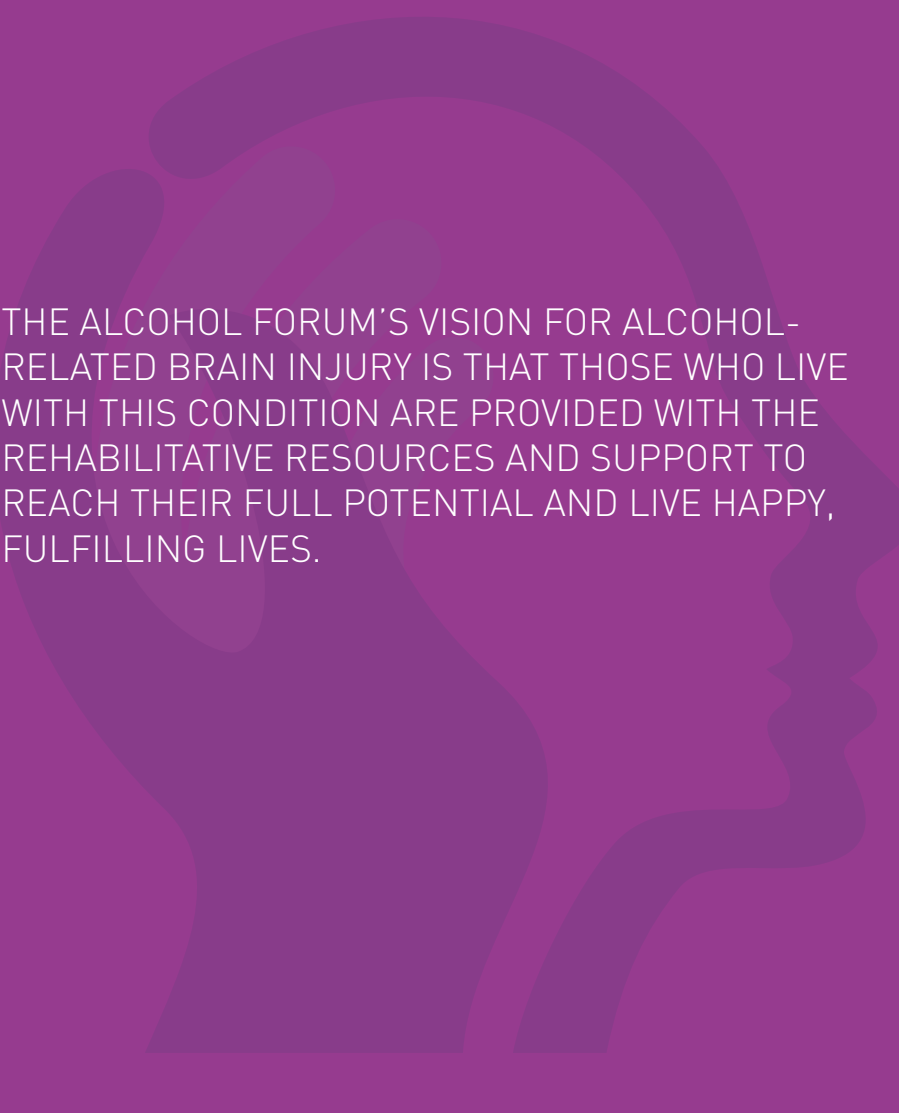




ALCOHOL-RELATED BRAIN INJURY

A GUIDE FOR FAMILIES



THE ALCOHOL FORUM'S VISION FOR ALCOHOL-RELATED BRAIN INJURY IS THAT THOSE WHO LIVE WITH THIS CONDITION ARE PROVIDED WITH THE REHABILITATIVE RESOURCES AND SUPPORT TO REACH THEIR FULL POTENTIAL AND LIVE HAPPY, FULFILLING LIVES.

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THE ALCOHOL FORUM'S VISION IS THAT THE STIGMA
ATTACHED TO ALCOHOL-RELATED BRAIN INJURY IS
CHALLENGED AND OVERCOME.



THE ALCOHOL FORUM

The Alcohol Forum is a registered charity that works to increase awareness of and prevent/ reduce alcohol-related harms in communities across Ireland.

Our Vision for Alcohol-Related Brain Injury is:

- **A health service which recognises ARBI as a national health priority.**
- **That those who live with Alcohol-Related Brain Injury are provided with the rehabilitative resources and support to reach their full potential and live happy, fulfilling lives.**
- **That the stigma attached to Alcohol-Related Brain Injury is challenged and overcome.**
- **A world where Alcohol-Related Brain Injury can be prevented.**

Disclaimer

While every effort has been made to ensure the accuracy of content contained within this guide, no responsibility can be accepted by the Alcohol Forum, author, contributors or funders for any errors or omissions herein. We have made every reasonable effort to ensure the accuracy of the information provided and have endeavoured, to the best possible extent, to reflect best practice and the most current data. However, in view of the continuous changes in healthcare and rehabilitation, readers are urged to use this booklet only as a guide to help inform their discussions with professionals. It is no substitute for the advice and guidance given by medical professionals and rehabilitation practitioners, and the information provided must be considered alongside their recommendations. No person shall have any claim of any nature whatsoever arising out of or in connection with this publication against the Alcohol Forum, author, funders, contributors or any of its officers and employees.



THE ALCOHOL FORUM'S VISION IS A WORLD
WHERE ALCOHOL-RELATED BRAIN INJURY CAN
BE PREVENTED.



A MESSAGE FROM KIERAN DOHERTY CEO OF THE ALCOHOL FORUM



Alcohol-Related Brain Injury is a hidden but growing problem across Irish communities. The lack of national awareness surrounding the condition continues to prevent the early identification and treatment of ARBI.

Through our research and work in the Alcohol Forum, we are all too familiar with the harms associated with alcohol misuse and the particular impact it can have on the family. Most families affected by ARBI do not have access to the information or support they require while supporting someone with this condition, despite having a crucial role in to play in their care.

We hope this guide will provide you with the essential information you need to support your family member and to help you overcome many of the challenges that might arise as the person progresses in rehabilitation and moves forward towards a brighter future.



THE ALCOHOL FORUM'S VISION IS THAT THE
HEALTH SERVICE WILL RECOGNISE ARBI AS A
NATIONAL HEALTH PRIORITY.



ABOUT THE AUTHOR



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The Alcohol Forum would like to extend their gratitude and appreciation for all professionals, services and families who have supported the development, implementation and continuation of the ARBI service in the Northwest.

These have included:

**HSE Mental Health and
Addiction Service,**
Donegal

**HSE Older Peoples
Services,** Donegal

**HSE Social Work
Department,** Donegal

**HSE Mental Health
Services,** Donegal

HSE Psychology Service,
Donegal

**HSE Community and
Mental Health**

Occupational Therapy,
Donegal

**HSE Physical and
Sensory Disability
Service,**

Donegal

**HSE Primary Care
Services,** Donegal

**Letterkenny General
Hospital**


**Brentwood Private
Nursing Home,** Donegal

**North West Regional
Drug and Alcohol Task
Force**

**White Oaks Addiction
Treatment and Rehab
Centre**

Good Morning

Inishowen Service,
Donegal



THE ALCOHOL FORUM IS A REGISTERED CHARITY
THAT WORKS TO INCREASE AWARENESS OF AND
PREVENT/ REDUCE ALCOHOL-RELATED HARMS IN
COMMUNITIES ACROSS IRELAND.



