

Feasibility of the Alcohol and Drug Cognitive Enhancement screening program in outpatient alcohol and other drug services

Authors:

Kurt Lancaster^{1,2}, Sarah Lee¹, Liam Acheson^{3,4}, Ann Dizon¹, Dorota Kuchar¹, Simon Martin¹, Karen Botha¹, Larn Davies¹, Belinda Wright¹, Miki Hachigo¹, Michelle Laing¹, Smita Lamichhane¹, Christopher Tremonti¹, Samantha Kilner¹, Peter Middleton¹

¹Alcohol and Drug Service, St Vincent's Hospital, Sydney, Australia, ²School of Psychology, Faculty of Science, UNSW, Sydney, Australia, ³The National Centre for Clinical Research on Emerging Drugs, UNSW, Sydney, Australia, ⁴The National Drug and Alcohol Research Centre, UNSW, Sydney Australia

Presenter's email: kurt.lancaster@svha.org.au, sarah.lee2@svha.org.au

Background: *Up to 80% of individuals seeking treatment for substance use disorders exhibit cognitive impairment (CI)¹, particularly impaired executive function, which has been associated with lower treatment adherence, retention, and increased risk of relapse. Identifying CI is essential to tailor treatments to individuals' cognitive capacity and improve treatment outcomes. Given there is limited access to neuropsychological assessments in Alcohol and Other Drug (AOD) services, frontline AOD clinicians require accessible cognitive screening tools.*

Description of Model of Care/Intervention: *Three outpatient services at St Vincent's Hospital Sydney Alcohol and Drug Service assessed the feasibility of the Alcohol and Drug Cognitive Enhancement (ACE) Screening program, an AOD specific cognitive screening process developed in residential rehabilitation services. Over a seven-month period in 2023, the ACE Screener, assessing risk factors for CI, and the Brief Executive Function Assessment Tool (BEAT), a cognitive screen, were piloted. Individuals endorsing ≥3 items on the ACE complete the BEAT, with those scoring <30/60 completing neuropsychological assessment. Feasibility was determined by the number of completed administrations, and a survey seeking feedback from frontline AOD clinicians participating in the pilot.*

Effectiveness/Acceptability/Implementation: *35 ACE screeners were completed, 22 met criteria for BEAT assessment. One BEAT was completed, with lack of clinician confidence and patient disengagement identified as primary barriers. 66% of clinicians felt confident using the ACE Screener, compared to only 17% feeling confident using the BEAT. Most clinicians (84%) felt participating in the pilot improved their understanding of CI among their clients, and saw the ability to identify CI as a positive of the program. There were mixed opinions regarding continued use of the program (33% disagreeing, 33% agreeing, 33% neutral).*

Conclusion and Next Steps: *The high proportion of clients at risk of CI based on the ACE screener (63%) confirmed the need for assessment and intervention in this population. Barriers to implementation largely aligned with other health districts' assessments of the ACE program, highlighting the need to tailor tools to outpatient settings.*

Implications for Practice or Policy: *Investment and research into new cognitive screening processes that are easy to administer by non-specialists are urgently needed in outpatient AOD services.*

Reference List:

1. Manning V, Gooden JR, Cox C, Petersen V, Whelan D, Mroz K. Managing cognitive impairment in AOD treatment: Practice guidelines for healthcare professionals. Richmond (Victoria): Turning Point; 2021

Disclosure of Interest Statement:

None to declare.