatments will work the same for everyone, so treatments must be

modified and adapted to suit the patient. There is no single Biological or Psychological “cure” for Alcohol dependence syndrome, however, there may be a combined solution to ease the suffering of the affected patient.

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