INTRODUCTION

There is no doubting the impact that an Alcohol-Related Brain Injury (ARBI) can have on the family. The trauma experienced by family members while coping with the person's alcohol-dependence may have been significant and presented enormous challenges over many years. This burden is felt all the more heavily with the development of a complex brain injury.

Most often, those caring for people with ARBI will have no special expertise in working with issues related to this condition. This guide has been developed to help fill this gap, by serving as a resource to families and carers.

We have tried to structure the guide so that you can easily access the information most relevant to you. We want to assist families to feel more comfortable and confident in their interactions with those who have developed this type of brain injury.

Ultimately, the aim of this guide is to alleviate some of the difficulties felt by families who have received little or no support in the past. While not a definitive guide, we hope that you find this resource useful in your continued efforts to support your loved one.



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SECTION 1

FREQUENTLY-ASKED QUESTIONS

Not many people have heard of the term Alcohol-Related Brain Injury (ARBI) before. In fact, if this is the first time you have heard of ARBI, you are not alone. Despite having one of the highest rates of alcohol consumption in the world, Irish people remain largely unaware of this serious condition.

This section is intended to provide some general information about Alcohol-Related Brain Injury and to help you understand some of the confusing words that you may come across.



WHAT IS AN ALCOHOL-RELATED BRAIN INJURY?



Alcohol-Related Brain Injury (ARBI) is a term used to describe the damage caused to the brain as a result of excessive alcohol use.

Alcohol can harm almost all organs of the body such as your liver and heart. The brain is a very delicate organ and is very vulnerable to the effects of alcohol.

People who have been drinking very large amounts of alcohol for long periods of time run the risk of developing serious changes to their brain.

These changes are:

- Structural – involves changes to the anatomy (or building blocks) of the brain.
- Functionall – involves changes in the way the brain works.

These changes can impact on a person's ability to perform normal activities on a day-to-day basis.



HOW DOES ALCOHOL DAMAGE THE BRAIN?

DEHYDRATION

People who drink too much alcohol can become very dehydrated. Long-standing dehydration can cause cells in the brain to waste away.

TOXIC EFFECTS OF ALCOHOL

Alcohol (or ethanol) is a toxic substance. This can have a negative effect on all organs of the body, including the brain.

MALNUTRITION

People who misuse alcohol may choose to drink alcohol instead of eating a healthy diet. Over time, this deprives the brain of essential energy. This can cause damage to the brain.

VOMITING

Vomiting and diarrhea are often linked with excessive alcohol misuse. These reduce the amount of vitamins and minerals being kept in the body and this can disrupt how the brain works.

DAMAGE TO STOMACH AND INTESTINES

Alcohol can damage the linings of our stomach and intestines. This means nutrients from our food are not absorbed properly. Over time, this can damage the brain.

LIVER DAMAGE

Alcohol can damage the liver, which breaks down toxins in our body. If the liver is not working properly, toxins stay in the body for longer and this can damage the brain.

DEPLETION OF VITAMIN B1 (THIAMINE)

A combination of alcohol, poor diet and poor absorption of nutrients can lead to a deficiency in Vitamin B1 (also called Thiamine).



Vitamin B1 is important because it helps convert food into energy for the brain. When levels of Vitamin B1 are too low, brain cells do not get enough energy to work properly.

WITHDRAWAL

In order for the body and brain to withdraw from alcohol in a safe way, it needs plenty of Vitamin B1 to support this process.

People who drink in a harmful way may have very low levels of Vitamin B1 in their bodies and brain because of the factors previously described. Repeated withdrawals or detoxes from alcohol without enough Vitamin B1 can cause serious damage to the brain.

REDUCED REPAIR

A lot of alcohol can slow down or stop the growth of new brain cells. This means that the brain will find it difficult to repair damage while alcohol is still being used.



WHAT IS WERNICKES-KORSAKOFFS SYNDROME?



Alcohol-Related Brain Injury is made up of a range of conditions. No two brain injuries are exactly the same and a person can be affected in a number of ways. A person can develop a variety of symptoms which can differ in their severity.

The most widely-known form of Alcohol-Related Brain injury is Wernickes-Korsakoff's Syndrome.

Wernickes-Korsakoff's Syndrome is made up two separate but related conditions;

- Wernickes Encephalopathy
and
- Korsakoffs Amnesic Syndrome.



Wernicke's-Encephalopathy

This is a brain disorder caused by a severe lack of Vitamin B1 (Thiamine). As we have seen, a lack of Thiamine is very common in heavy drinkers because they often have a poor diet. Without Thiamine, our brain becomes starved of essential energy and this begins to injure the brain.

Three symptoms of Wernickes-Encephalopathy are:

- **Ataxia** – causes someone to walk with his/her legs spread wide apart.
- **Changes in eye movements** – this leads to an inability to move the eyes normally and can cause jerking movements in the eyes.
- **Confusional state** – a person can be confused and not understand what is going on around them.

These three symptoms are not always present at the same time. If one or two of these are noticed, urgent medical assistance is required and a medical professional should be contacted immediately.

If a person is treated correctly, they may make a full recovery. If Wernickes-Encephalopathy is not treated on time it can cause death or can lead to the development of Korsakoff-Amnesic Syndrome.



Korsakoffs-Amnesic Syndrome

A person who has developed Korsakoff-Amnesic Syndrome can have a severe difficulty learning new information and remembering recent events.

People who develop this condition may only be able to remember things for a short period of time and then forget information very quickly.

They may also have what is called a 'lack of insight'. This means that they do not fully understand that they have a serious condition. They may think there is nothing wrong despite a lot of evidence to suggest otherwise.

People with Korsakoffs sometimes fill in gaps in their memory with incorrect stories or explanations which they believe to be true. This is called confabulation. It is important to note that this is not the person intentionally lying, but rather the brain's way of dealing with gaps in memory.



WHAT IS COGNITIVE IMPAIRMENT?

Cognitive abilities are our brain-based skills that we need to carry out any task from the simplest to the most difficult.

For instance, getting the bus involves: planning (what time, what route), decision making (I'll get the number 4 bus), motor skill (walking to the bus stop), attention (noticing the bus is arriving), and social skills (asking for a ticket and respecting other people on the bus).

Cognitive impairment is when a person has trouble with one or more aspects of their cognitive abilities. This could include remembering, learning new things or making decisions.

Cognitive impairment can range from mild to severe. With mild impairment, people may notice minor changes in their memory but still be able to do everyday activities. Severe levels of impairment can lead to the person needing a great deal of support to cope with day-to-day life.



HOW MANY PEOPLE ARE AFFECTED?

2 IN 100

people of the general public may develop Alcohol-Related Brain Injury



1 IN 8

people who are dependent on alcohol may develop Alcohol-Related Brain Injury

The number of people developing ARBI is increasing and this is likely to continue into the future.



ARE MEN AND WOMEN AFFECTED DIFFERENTLY?



There are more men than women diagnosed with an Alcohol-Related Brain Injury.

This is because there are more men drinking at harmful levels than women.



A woman's brain is very vulnerable to the effects of alcohol.

Women develop Alcohol-Related Brain Injury about 10 years earlier than men.



WHO IS AT RISK OF DEVELOPING ALCOHOL RELATED BRAIN INJURY?



