

Resilience and Relapse Risk in Adult Emirate Patients with Substance Use Disorder: A Mixed Methods Study

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27 June 2024



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WHO COLLABORATIVE CENTER

Outline

Introduction and Background

Ethical consideration

Study questions

Methods

Measurement

Results, discussion, and recommendation.

Reference list



This study is part of a larger project that includes:



Meta Analysis

Examining the effect of various CBT subtypes on resilience and relapse in adult patients with SUD.

Current Study

Resilience and relapse risk in adult Emirati patients with SUD:
Mixed methods study

RCT: in recruiting phase

The effect of Beta/SMR neurofeedback on both resilience and relapse in adult Emirati patients with SUD: RCT

Introduction



- The prevalence of substance use disorder (SUD) continue to rise globally (International society of substance use disorder, 2022).
- A study found that 48.2% of Emirati patients discharged between 1 January 2015 and 31 December 2015 from a psychiatric hospital in Abu Dhabi city have SUD diagnosis upon discharge (Williams, 2017).
- Preliminary Data on Readmission:

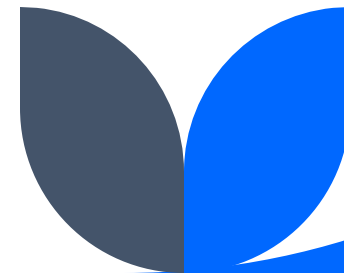
A 10-year study (2002-2011) at NRC Abu Dhabi revealed that 27.2% of admitted patients were readmitted within the same period.



Definition of Resilience

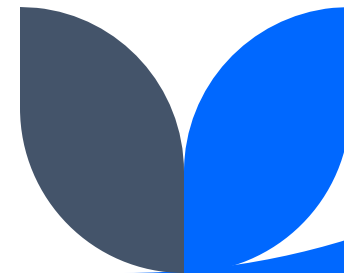


- Resilience is like a water bear (tardigrade). Just as water bears can survive extreme temperatures, radiation, and harsh conditions, resilience is the ability to endure and recover from life's challenges and adversities.
- Just like anyone can train to get stronger, adults can improve their resilience.
- Through practices like mindfulness, social support, and coping strategies, even those with low resilience can become more resilient over time.



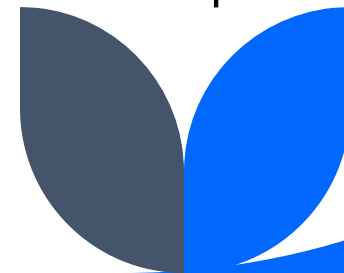
Significance of the study

1. Lack of In-Depth Research in UAE: No comprehensive studies on Substance Use Disorder (SUD) relapse and resilience among adult Emirati patients
2. Resilience Not Studied within UAE context: While protective factors and adversities related to SUD have been explored, the concept of resilience remains unexamined in this context.
3. Relapse risk not studied within UAE context: Moreover, if successful in validating an instrument to predict relapse, we can take proactive measures to enhance treatment outcomes.



Study Questions

- What are the resilience scores for adult Emirati patients with SUD?
- Is there a relationship between resilience and relapse risk in adult Emirati patients diagnosed with SUD?
- What are the factors that constitute resilience in Emirati patients diagnosed with SUD?
- Is there difference in resilience and relapse risk scores between patients with substance use disorder that can be predicted by the duration spent in the rehabilitation program?



Mixed Methods Approach

Enhancing Data Depth

Quantitative surveys and qualitative interviews merge to provide a comprehensive view of relapse risk and resilience, enriching understanding through numerical data and in-depth participant insights.



Quantitative Surveys

Data-driven insights on SUD patients

Quantitative surveys provided statistical analysis on relapse risk and resilience, offering structured comparisons for a deeper understanding of substance use disorder patterns.



Qualitative Interviews

Unveiling Personal Struggles and Triumphs

Qualitative interviews unveil nuanced perspectives and emotions, enriching insights on relapse risk and resilience. Personal narratives offer profound understanding of recovery journeys.



