

A Note on Treatment of Chronic Alcoholism

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DESCRIPTION

Chronic alcohol abuse, on the other hand, may have a wide range of negative consequences in practically every part of a person's life. Chronic alcoholism is defined by the American Medical Association (AMA) as "a main, chronic illness influenced by genetic, psychological, and environmental variables in its development and symptoms".

Alcohol and other substance use disorders are chronic, recurrent diseases for many people, requiring numerous rounds of treatment, abstinence, and relapse. Treatment might entail ongoing care to break the pattern and lessen the likelihood of recurrence. Initial rigorous inpatient or outpatient care based on 12-step principles is the most typical treatment option, followed by ongoing care incorporating self-help groups, 12-step group counseling, or individual therapy. Even though the fact that these programs can be helpful, many individuals discontinue therapy or do not finish follow-up care. As a result, researchers and clinicians are working on new ways to improve treatment retention in both initial and ongoing therapy. The development of prolonged treatment models has been a focal point of these efforts. These techniques are blurring the lines between initial and ongoing care, to extend the goal of extending treatment involvement by offering a continuum of care. Other researchers have worked on establishing alternative treatment tactics (e.g., telephone-based interventions) that go beyond typical venues, as well as adaptive therapy algorithms that may enhance outcomes for clients who don't react well to standard treatments.

Alcohol and Other Drug (AOD) use disorders (i.e., AOD abuse and dependence) are significant public health concerns, affecting nearly 10% of the population and costing the nation around \$360 billion annually, with alcohol use disorders accounting for roughly half of this. When users factor in the incalculable expenses of misery for patients, their families, and those who care about them, the magnitude of the burden imposed by AOD use disorders becomes even more startling. The public health consequences of AOD use disorders are aggravated by the fact that they can be chronic, necessitating ongoing attention on the part of the patients and those around them. In other words, many individuals diagnosed with an AOD use disorder will follow a path marked by recurrent cycles of abstinence followed

by a return to AOD use, which may include subsequent treatment episodes. Colleagues used the phrases "addiction careers" and "treatment careers" to describe recurrent AOD use and treatment experiences in this way.

Risk factors of chronic alcohol

Although the origins of alcoholism are unknown, several risk factors enhance are several risk factors that enhance one's chances of developing chronic alcoholism:

- Chronic alcoholism can develop as a result of heavy drinking.
- The early-onset onset of drinking is a risk factor. Females who start drinking at a young age are more in danger than guys.
- Although genetics have a part in alcoholism, a family history, such as a parent's drinking habits, might impact a child's future alcoholism.
- Psychiatric illnesses might make you more vulnerable. Chronic alcoholism is more likely in people who have experienced childhood trauma.

Treatment of chronic alcoholism

The initial part of therapy has increasingly been relocated from inpatient settings to hospitals or intense outpatient programs since the late 1990s, both to save money and to make treatment less disruptive to the patient's life. However, in most situations, the main therapeutic method is still based on the Minnesota Model (i.e., is based on a 12-step approach). Following this, a continuing-care component is often given at the same institution and employs the same tactics as the first intensive intervention, but at a decreased frequency and intensity.

The majority of AOD therapy is currently offered in outpatient settings, with inpatient treatment reserved for people with severe comorbid medical or mental disorders. Patients often attend therapy sessions 2-3 times per week during the initial intense treatment period, which lasts 30-60 days. Patients then start the continuing-care phase, which usually entails one 12-step-oriented group session each week. Although outpatient therapy offers numerous advantages, it does have certain downsides when compared to inpatient treatment.

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