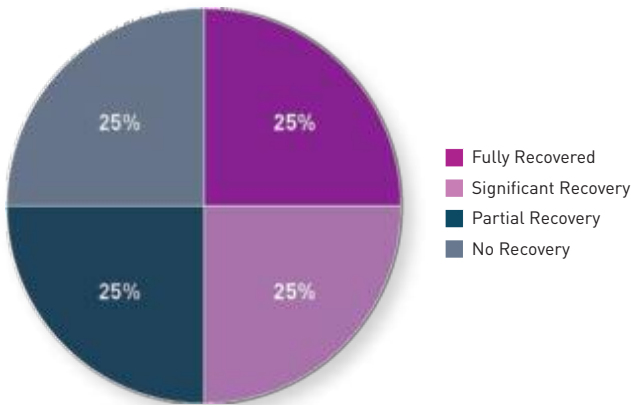
The following groups of people seem to be more at risk of developing ARBI.

- Those who have been drinking in a harmful way for 5 or more years.
 - People who are drinking 28 or more drinks per week on a regular basis.
 - People who have frequent 'memory blackouts' while drinking.
 - People over the age of 35.
 - People who have alcohol-related liver damage.
 - People who have had a lot of withdrawals or detoxes.
 - People who binge drink regularly.
 - People who don't eat enough while drinking.
 - People who have been admitted to hospital because of their drinking.
-



CAN YOU RECOVER FROM AN ALCOHOL RELATED BRAIN INJURY?

RECOVERY FOLLOWING ARBI



In the majority of cases, ARBI is reversible (to different degrees) if a person remains alcohol free. By remaining abstinent and maintaining a balanced diet, a person may recover their brain functions over a period of several months or years.

It is estimated that 25% of people will make a full recovery. Up to 25% will make a significant recovery. Another 25% will make a partial recovery. Unfortunately, 25% of people will make no recovery and will have permanent difficulties.

Younger people seem to have a better chance of recovery. If the signs and symptoms of ARBI are identified earlier, this can improve a person's chances of recovery.



HOW LONG DOES IT TAKE TO RECOVER?



As we have seen, by remaining alcohol-free, the brain can recover over a period of several months to years.

It appears that the greatest and most rapid improvement is seen in the first six months after a person stops drinking. After this, recovery seems to slow down.

The timeframe between one and two years after injury is different for everybody; some people continue to show gradual improvements while others show very little improvement. People with more severe injuries generally show little change two years or more after developing their injury.



BUT.....THEY SEEM OKAY TO ME?



It is very common for people who are not familiar with Alcohol-Related Brain Injury to struggle to see the condition. ARBI is often called the 'Invisible Condition' because the impairments are not very obvious. This is because alcohol can cause damage to certain parts of the brain, while other parts of the brain remain working very well. ARBI does not affect:

Long term memory

A person with ARBI will usually have a good long-term memory. This means that they can remember things that have happened a long time ago - sometimes in great detail. This can give the impression that their memory is very good. However, they will have difficulty talking about recent events, or events that have happened since the development of their condition.



Immediate memory

This is your ability to remember a small amount of information after a few seconds. If you asked a person with ARBI to repeat what you had just said to them, they could do it easily. This often gives the impression that a person is keeping up with the conversation. However, if you asked them to repeat what you had said after a delay (e.g. a couple of hours/days) they may struggle to remember the conversation.

Language

ARBI does not affect a person's language or vocabulary. An affected person will be able to read and use vocabulary in much the same way as they did before.

Well learned skills

A person who has developed an ARBI will usually be able to carry out well learnt skills. For example, showering or making a cup of tea. However, they may find it difficult to complete these skills if there is some change in the environment. For example, if they now have to use a different kitchen, they may consistently forget where to find utensils or how to use new equipment.

Knowledge and facts and understanding of the world (except current affairs)

Generally, a person with an Alcohol-Related Brain Injury will be able to remember facts that they learned at school or during their working lives.



MASKING BEHAVIOURS



If a person is living with cognitive impairment, they may develop a set of 'masking behaviours' so their difficulties will not be seen by others. These behaviours are a protective strategy to prevent themselves from feeling 'caught out' or ashamed.

Mask of the Joker

This behaviour takes the form of using humour to deflect attention away from an impairment e.g. making a joke in response to a question they do not know how to answer.

Mask of Expertise

If the person claims "of course I can do that...that's simple!" but does not routinely do this task for themselves, this might be a masking behaviour.

Mask of Defiance

This is when a person gives the impression of being dangerous or threatening so as to avoid their impairments being exposed e.g. being aggressive with people when they try to help.

Mask of Disinterest

A person may feign disinterest in an activity that they are struggling to do e.g. claim they do not like watching TV but they may, in fact, not be able to use a new remote control.



IS HAVING AN ALCOHOL RELATED BRAIN INJURY LIKE.....?



Is having an ARBI like having Dementia or Alzheimer's disease?

Unlike Dementia or Alzheimer's disease, ARBI does not generally get worse over time if the right treatment is received. If a person abstains from alcohol, and adopts a healthy diet with Thiamine supplements, the person has a good chance of some recovery.

However, if the person continues to drink and maintains a poor diet, their brain injury is likely to get worse.

ARBI usually occurs at a younger age than Dementia. People with ARBI tend to develop the condition in their forties or fifties. The onset of Dementia/Alzheimer's is rare before the age of sixty. This is important because it means that people with ARBI will be physically more able and active than those with Dementia. As a result, their treatment and rehabilitation needs are different.



Is having an ARBI like having a Traumatic Brain Injury?

A Traumatic Brain Injury (TBI) occurs when the head strikes an object (or is struck by an object) or when the brain is thrown about within the skull by strong forces. This tends to happen during car accidents, falls or assaults.

There is no external force involved in the development of an Alcohol-Related Brain Injury. The areas of the brain affected by traumatic injuries can be different from those caused by alcohol misuse.

However, many people who have a long history of alcohol misuse also have a history of falls or head injuries. It is common for people who have an Alcohol-Related Brain Injury to also have a Traumatic Brain Injury.

Is having an ARBI like having Learning/Intellectual Disability?

An intellectual disability refers to having a condition – usually resulting from a genetic disorder or accident of birth – which leaves the person with overall limited intellectual functioning. People who have an Alcohol-Related Brain Injury usually retain their intellectual abilities but have problems affecting certain brain skills.



SECTION 2

ALCOHOL AND THE BRAIN

The human brain is the crowning organ of our body. It allows us to do everything from think, learn, create, and feel emotions to controlling every blink, breath, and heartbeat.

Our brains are very vulnerable to the effects of alcohol. In this section, we will learn how alcohol misuse can change how our brain works in both the short and long-term.



REGIONS OF THE BRAIN AFFECTED BY ALCOHOL



All areas of the brain are affected by alcohol. However, certain parts of the brain are more vulnerable to the actions of alcohol. These include:

- **Cerebellum**
- **Hippocampus and mammillary bodies**
- **Frontal Lobe**



THE CEREBELLUM

Function

The cerebellum controls and coordinates the movements of muscles in our bodies. The cerebellum keeps our movements very smooth, controlled and precise. This lets you move without bumping into obstacles and judge whether you have enough time to cross a road.



Short Term Effects of Alcohol

Alcohol stops this part of the brain from doing its job properly. This is why people have poor balance, stagger and often fall when they have drunk too much.

Long Term Effects of Alcohol

Damage to this part of the brain can lead to permanent difficulties with balance and coordination. The person may become quite clumsy and prone to falling.



THE HIPPOCAMPUS AND MAMMILLARY BODIES

Function

The hippocampus and mammillary bodies ensure that memories are formed, organised and stored in the right place. This part of the brain transfers short term memories (things that have recently happened) into long term storage. This allows us to remember things long after they have happened.



Short Term Effects of Alcohol

Alcohol can disrupt or completely block the ability to form memories of events that happen while a person is intoxicated. This is known as a blackout.