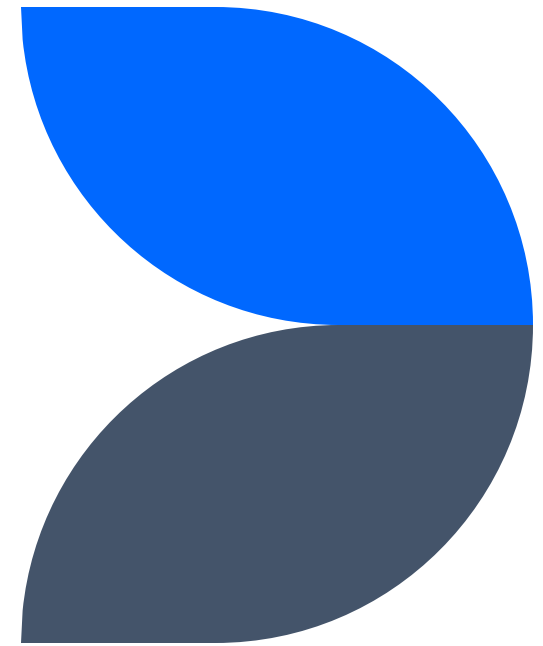
Sample

- **Consecutive Sampling Technique:**
- **Reason for Use:**
 - **Unknown Prevalence of SUD:** The prevalence of Substance Use Disorder (SUD) is not well-documented in the UAE.
 - **Centralized Data Collection:** The National Rehabilitation Center (NRC) is the primary center for SUD treatment in UAE, ensuring comprehensive data coverage.
 - **Study Period:** Data collected from June 2022 to March 2023.

- An institutional Reviewer Board (IRB) approval was obtained from Abu Dhabi Health Research and Technology Committee (AHRTC) established by the department of health (DOH) in Abu Dhabi. Consent form was obtained from each of the participants. Due to vulnerability of participant, verbal and written consent form that all the information of the study will be contain obtained. Also, it will be explained to them by the author of this study. Participants' anonymity and the confidentiality will be assured.

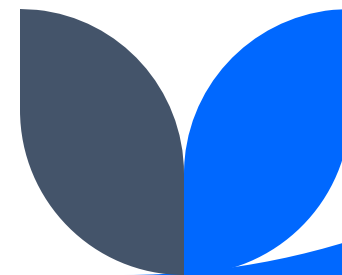


Measurement



Demographical data

- Gender
- Age
- Monthly income
- Marital status
- Education
- City
- Employment
- When you started using drugs
- Age when you started treatment
- Period since last usage
- Drugs used
- Physical disorders
- Psychological disorders
- Unit admitted in
- Time since admission
- Cumulative time spent in rehabilitation programs
- Cumulative sessions and time spent in rehabilitation
- Whether the patient live alone or with a supportive one



Reliability and Validity of Scales

The Arabic version of Connor-Davidson Resilience Scale (CD-RISC25) (Connor, Davidson, 2003) will be used to measure resilience both in health care providers and in patients with SUD.

- **Pilot study was done**
 - **Cronbach's Alpha:** 0.904 (High reliability)
 - **Item Correlations:** Positive (0.2 to 0.6)
 - **Consistency:** Cronbach's alpha stable with item removal

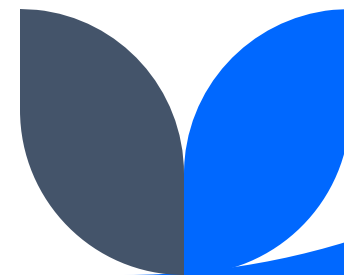
The Arabic version of Stimulant Relapse Risk Scale (SRRS) (Ogai et al., 2007) will be used to measure the risk of SUD relapse.

- **Pilot study was done**
 - **Cronbach's Alpha:** 0.901 (High reliability)
 - **Item Correlations:** Positive (0.16 to 0.69)
 - **Consistency:** Cronbach's alpha stable with item removal



??????

Given the scarcity of non-English questionnaires, how important do you think it is to translate and culturally adapt these tools to ensure the participation and accurate assessment of patients in non-English speaking countries?



Results

Demographics:

Sample size (N): 300

Age Distribution: Largest group aged 29-34 (34.6%)

Gender: Predominantly male (95.5%)

Education: Most completed secondary school (52.8%)

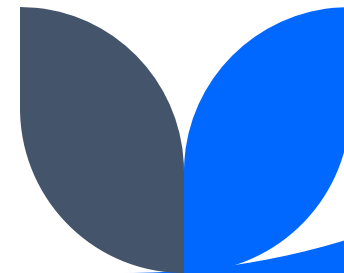
Residence: Majority from Abu Dhabi (60.5%)

Substance Use:

Mean Age of Drug Use Start: 19 years

Multiple Substance Use: 78% used at least two substances

Most Common Substances: Crystal (77%), THC (65%), Lyrica (58%), Tramadol (52%), Morphine (50%)



