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Feasibility of the **Alcohol and Drug Cognitive Enhancement (ACE)** program in **outpatient alcohol and other drug services**

Sarah Lee & Kurt Lancaster
St Vincent's Hospital Sydney

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Disclosure of Interest

The authors of this project have no conflicts of interest to declare.

Project Objective

- **Screen and assess** for cognitive impairment in individuals seeking AOD treatment
- **Enhance** treatment adherence and outcomes

Aim:

- Evaluate the feasibility of the Alcohol and Drug Cognitive Enhancement (ACE) screen and assessment within outpatient AOD settings at St Vincent's Hospital

Cognitive Impairment in AOD population

- **Up to 80%** of clients seeking AOD treatment exhibit cognitive impairment[1]
- Predominately **executive functioning** impairment (working memory, flexible thinking and self-control)
- Associated with:
  - **Lower treatment adherence**
  - **Lower retention**
  - **Increased risk of relapse**

[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

Evaluation of Existing Cognitive Screening Tools

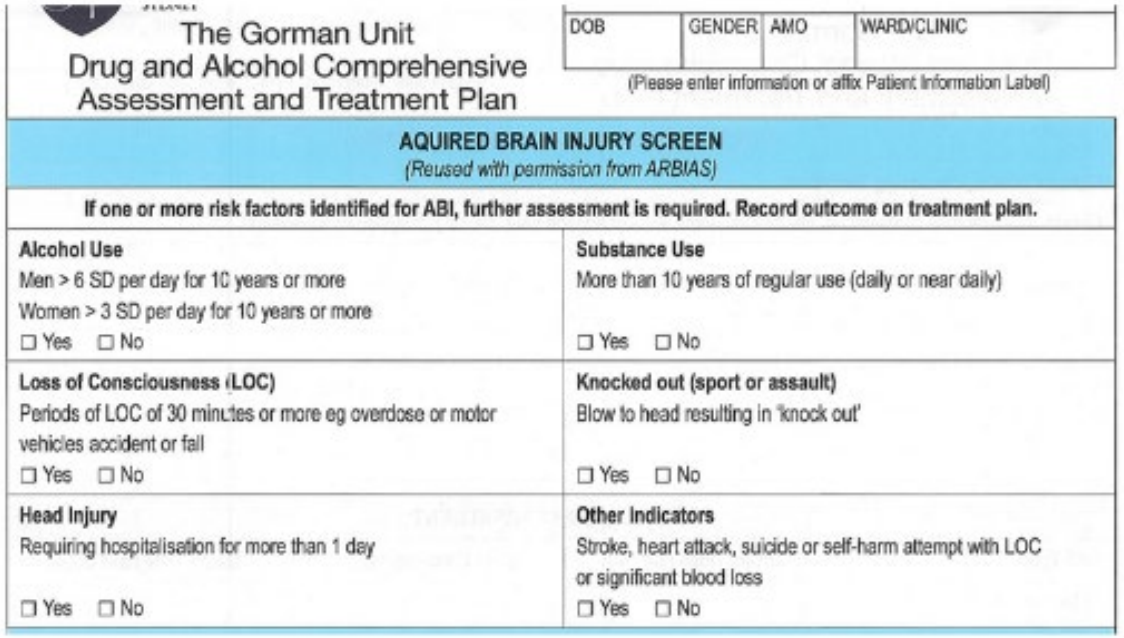
- **Acquired Brain Injury (ABI) Screen**

  Overview:

  - Used in the initial D&A assessment within inpatient detox unit
  - Six yes/no risk factor questions

  Identified issues:

  - Provides **minimal information**
  - **High sensitivity** in AOD population
  - **Lacks a referral process** for further cognitive assessment if any risk factors are identified



The Gorman Unit
Drug and Alcohol Comprehensive Assessment and Treatment Plan

DOB	GENDER	AMO	WARD/CLINIC

(Please enter information or affix Patient Information Label)

AQUIRED BRAIN INJURY SCREEN
(Reused with permission from ARBIAS)

If one or more risk factors identified for ABI, further assessment is required. Record outcome on treatment plan.