Long Term Effects of Alcohol

Damage to this part of the brain can lead to permanent difficulties with memory..



THE FRONTAL LOBE

Function

The frontal lobe is responsible for our 'Executive Functions'. These functions allow us to make good decisions, solve problems, and act in a socially appropriate way. They also allow us to change our behaviour to suit our environment.



Short Term Effects of Alcohol

When we drink alcohol, this part of the brain does not work as it usually does. This is why people often do things when they are intoxicated that might be considered 'out of character'.

Long Term Effects of Alcohol

Damage to this part of the brain may cause long term difficulties with motivation, judgement, risk taking behaviours and problem solving. It may lead to difficulties with adapting to changes in life. Changes in personality can also occur.





SECTION 3

REHABILITATION

Rehabilitation is a supported process designed to improve, maintain or restore physical strength, cognition and mobility. Rehabilitation helps people recover to their full potential after injury and helps them adjust to any ongoing difficulties they may experience.

This section will help you understand the various stages involved in rehabilitation post ARBI and the professionals involved in this activity.



THE “WHO’S WHO?” OF A REHABILITATION TEAM

Case Manager

Case managers oversee rehabilitation and ensure that a person is receiving the care that they need.

Social Worker

A social worker works with people and families to ensure they are safeguarded.

Psychologist (Neuropsychologist)

A psychologist assesses a person's cognitive abilities and makes recommendations for rehabilitation.

Occupational Therapist

An OT assesses a person's ability to live at home and develops a treatment plan to help them adapt to any difficulties.

Neurologist

A neurologist is a doctor with specialised training in diagnosing and treating diseases of the brain.

Psychiatrist

A psychiatrist is a medical practitioner specialising in the diagnosis and treatment of mental illness.

Physiotherapist

A physiotherapist helps people affected by injury or disability through movement and exercise.

Addiction Worker

An addiction worker provides drug and alcohol assessments, counselling and support to individuals, families and groups in the community.



ASSESSMENTS AND TREATMENTS EXPLAINED



What is a CT or MRI scan?

MRI and CT scans are specialised tests that allow us to get images of what is happening inside the brain. They allow the doctor to understand if there have been any changes in the person's brain and to rule out other conditions (such as brain tumours or Dementia). MRI scans are more detailed than CT scans. In some cases a person's CT or MRI can be clear but the person can still have a degree of cognitive impairment.

What is a neurological assessment?

A neurological assessment consists of a physical exam and a number of simple and painless tests conducted by a doctor. The purpose of these tests is to assess a person's neurological function, including muscle strength, nerve functions, and the ability to feel different sensations. The result of this examination will be used alongside the findings of the CT or MRI scan to decide what might be causing a person's cognitive or physical impairment.



What is an occupational therapy assessment?

This assessment examines the person's ability to carry out the normal requirements of day-to-day life. These will include the person's ability to dress, eat, bath, cook and participate in community life. The assessment may take place in hospital or at home. Following this assessment, the occupational therapist will make a decision as to what help the person will need and how this help can be provided.

What is a social work assessment?

This assessment will form the basis of a plan to support and protect the person. The social worker will gather information about the person, their housing and supports or any factors deemed important to the person's situation. The social worker is focused on ensuring a person does not come to any harm because of their condition.

What is a psychiatric assessment?

A psychiatric assessment is usually done to examine if the person is experiencing any mental health difficulties e.g. depression or anxiety. They will look at how well a person is emotionally and how well they are able to think, reason, and make sense of their current circumstances. A psychiatrist will assess how able a person is to make an informed decision. They may prescribe medication to help manage any difficult symptoms.

What is a neuropsychological assessment?

Neuropsychological testing is an in-depth assessment that tests a person's brain-based skills. Unlike a CT or MRI scan (which show what the structure of the brain looks like) neuropsychological testing examines how well the brain is working when it performs certain tasks.



This may include how well a person can remember or learn. This assessment is usually requested 3-6 months into rehabilitation.

What is a detox?

Alcohol detox is an important step in the management of Alcohol-Related Brain Injury. In order for the body and brain to withdraw (or detoxify) from alcohol in a physically safe way it requires medical assistance in most cases. The medical management of alcohol withdrawal for people who are alcohol dependent is necessary because the symptoms of withdrawal can be dangerous. They can include:

- Sweats
- Nausea
- Vomiting
- Tremors
- Anxiety
- Agitation
- Paranoia
- Hallucinations

Also, a person needs to have enough Vitamin B1 (Thiamine) in their body in order to withdraw from alcohol in a safe way. If a person does not have enough Thiamine in their system during detox, this may cause further injury to the brain.

It is important that doctors prescribe Vitamin B1 before, during and after a detox. This can be taken orally in the form of a tablet. Other people, who have very little Vitamin B1 in their system will need to get an injection or a drip to replenish their supplies.

Doctors use a solution called Pabrinex® to treat Vitamin B1 deficiency or Wernicke's Encephalopathy. Pabrinex® is a solution filled with lots of different types of vitamins. Using Pabrinex® during detox can prevent the onset of damage to the brain or prevent the condition from getting worse.



STAGES OF REHABILITATION



A rehabilitation programme for people with Alcohol-Related Brain Injury has been developed by Professor Kenneth Wilson and his colleagues in the UK. It is designed for those who have more severe cognitive impairments. It involves a five stage process:

- **Acute Physical Care.**
 - **Stabilisation and Multidisciplinary Assessment.**
 - **Functional Rehabilitation.**
 - **Adaptation and Generalisation.**
 - **Socialisation and Relapse Prevention.**
-



Stage One

Acute Physical Care

During this stage, the person receives the medical treatment they need. This will involve a detox as outlined on the previous page. A person who is suspected of having an Alcohol-Related Brain Injury should receive a Pabrinex® assisted detox for a minimum of 3 to 5 days.

This period of time will allow the doctors an opportunity to observe the person and assess if there are any impairments which will need ongoing support. If there is a level of confusion or cognitive impairment, the doctors may do an MRI or a CT scan. The person may also be seen by a psychiatrist, social worker and occupational therapist.

What you can do to help

Your contribution will be really important at this stage. It is important to give the doctors a thorough account of what is happening in the person's life. Explain how much they have been drinking. Tell them what changes you have noticed and how this is different to how the person used to behave. Talk about how they are managing at home and if you have any concerns about this. It is very important to tell the medical/nursing team if the person is taking any other drugs/prescriptions also. If you feel the person is not ready to go home, tell the doctors and nurses about this.



Stage Two Stabilisation (0-3mths)

During this stage, the person is transferred to an environment where their ongoing rehabilitation can be supported and abstinence maintained. This could be either at home or in an institutional setting (hospital or care home), whichever is most suitable for the person.

The priorities at this point are to develop a good daily routine for the person as this will help them cope with memory difficulties. Improving their nutrition (see page 61) and sleep pattern will also be important.

During this stage, the person should be monitored to see if they are improving. Some people will make a full recovery within 3 months. Others will have longer term support needs.

What you can do to help

You will have an important role in monitoring the person's recovery as well. Inform a professional if your loved one is giving inaccurate information (about their past, their drinking etc.). It can also be helpful if you provide the person with pictures or objects that may help them remember events in the recent past. Using some of the strategies on page 50 may help you during this period.



Stage Three **Functional** **Rehabilitation** **(3mths-3yrs)**

This is an active stage of rehabilitation where the person begins to redevelop key life skills which may have been impaired due to their injury. They should be gradually introduced to activities according to their abilities. At this stage, a person may begin keeping a diary or using other methods to improve their memory for events. A person may also have a full occupational therapy assessment and neuropsychological assessment. These will help everybody understand what supports the person will require as they continue in their rehabilitation.