Results

Resilience Scores: Mean = 72.92 (out of 100)

Relapse Risk Scores: Mean = 59.07 (out of 105)

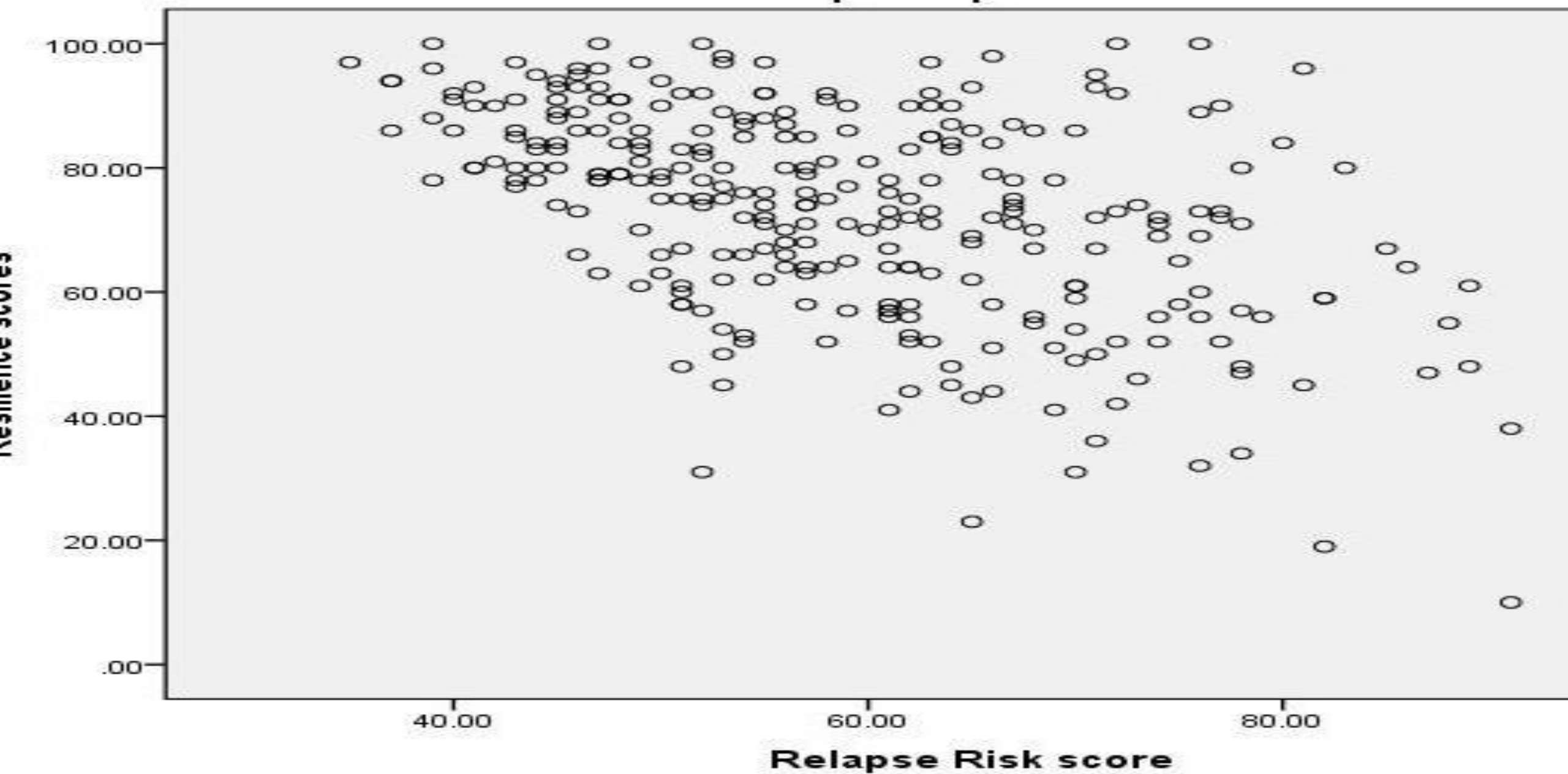
Correlation: Significant negative correlation between resilience and relapse risk ($r = -0.486$, $p < 0.001$)

Comparison to general population

Emirati adult patients with SUDs fall within the lowest 25th percentile of resilience scores compared to the general population in the United States.