Alcohol Use Men > 6 SD per day for 10 years or more Women > 3 SD per day for 10 years or more ☐ Yes ☐ No	**Substance Use** More than 10 years of regular use (daily or near daily) ☐ Yes ☐ No
Loss of Consciousness (LOC) Periods of LOC of 30 minutes or more eg overdose or motor vehicles accident or fall ☐ Yes ☐ No	**Knocked out (sport or assault)** Blow to head resulting in 'knock out' ☐ Yes ☐ No
Head Injury Requiring hospitalisation for more than 1 day ☐ Yes ☐ No	**Other Indicators** Stroke, heart attack, suicide or self-harm attempt with LOC or significant blood loss ☐ Yes ☐ No

Evaluation of Existing Cognitive Screening Tools (cont.)

- **MOCA (Montreal Cognitive Assessment)**

  Overview:

  - A brief cognitive screen (administration time approx. 10 mins)
  - Widely used across various health settings, including AOD

  Identified issues:

  - Lack of clinician training – **inconsistent administration**
  - Clinicians **struggle to interpret scores**, hindering tailored treatment
  - **Difficulty providing cognitive compensatory** strategies for daily functioning

Alcohol and Drug Cognitive Enhancement Program (ACE)

Components:

1. ACE Screening Tool

- 12 questions identifying risk factors; further assessment if 3 or more endorsed

2. Brief Executive Function Assessment Tool (BEAT)

- Focuses on executive functions; recommended further neuropsychological assessment if scored below 30