What you can do to help

You may wish to become involved in some of the activities that the person is participating in or provide your family member with assistance during these activities. It is important that if they are keeping a diary that you contribute towards this as well. The occupational therapist and neuropsychologist may want to discuss the person and how they functioned in the past as part of the assessment process. Practicalities such as providing transport can be very helpful.



Stage Four Adaption and Generalisation

In this stage the person is introduced to an environment that is most suited for them in the long term. For some people, this may mean returning home. For others, this may mean living in supported accommodation. For a small minority, this may mean remaining in long term care with a high degree of support.

What you can do to help

The most helpful thing you can do is to decide what ongoing role you wish to play in the person's rehabilitation if they are returning home or to community living. Considering the questions on page 45 will be helpful in this process. Having a clear idea of what level of support you would be willing to provide to the person will be helpful in future care planning. Providing feedback to professionals about how the person is adjusting to any changes will be important.

Stage Five Adaption and Socialisation

In this stage the person is encouraged to maintain their daily routine and abstinence in the long term and develop a wider network of supportive relationships.

What you can do to help

Maintain contact with professionals involved in the persons' care and bring any concerns to their attention. In as far as possible, be consistent in the support you give but encourage as much independence as the person is capable of – talk about this with the professional team if you are unsure.



SECTION 4

THE CONSEQUENCES OF ARBI AND HOW TO HELP

This section describes the impact that an ARBI can have on the family. Some supporting strategies are suggested to help you and your family adjust and cope with this condition.

This section also outlines some of the cognitive and physical difficulties associated with ARBI. Some techniques for managing and helping the person on a day-to-day basis are outlined. These may help you and the affected person compensate for the loss of certain skills.



IMPACT ON THE FAMILY



One of the greatest impacts of an Alcohol-Related Brain Injury is the devastating effect it can have on the family. By the time the person receives their diagnosis, the family will already have been through many difficulties with their loved one already.

The partner or spouse may:

- Have had a partner/spouse who was physically or emotionally unavailable to them because of their drinking.
 - Struggled to cope financially due to the person's drinking behaviours.
 - Taken on all of the caretaking roles for the family leading to exhaustion and resentment.
 - Tried to protect the loved one or hide the problem from other people.
 - Experienced verbal or physical abuse as a result of alcohol use.
 - Watched someone they love physically and psychologically deteriorate over many years.
-



-
- Always expected the 'unexpected' - waiting for the phone to ring to hear something has happened to the person.
 - Left the family home due to concerns over personal and children's safety.

For the children of the family, the development of this condition may have followed them through their childhood, into their teenage years and may be with them for much of their adult lives.

They may have:

- Had a parent who was physically or psychologically not available to them because of their drinking.
- Observed conflict or violence in the family home because of alcohol use.
- Been recipient to verbal or physical abuse.
- Taken on caring duties for the affected parent while they were young.
- Experienced many false promises and disappointments.
- Felt responsible for the parent's behaviour.
- Experienced neglect.
- Been left unsupervised or in unsafe situations.
- Isolated themselves from friends and other family.
- Had to leave their family home.

Many families may have gone through countless cycles of promises to change, attempts at sobriety and relapses into drinking. They may have witnessed the deterioration of parental or spousal relationships, and gone through a separation or divorce.

Families may have visited the person in the hospital many times, seeing them get physically more and more unwell, until the person cannot 'bounce back' anymore as they had in the past.



Families may have witnessed changes in the person's personality over time, or noticed a gradual decline in the person's cognitive and physical functioning.

It's not surprising that families can have very mixed feelings about caring for this person – on one hand wanting to help their loved one, but on the other hand too angry at everything that has happened in the past to feel any degree of care towards them.

What you can do to help – Caring for yourself as a Carer

Caring for yourself is one of the most important things you can do as part of a family affected by this condition. While it is tempting to put your needs second to the needs of another, we can only begin helping others in a constructive way once we have met our own needs. This may be difficult at first for some, especially if they have spent many years putting the needs of others before their own.

Figuring out what makes you feel good is one of the best ways you can begin caring for yourself. Begin by asking yourself "What do I need?" and "What do I enjoy?" Making a list of activities that make you feel better, and then doing them regularly is an important part of self-care. By allowing yourself to do the things you enjoy, you benefit not only yourself, but the rest of your family and the person you may be caring for.

Recognise it's not your fault

Many family members carry feelings of guilt and self-blame for the person's drinking behaviours and the outcome of these. Often, they think "If I could just do X, then they would change". Some families, on hearing that the person has now developed an Alcohol-Related Brain Injury, will feel that they should have done more to help the person in the past.



But addiction is a very complex disorder, even for the most experienced professional. Families, despite their best intentions, can do or say very little to change the other person's drinking behaviour.

What families do have control over is how they cope and respond to the challenges presented by the other person. Getting support may be the first step in achieving this.

Get support

In many areas, there are services or organisations that can provide support to partners and children of people affected by addiction or alcohol dependency. These services may help you learn new ways to cope, be safe and deal with problems constructively even if the person refuses to seek help. These services are outlined on page 79.

If your family member is now in the process of receiving rehabilitation, discussing your needs with the professionals involved in their care will be helpful for not only you, but for the over-all care planning process. Don't be afraid to tell them what you need as most professionals will be willing to help once they know.

Self Help

Building your own support network is important. Talking about things with a friend or a relative who you trust may help you make sense of what you are going through.

Some people find getting information about the condition helps them cope better with the demands of caring for someone with ARBI. Others will find benefit from mutual-help groups, spirituality or religion and even exercise. Find out what works for you, and try to schedule some time for this daily.



Knowing your boundaries

Balancing your want (or need) to help the other person with the need to look after yourself will be an important part of any decisions that you make about your ongoing involvement in the person's care. Without clear boundaries being established, some family members often stretch themselves too thin. Lack of boundaries can lead to increased stress, depression, anger, low self-esteem, and burnout. Consider the following questions either alone or with a professional.

- How much time am I willing to dedicate each day or week to caring for the person? Can I offer this amount of time on a consistent basis with all my other commitments (e.g. children, work)?
- What are the needs of the person with an Alcohol-Related Brain Injury? How much supervision and support will they need?
- What am I willing to do? What am I able to do?
- What am I not willing/able to do?
- Are there others in the family who can give a commitment to supporting the person also?
- How much support will be offered by services?
- How can I ensure that I continue to care for myself in the process?
- What will happen if I am sick or on holidays?
- What financial support is available?
- What will happen if I can no longer do what I said I could do?

Remember when things get too tough and you are struggling to cope, talk to your G.P or a professional involved in your family member's rehabilitation – they will be able to guide and assist you and your family as you move forward.



COGNITIVE AND BEHAVIOURAL CONSEQUENCES

Problems of Attention and Concentration

Problems with attention or concentration are very common in the early stages of brain injury and are particularly common after detoxification.

You might notice that the person:

- Gets distracted very easily.
- Has trouble keeping track of what is being said or done.
- Gets bored quickly.
- Misses important details in a task.
- Switches off and appears not to be listening.

What You Can Do To Help

- Reduce distractions (shut the door, turn off music etc.) when you are saying or doing something important.
- Ensure only one task is attempted at a time. Complete the task one step at a time.
- Talk slowly and clearly. You might need to plan exactly what you want to say and how you will say it.
- When a person is distracted, gently interrupt and bring them back to the task.