Correlation between the Resiliense total score and the Relapse Risk score for participants



Impact of Delay in SUD Treatment on Resilience and Relapse Risk

- **Gap Between Exposure and Treatment:**

- **Average Duration:** 8 years
- **First Exposure:** Initial contact with illicit drugs
- **First Treatment:** Formal SUD treatment initiation

- **Impact:**

- **Lower Resilience Scores:** Prolonged delay reduces ability to cope
- **Increased Risk of Relapse:** Reduced resilience heightens relapse vulnerability

• Question on Early Intervention:

What could mediate improvement in resilience and relapse risk after reducing this gap?



Results

Group Differences:

Psychological Comorbidities: Lower resilience and higher relapse risk

Relapse and Lapse: Higher relapse risk scores

Employment: Charity sector had higher resilience and lower relapse risk while those who are not working have less resilience and high risk of relapse

No Significant Differences:

Age, education, and income did not predict resilience or relapse

Medical Comorbidities: No significant impact on resilience or relapse risk

Cumulative Admission Time: No significant correlation with resilience or relapse risk

Cumulative Admission Time

- **Average Admission Time:** 2.996 months (SD = 4.224)
- **Average OPD Time:** 10.225 months (SD = 17.993)

Finding:

- **No Significant Correlation:** There was no significant correlation between cumulative admission time and either resilience or relapse risk.



Interpretation of Cumulative Admission Time

- **Complex Influences:** Resilience and relapse are likely influenced by a complex interplay of factors beyond just the length of treatment, such as individual psychological profiles, social support systems, and comorbid conditions.
- **Heterogeneity in Treatment:** The wide standard deviations in both admission and OPD times indicate substantial variability among patients. This variability might dilute any potential direct correlation, pointing to the need for more personalized treatment approaches.



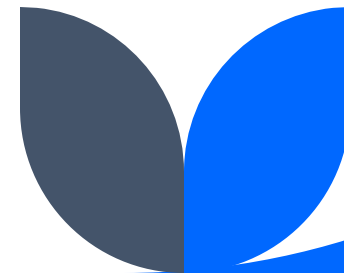
Questions

- **Question on Resilience Factors:**

- "Our study shows a negative correlation between resilience and relapse risk. What additional factors do you think influence resilience in patients with SUD, and how can we integrate these into treatment programs to enhance patient outcomes?"

- **Question on Tailored Treatment Approaches:**

- "Considering that employment in the charity sector was associated with higher resilience and lower relapse risk, what are your thoughts on tailoring rehabilitation programs based on employment status or other socioeconomic factors? How might these tailored approaches improve treatment efficacy?"