3. Brief Interventions

- Strategies tailored to specific cognitive domains based on BEAT scores

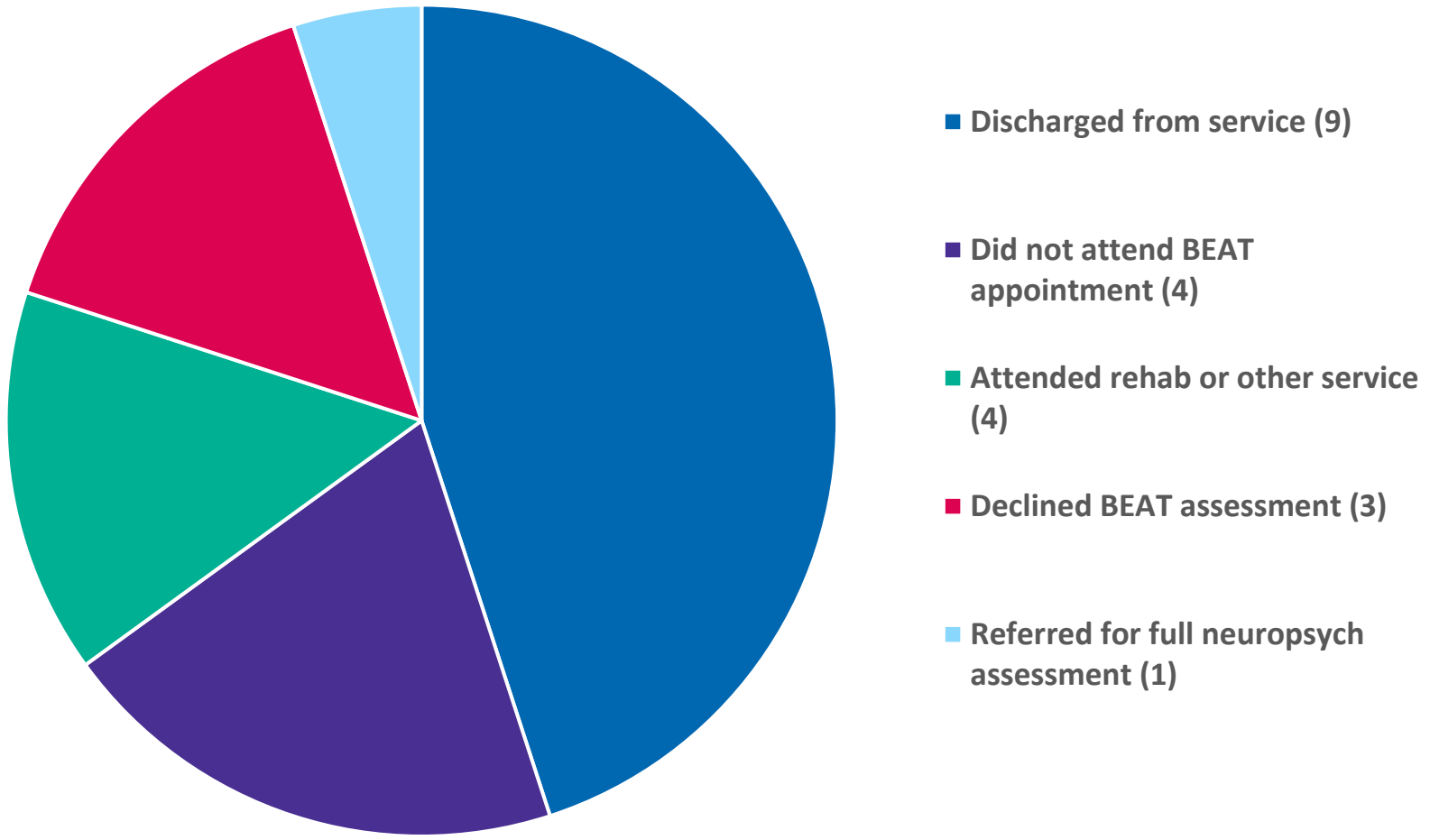
4. Cognitive Remediation Program

- Not piloted

Pilot Project Overview

Effectiveness

- Administrations
  - 35 ACE screens completed
  - 22 met criteria for BEAT
  - **One** BEAT completed
- Primary barrier
  - Patient disengagement



Effectiveness

- Anonymous feedback survey sent to clinicians involved identified:
  - **66%** of clinicians **felt confident** administering **ACE screen**
  - Only **17% felt confident** administering **BEAT**
  - Clinicians (**84%)** felt the program **improved their understanding** of cognitive impairment among AOD clients and saw this as a positive
  - Mixed opinions as to whether to continue with program
    - **33%** agreeing
    - **33%** disagreeing
    - **33%** neutral

Effectiveness

Qualitative feedback:

- **Positive benefits of the program?**
  - Greater understanding of CI risk factors
  - The ability to identify potential CI in our patients
- **Challenges or barriers?**
  - Confidence in BEAT administration and time required
  - Difficulty applying process to our patients (e.g., actively using, sporadic engagement)
  - Nature of some ACE questions and subsequent difficulty with rapport
- **What do you want to get out of a cognitive screening process?**
  - Broader understanding and knowledge of ways to identify cognitive concerns
  - Understanding patients' specific challenges and how to adapt treatment to these
  - Knowledge of appropriate follow-up services

Conclusion

- **The high proportion of AOD clients endorsing ≥3 risk factors (63%)** on the ACE screen confirms the need for more proactive identification and assessment of CI in this population
- **Continued investment and research** into appropriate methods for this are urgently needed
- Methods used need to be **tailored to outpatient settings** due to their **unique challenges**, as well as **easy to administer** by frontline AOD clinicians
- Doing so will **allow better understanding of CI** in clients seeking AOD treatment, and subsequently more ability to **provide appropriate intervention** (e.g., baseline strategies, pathways for further assessment and intervention)

Thank you

Presenter emails:
sarah.lee2@svha.org.au
kurt.Lancaster@svha.org.au

Authors

- Kurt Lancaster
- Sarah Lee
- Ann Dizon
- Dorota Kuchar
- Simon Martin
- Karen Botha
- Larn Davies
- Belinda Wright
- Miki Hachigo
- Michelle Laing
- Smita Lamichhane
- Christopher Tremonti
- Samantha Kilner
- Peter Middleton
- Liam Acheson