Problems with Memory

Problems with memory can be the most difficult cognitive impairment for people with ARBI and their carers. If a person is not supported with this difficulty, things can become very chaotic and difficult during rehabilitation and beyond.

You might notice that the person:

- Forgets daily routines and appointments.
- Forgets conversations and instructions.
- Frequently loses or misplaces things.
- Repeats questions or stories over and over again.
- Will only discuss events that happened before their injury.
- Forgets people's names, even if they see them a lot.
- Confuses past and present events.
- Confabulates.

What you can do to help

- Encourage the use of a notebook to log daily events and tasks to be completed. Encourage the person, and everybody involved in their care to contribute to it and refer to

it for daily events.

- Hang a calendar in a highly visible area with forthcoming dates and events highlighted.
- Encourage a review of the information in the diary at key parts of the day (e.g. at breakfast, lunch etc.). You could set an alarm to remind the person to do this.
- An alarm can also be set as a medication reminder.
- Put a sign on their door to remind them to take their diary if they are going out.
- Establish a daily routine.
- Limit changes to their daily routine.
- Provide detailed explanations of even the most basic changes in daily routines, particularly as the change approaches nearer in time.
- Confirm accurate information with other people involved in their care regularly.
- Give reminders and repeat information.
- Keep belongings in the same place – a place for everything and everything in its place!
- Gently remind the person of correct details of past and present events.
- Be patient and allow the person extra time to recall information.



Problems with Processing Speed

Processing speed means the speed at which a person can make sense of what is happening (or being said). A reduction in speed of thought is common, even in milder cognitive impairment.

You might notice that the person:

- Takes longer to answer questions.
- Takes longer to understand things he or she understood easily before.
- Takes a long time to react to things (this may be dangerous in emergency situations as the person will not be able to respond quickly).
- Is very 'slowed down' in the way they think and act.

What you can do to help

- Allow more time when planning an activity or conversation. Be patient and allow the person extra time when doing tasks or conversing.
- Talk at a slow and steady pace.
- Present one piece of information at a time.
- Make sure all areas of 'risk' have been assessed by the proper professional e.g. safety when crossing roads, cooking etc.
- Don't choose activities that require very quick responses.



Problems with Visuospatial Ability

Visuospatial abilities are the skills our brains have to help us understand the physical space around us. They allow us to estimate distance and depth so that our bodies can move around in the world without bumping into things or falling. They also allow us to make 'mental maps' of routes so that we can remember where to go and how to get there.

You might notice that the person

- Keeps bumping into things and knocking things over.
- Has difficulty constructing objects e.g. jigsaw, lego, flat-pack furniture.
- Has difficulty finding their way around, particularly in new places.

What you can do to help

- Allow more space to move around objects.
- Place objects in the best position for use.
- A person may need special adaptations to their house e.g. a handrail.
- Provide assistance when introducing the person to a new place.



Problems with Perseveration

Perseveration is when a person keeps doing (or saying) something, even when it is not required.

You might notice that the person:

- Gets stuck on one idea or behaviour.
- Talks about the same topic all the time.
- Returns to the preferred topic of conversation when there is a gap in conversation.
- Persists in certain behaviour even when it is no longer appropriate.

What you can do to help

- Listen the first time the person talks about their favourite topic and acknowledge that you have heard and understood them.
- If the person brings it up again in the same conversation, remind them gently they have told you before.
- If they bring it up again, try to distract them with a different conversation or activity. If they continue, ignore references to the topic as it will only reinforce repetition.

Problems with Initiation

Initiation is your ability to get started with things. It allows you to do the things that you want (or need) to do.

You might notice that the person:

- Has trouble getting started.
- Appears disinterested or unmotivated.
- Will not start/do anything until you ask them.
- Won't move from one activity to another.

What you can do to help?

- Work with the person to draw up a list of enjoyable or meaningful activities and build these into a routine.
- Provide specific choices 'would you like to do A or B today?'
- Ensure there are no long periods of inactivity during the day.
- Set an alarm clock, send a text message, phone the person, or drop into them to prompt the person to start a task.
- Praise the individual when he or she gets started without assistance.



Problems with Planning and Organisation

You might notice that the person:

- Has difficulty planning the different steps of a task.
- Performs steps of an activity out of order – can have a very disorganised approach to doing things.
- Doesn't think about the outcome of their behaviours.
- Can talk about how they would do something, but is not able to do it in practice.

What you can do to help

- Break larger tasks down into smaller steps. Provide a list of these steps. Encourage the person to follow these steps in a systematic way, ticking off each step as they work.
- Provide clearly defined goals.
- Encourage the person to talk through the task as they are doing it, and remind them of the next step.

Problems with Insight or Self-Awareness

You might notice that the person:

- Seems unaware that they have problems with their memory or cognitive abilities.
- Doesn't understand the need for support from services or family.
- Has unrealistic goals or expectations.
- Attempts to do things they are not able to do.

What you can do to help

- Remember that awareness is poor when planning activities and supports.
- Gently and sensitively remind the person of their impairments but point out their strengths also.
- Point out the possible negative consequences of the person's unrealistic plans.
- Explain why support is useful.
- Place external limitations where necessary – e.g. remove car and drivers licence.
- Inform others of their limitations if necessary.
- Distract the person when discussing unrealistic behaviours, or change the subject.



Problems with Disinhibition

Disinhibition is when a person does not show respect for normal social rules. They may come across as being rude or disrespectful or tactless.

You might notice that the person:

- Doesn't think ahead to the consequences of their actions.
- Says inappropriate or childish/flippant things.
- Tells very personal information to strangers.
- Spends money without thinking.

What you can do to help

- Plan ahead and avoid situations where the person's disinhibition could cause distress or danger.
- Give immediate feedback about why the behaviour is inappropriate or ignore the behaviour when this cannot be done.
- Talk to professionals involved in their care and decide if external controls are necessary e.g. over finances.



PHYSICAL CONSEQUENCES

Ataxia

Ataxia develops when the cerebellum of the brain becomes injured through alcohol (see page 22). The person begins to walk with their legs spread quite far apart (this is sometimes called walking with a wide-based gait).

You might notice that the person:

- Walks with their legs spread far apart.
- Lurches or staggers from side to side.
- 'High-steps' - this means the person has to lift their feet higher than normal when walking.
- Has difficulty turning – this can result in falls.
- Has tremors (or shakiness) in their hands or legs.
- Has difficulties with fine motor movements e.g. closing buttons, gripping utensils.
- When severe, affected people are no longer able to stand or walk without great assistance and effort.

What you can do to help?

- Talk to professionals involved in their care about these symptoms. They may need specialist equipment or devices.
- Encourage the person to use these devices.
- Tidy up, make sure walkways are clear.
- Make sure there is good lighting in all rooms.



Peripheral Neuropathy

Peripheral Neuropathy is a term used to describe a loss of sensation or movement in different parts of the body. It usually affects the hands and feet. Symptoms range from slight discomfort to major disability.

You might notice that the person:

- May have difficulty walking.
- Has a sensation of heaviness in the legs.
- Has reduced sensation in the hands and feet and is more prone to injury e.g. burns or falls.
- Finds using the stairs difficult.
- Stumbles frequently.
- Finds it difficult to fully grasp or carry items – may drop things a lot.
- Has difficulties opening jars, turning door knobs or with personal grooming.

What you can do to help

- Talk to professionals involved in their care about these symptoms. They may need specialist equipment or devices.
- Encourage the person to use these devices.
- Tidy up, make sure walkways are clear to reduce the risk of falling.