Recommendation

Breaking Barriers

Overcoming Stigma Together

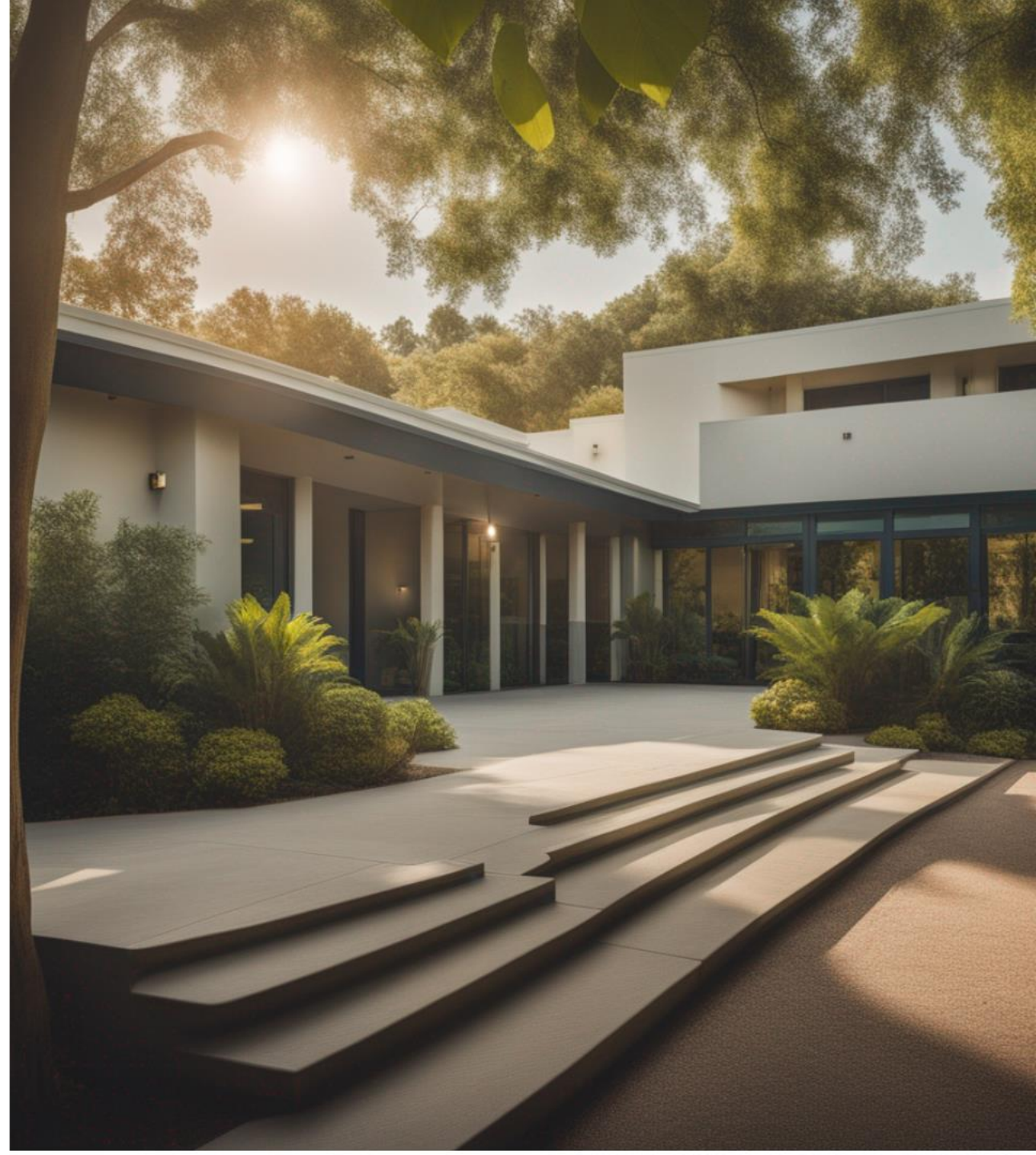
Stigma impedes recovery by isolating individuals. Embrace holistic care addressing societal views and individual strengths. Education and empathy combat stigma, enhancing treatment outcomes and reducing relapse rates.



Empowering Resilience

Strength Amid Adversity

Resilience is pivotal for SUD recovery. John's story exemplifies resilience through mindfulness and group therapy. Tailored interventions can boost coping skills and social support, reducing relapse risk.



Bridging the Gap

Strength in Recovery

Resilience shapes treatment outcomes. Factors like social support and coping strategies impact relapse rates. Prioritizing resilience can enhance interventions and support long-term sobriety in individuals with substance use disorder.



Early Detection and Intervention Strategies

Building a Safety Net

Screen early, intervene promptly. Utilize screening tools, education programs, and outreach to halt SUD progression. Early detection saves lives and prevents crises.



Resilience-Focused Interventions

Building Strength to Overcome Challenges

Recommend resilience-focused interventions like counseling and skills-building programs to empower individuals with SUD. Strengthen coping mechanisms crucial for overcoming setbacks and challenges in recovery.



Strengthening Family and Community Support

Building a Foundation of Support

Family and community support are vital for SUD recovery. Networks offer emotional, practical, and social assistance. Utilize therapy, groups, and programs for a supportive environment.



Optimizing Healthcare Systems

Enhancing Support Ecosystem

Integrate addiction services, train professionals, ensure access to interventions. Collaborate for holistic care in optimized healthcare systems for SUD management.



Policy and Legal Amendments

Creating a Supportive Environment

Effective policies enhance treatment access, reduce stigma, and aid prevention. Legal reforms like decriminalization and harm reduction foster a supportive milieu for individuals with SUD.





Conclusion and Future Research

Customized Interventions for Emirati SUD Patients

Tailored Support for Recovery

Customized interventions are crucial for addressing relapse risks in Emirati SUD patients. Tailored approaches enhance resilience and support individuals effectively on their recovery journey.



Expanding Resilience Knowledge

Building Blocks of Recovery

Understanding and strengthening resilience factors is vital for improving treatment outcomes and facilitating long-term recovery in Emirati SUD patients.



Evaluating Intervention Effectiveness

Unveiling Impact in Real-world Settings

Customized interventions for Emirati SUD patients require rigorous evaluation to assess real-world effectiveness and outcomes, emphasizing the need for tailored approaches.



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Thank you

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