SECTION 5

NUTRITION IN ALCOHOL RELATED BRAIN INJURY

Nutrition and diet has an important role to play in the prevention and recovery of an Alcohol-Related Brain Injury. This section outlines how dietary difficulties develop and how to help the person develop a healthy eating lifestyle.



NUTRITION IN ARBI



Many long term alcohol misusers can develop a condition known as malnourishment. This occurs when a person's diet does not contain the right amount of nutrients for their bodies. Eating foods rich in nutrients provides the body with the energy it needs for healthy growth and repair. Without an adequate supply of nutrients, the brain and our body can be affected. This is one of the reasons an Alcohol-Related Brain Injury develops.

Long term alcohol misuse can lead to malnourishment in a number of ways:

- Larger amounts of alcohol can suppress feelings of hunger and decrease appetite.
 - Because alcohol is a diuretic (increases the need to urinate) it can cause nutrients to be expelled from the body very quickly.
 - People who drink too much often vomit or have diahorrea. This can lead to nutrients being lost before they are absorbed into our bodies.
 - Alcohol can damage the linings of the stomach and intestine which can disrupt digestion and the absorption of nutrients.
 - Alcohol can damage the liver which is responsible for storing certain vitamins and minerals.
-



How Alcohol-Related Brain Injury can affect appetite and eating behaviors.

Having a cognitive impairment or brain injury can also affect a person's eating habits. Alcohol-Related Brain Injury can influence the person's eating behaviours in the following ways:

- The person does not have the 'drive' to prepare a meal or snack.
- The person does not notice that they are hungry.
- The person does not realise how much time has passed since they last ate.
- The person may forget that they have eaten recently and may begin eating another meal.
- Difficulties with memory may mean that it would not be safe for them to prepare a meal without supervision.
- People with an Alcohol-Related Brain Injury may smoke heavily, which can reduce appetite.



THE ROLE OF THE DIETICIAN



Certain people will require specialist diets. These include:

- People who have liver or renal disease.
- People who have a medical condition which may have specific nutritional requirements e.g. diabetes or HIV.
- People who have lost a lot of weight involuntarily.
- People who have a confirmed nutritional deficiency e.g. anemia.
- People who have difficulties swallowing food.

It is important to follow the guidance of a dietician in these cases.

A dietician:

- Will provide safe, practical and evidence-based, dietary advice.
 - Is qualified to assess and treat a range of medical conditions that may be present in someone with an Alcohol-Related Brain Injury.
 - Will advise on how to achieve the best possible nutrition.
-



NUTRITION IN ARBI: HOW YOU CAN HELP



Forgetting to eat or easily distracted

- Provide frequent reminders in a gentle manner.
- Reduce distractions.
- Leave healthy snacks close at hand.

Not finishing a meal or reluctant to eat

- Investigate whether they may have any of the following difficulties – dental problems, swallowing difficulties or physical health difficulties.
 - Provide a smaller meal on a side plate.
 - Offer smaller portions or snack foods more often.
 - Avoid offering tea or coffee for an hour or two before meal times.
 - Encourage reduced smoking before meal times.
 - Arrange for family or friends to attend at meal time – group meals may encourage eating activity.
 - Provide high calorie drinks – milk shakes, smoothies – if a person is frequently missing/not finishing meals.
 - Offering extra food at a time when the person seems to be eating more.
-



Craving sweet foods

You may notice that the person with ARBI has a tendency to choose sweet food over savory food. This is because the body converts alcohol directly into sugar which causes a spike in blood sugar levels. Following detox, a recovering person may find that they crave sweets and starchy foods more than they did before.

These sugar cravings should pass as other withdrawal symptoms fade, but the compulsion to eat sugary foods could remain well into a person's rehabilitation as a psychological replacement for alcohol.

Rather than eating sweets, try to encourage the person to have a healthier sweet-alternative as part of a healthy eating plan;

- Fresh/dried/tinned fruit.
- Chocolate-dipped strawberries.
- Hot chocolate with semi skimmed milk.
- Yoghurt with honey.
- Jelly and ice cream.
- Fruit tarts e.g. apple tart.
- Milk and fruit smoothies



THE FOOD PYRAMID



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The best way to ensure your family member gets the right amount of nutrients is by following the food pyramid above.

Healthy eating involves:

- Plenty of bread, rice, potatoes, pasta and cereals – going for the wholegrain varieties whenever possible.
- Plenty of fruit and vegetables – 5 or more servings per day.
- Some milk, cheese and yoghurt – 3 servings a day.
- Some meat, poultry, eggs, beans and nuts – 2 servings per day.
- A very small amount of fats and oils – use sparingly, 2 small servings per day.
- And a very small amount (or no food and drinks) high in fat, sugar and salt.

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THIAMINE RICH FOODS



Canned or fresh fish such as tuna mackerel, sardines, trout or tuna.

- Tuna Sandwich
 - Sardines on toast
 - Fish, oven chips and peas
-



Breakfast Cereals - Many breakfast cereals are fortified with Vitamin B1.

- Special K
 - Branflakes
 - Sprinkle cereals with chopped nuts or dried fruit.
-



Pork - Bacon, Gammon, or Ham

- Pork chop with boiled potato and vegetables
-



Nuts - Macademia, Pecan, Pistachio, Brazil nuts, Pecans

- Add some chopped nuts to a yogurt
 - Provide a handful of nuts as a snack
-



Bread

- Tuna or ham sandwich
-



Green Peas

- Pasta with peas and ham
 - Put frozen peas in packet soup while heating, they take 2-3 minutes to cook.
-



Beans - Baked Beans, Kidney Beans

- Baked Beans on Toast



Fruit - Fresh, dried or tinned

- Tinned Fruit Salad and small scoop of icecream
- Freshly squeezed orange juice with breakfast



Potatoes - Baked, boiled or chips

- Baked Potato and Beans



Marmite or Bovril

- A slice of toast with Marmite
- A hot cup of bovril



Soup: Tinned, packet or homemade

- Serve a small breadroll with soup to make it more filling
 - Add frozen vegetables while cooking
-



Other Considerations



Omega-3

Fish derived omega-3 fatty acids have been shown to counteract the deterioration of cognition in alcohol misusers²¹⁰. This raises the possibility that fish oil may have the potential of helping prevent brain injury in chronic alcohol misusers. However, the team states that further studies are needed to confirm their findings.



Green Tea

The prevention of cerebrovascular diseases or stroke by green tea has been evidenced during a 4 year study.

Thiamine During Cooking

Vitamin B1 is among the nutrients most prone to destruction by cooking. In order to preserve as much of thiamine within food, it is recommended that:

- Eat food as soon as it is cooked
 - Try steaming instead of boiling vegetables
 - Check recommended cooking times for meats etc.
 - If boiling vegetables, use little water as possible or use the cooking water in soups etc.
-



SECTION 6

DEALING WITH ALCOHOL DEPENDENCY

As we have discussed already, there is very little a family member can do to stop or prevent a person from drinking. They will most likely need specialist help to overcome their difficulties. Check to see if there is an Alcohol-Outreach Worker in your area. They may be able to visit the person at home if the person remains drinking and is unwilling to attend other services. The following are some tips for reducing the harm associated with continued alcohol misuse.



COMMUNICATE SAFELY

Communicating with a person who is regularly drinking large amounts of alcohol can be very challenging. Knowing what your limits and boundaries are is important for protecting your own personal safety and wellbeing and important for letting the other person know what your limits are.

How the family/carer respond to negative behaviour is very important, particularly when alcohol is being actively consumed. It is important to understand that the person may have lost some degree of control over their emotional responses due to their active drinking or their brain injury. However, there are a few things you can do that may prevent communication escalating into arguments.

(1) Stay calm and take a deep breath

It is easy to lose control in the heat of the moment, particularly if the person is being offensive. Remember, even if the comments or insults are directed at you, they are not about you. Take control of your emotions by stopping and counting to ten in your head. Relax your shoulders and breathe deeply. Speak slowly, firmly and in a controlled voice. It is okay to take a few moments, or longer, out of the situation. Tell the other person you need to leave the room for a while, and calm down in private. Never remain in a situation where you feel uncomfortable or threatened in any way.

(2) Don't Retaliate

It can seem normal to want to fight back once an argument has begun. However, by doing this you may be making things worse. The process of one statement leading to a more hostile response from the other can lead to a spiralling situation. Try this technique instead: look him or her in the eye and listen, but don't react. Acknowledge what is being said with replies like: "I can see that you're upset." or "I can see that you're angry" This acknowledges



the person's right to an opinion, and tells them that you're listening. It doesn't indicate agreement or disagreement with the person.

(3) Do not argue or try to convince - give the person choices

Explain your limits in a firm, but respectful tone. Give choices where possible e.g. "Would you like to continue our talk calmly or would you prefer to stop now and come back when things are more relaxed?"

(4) Be concise

Since active alcohol use and the consequences of brain injury can compromise the ability to process verbal information, use short sentences and simple words. More complex or detailed statements can increase confusion. Give the person time to process what has been said.

(5) Repetition

Repetition is essential when conveying your limits to the person. This involves repeating your message calmly to the person until it is heard. It is critical that the person be clearly informed about your boundaries. This should be communicated in a matter-of-fact way and not in a threatening manner. It is helpful if other family members communicate these messages consistently also. Try to establish consistent, non-confrontational responses from all family members. Explain clearly what the purpose of your contact is with them – e.g. "I'm here today to make sure your fire alarms are working". Instead of focusing on their behaviour, focus on responding calmly and maintaining your boundaries.



MINIMISING HARM

Below are some practical steps you can take which may minimize some of the harms associated with ongoing alcohol use. You can decide which of these you would be willing to do (if any).

Let Someone Know

If you have any concerns about a person's ability to live safely, you must inform a medical professional as soon as possible. Try talking to the person's G.P and see what services could help.

Encourage Eating

When a person is regularly drinking, it may be difficult for them to implement dietary advice. For those that are drinking heavily and neglecting their diet, the starting point may be to encourage them to eat something, even if it is a small amount. Encourage and remind them to:

- Eat (at the very least) one meal every day - preferably before they start drinking.
- Eat regular snacks. Some people may not be able to tolerate a large meal initially.
- Attend a day centre where a low cost/free meal is provided. It may be helpful to provide a list of organisations or day centres which provide these and to remind the person of these.

Reduce Risk of falls

Because of the balance difficulties associated with ARBI and active alcohol misuse, they are very prone to falling. This can further damage the brain. Some small steps could reduce the risk of falling in the home.



- Keep rooms free of clutter, especially the floors. Remove low lying objects such as coffee tables, pet bowls, magazine racks and plants. Make sure walkways in the home are free from any clutter.
- Be sure rugs have skid-proof backs or are tacked to the floor.
- Make sure any electric or appliance wires are tacked away.
- Place a non-slip bath mat in the shower or bath.
- Add brighter light bulbs to rooms.
- Encourage the person to use a downstairs bedroom instead of using the stairs.

Minimize Fire Risk

- Make sure fire-alarms are correctly installed and have batteries.
- Replace small ashtrays with larger ones (e.g. a non-flammable biscuit tin) People who are intoxicated may have difficulty with hand-eye coordination and may miss small ashtrays when smoking. Larger ones increase the chances that the ash/spark will not land on furnishings.
- Have someone check in regularly. Remind yourself you do not need to stay for long or have detailed conversations with the person. The purpose of your visit is to ensure safety.

Encourage them to take a Multivitamin

- Encourage them to take a multivitamin capsule containing Thiamine (Vitamin B1). The G.P may be able to prescribe a dose that is appropriate for them.



When to call a doctor

You can encourage the person to attend for periodic health reviews. If they are unwilling to attend, below are some instances where you should contact a medical professional.

- If you notice changes in the person's eye movements.
 - If the person is highly confused.
 - If the person is having a seizure.
 - If the person is agitated, very paranoid or seeing/hearing things that are not there.
 - If the person has wounded or injured their head or another part of their body.
 - If the person is unconscious and you are unable to wake them.
 - If the person has blue lips or fingertips.
-



SECTION 7

WHERE CAN I GO FOR MORE INFORMATION AND HELP?

The starting point for most queries will start with your General Practitioner, who will be able to refer you or your family member to the most appropriate service. The following information is for general information and support only.



Alcohol Forum Website

Visit our website for updates on relevant information, resources and service development for Alcohol-Related Brain Injury in Ireland.

Website

www.alcoholforum.org

Email

Info@alcoholforum.org

Al-Anon & Alateen

The Al-Anon (for adults) and Alateen (for teens) program is a Twelve Step program for the relatives and friends of someone who is or has been a problem drinker. They run regular support groups country wide.

Website

www.al-anon-ireland.org

Email

info@al-anon-ireland.org

Address

Room 5, 5 Caple Street,
Dublin 1, Ireland

Telephone

00353 1 8732699

Headstrong Jigsaw

Jigsaw is a network of programmes across Ireland designed to make sure every young person has somewhere to turn to and someone to talk to.

Website

www.headstrong.ie

Address

16 Westland Square, Pearse
Street, Dublin 2

Telephone

00353 1 472 7010

Email

info@headstrong.ie

The National Family Support Network

A self-help organisation that supports the development of family support groups across Ireland.

Website

www.fsn.ie

Email

info@fsn.ie

Address

5 Gardiner Row, Dublin 1,
Ireland

Telephone

+353 (01) 8980148



Tusla – The Child and Family Agency

The Child and Family Agency provide a range of services that offer advice and support to families. This includes family support workers, social workers, youth workers, family resource centres, support groups and counselling services. These types of services help families work through difficult issues, ensure children have a stable environment to live in, and provide support for parents who are finding it hard to cope.

Website

www.tusla.ie

Email

info@tusla.ie

Address

**Child and Family Agency
Block D, Park Gate Business
Park Centre, Parkgate Street,
Dublin 8**

Telephone

016352854

The Rise Foundation

The RISE Foundation is a registered charity focused on family members of those with addictive behaviour. They help families understand the nature of addiction and teach families how to cope with their loved one's addictive behaviour.

Website

www.therisefoundation.ie

Email

support@therisefoundation.ie

Address

**The RISE Foundation,
Carmelite Community Centre
Aungier Street, Dublin 2**

Telephone

00353 1 764 5131

HSE Alcohol and Drug Services.

Go to www.Drugs.ie for services nationwide



Bri – Independent Brain Injury Support and Advocacy

Bri is a small independent charity providing support groups for people with brain injuries, family members and carers to give and receive both emotional and practical support as well as to exchange experiences and information.

Website

www.briireland.ie

Email

info@briireland.ie

Address

**Bri, Independent brain injury support and advocacy
C/o St. Catherine's House
Marrowbone Lane, Dublin 8,
Co. Dublin, Ireland**

www.Drugs.ie

For information on all national services including support, counselling and treatment go to the services section of this website.

Coap - children of addicted parents and people

A website and online community for young people affected by someone else's addiction to drugs or alcohol.

Website

www.coap.org.uk



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