

## Study on the Rehabilitation Effect of Comprehensive Intervention by Stages on Alcohol Dependence and Depression Patients

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**Abstract:** Objective To explore the effect of comprehensive intervention in stages(CIIS) on the rehabilitation of patients with alcohol dependence and depression. Methods Fifty-five patients with alcohol dependence and depression who were hospitalized in 2 psychiatric hospitals in Qiqihar from January to December 2019 were selected as the research objects. They were divided into observation group (28) and control group (27) by random number table. The group received routine psychological care. On this basis, the observation group used staged comprehensive intervention and applied the depression self-rating scale to evaluate the two groups. Results There was no statistical difference in the depression scores of the two groups of patients before the intervention. After the intervention, the depression scores of the observation group were significantly lower than those of the control group, and the difference was statistically significant ( $P < 0.001$ ). Conclusion Comprehensive intervention in stages can significantly improve the depression of patients with alcohol dependence and effectively relieve negative emotions.

### 1. Introduction

Alcohol drinking is a major public health problem worldwide. Scientific research by the World Health Organization emphasizes that harmful use of alcohol causes more than 5.9% of the global disease burden [1]. Alcohol dependence is often accompanied by various emotional problems, the most common one is depression, and many patients have regained their drinking behavior as a result of this [2 3]. Data from foreign drug use and health surveys show that the amount of alcohol consumed and the age of first drinking are all associated with depression[4 5]. At present, the main method for quitting alcohol addiction at home and abroad is drug intervention, and drug treatment can only reduce The physical withdrawal symptoms and some complications in the acute stage can cause damage to the patient's body. Therefore, this study intends to adopt a staged comprehensive intervention to treat patients with alcohol dependence and depression, analyze the influence of this method on the depression of patients with alcohol dependence, and provide a basis for clinical care. The reports are as follows:

### 2. Materials and Methods

General information: 55 patients with alcohol dependence and depression in 2 psychiatric hospitals in Qiqihar from January to December 2019 were selected as the research objects. Inclusion criteria: ①Clinically diagnosed as alcohol dependence ②All patients and their families were informed of the study and signed the informed consent ③All patients had depression, the judgment standard depression self-rating scale score  $> 53$  points; Exclusion criteria: ①Patients have other History of substance abuse or history of brain organic diseases not related to alcohol ②The patient's family members have serious chronic diseases. Using the random number table method, 55 patients were divided into the observation group, 28 patients aged 35-60 years, with an average age of  $(47.25 \pm 7.02)$  years. The 27 patients in the control group were 35-62 years old, with an average age of  $(49.18 \pm 7.89)$  years old. There was no statistically significant difference in general

information between the two groups ( $p>0.05$ ) and they were comparable.

Research method: The control group adopts conventional nursing methods. The observation group adopts comprehensive nursing intervention in stages on the basis of routine nursing. A specialist group is formed by psychiatrists, nurses, community doctors, nurses, and volunteers. The specific methods are as follows: ① The hospital treating doctor first diagnoses the patient's condition and formulates The treatment plan stabilizes the condition, establishes a good relationship with the patient after the condition is stable, communicates more with the patient, and explains the alcohol dependence and depression-related knowledge to the patient, so that the patient recognizes the harm caused by the disease, and guides the patient's misunderstanding , To correct the patient's original wrong cognition. ②Community rehabilitation community medical staff establish health management files for patients to develop appropriate activity plans, such as: rehabilitation training after discharge by community organizations. The specific content includes: manual courses, relaxation training, watching alcoholism documentaries, radio exercises, drama performances, etc. Diverse. ③Family support actively understand the patient's family situation and strengthen the family intervention ability of their family members. Family members should care for the patient, warm the patient's inner world, encourage the patient to actively express their inner thoughts, vent their depression in time, and encourage the patient to actively participate in community rehabilitation activities Among them, don't discourage the patient's active recovery mentality, and provide the patient with a balanced diet.

Research tools: (1) General information survey form: The general information of patients with alcohol dependence and depression including age, education level, income, marital status, etc. is compiled by the researcher. (2) Self-rating Depressive Scale [6] (Self-rating Depressive Scale, SDS): The standard is divided into 53 points, 53-62 points to mild depression, 63-72 points to moderate depression,  $\geq 72$  points to severe for depression, the internal consistency reliability of the scale is also above 0.75.

Statistical processing: using SPSS19.0 statistical software for data analysis. The general data of the two groups of patients were compared using X<sup>2</sup> test. The depression scores of the two groups of patients were represented by ( $\bar{x}\pm s$ ), using independent sample t-test and mann-whitney U test. For comparison, a two-sided test was used, and the difference was statistically significant with  $P<0.05$ .

### 3. Results

Comparison of depression scores between the two groups of patients before and after intervention: The depression scores of patients in the observation group were compared before and after intervention, and the score differences were statistically significant ( $P<0.001$ ), while the comparison of scores in the control group was not statistically significant ( $P> 0.05$ ); the observation group after intervention The depression score was significantly lower than that of the control group, and the difference was statistically significant ( $P<0.001$ ).

Gr.	Before intervention	After the intervention	t/u	P
Observation Gr(28)	55.96±2.94	48.71±1.86	10.291	0.001
Control Gr(27)	55.29±3.36	53.77±2.84	-1.925	0.054
t/u	0.784	44.5		
P	0.436	0.001		

### 4. Discussion

Alcohol dependence refers to the patient's body has a strong desire for alcohol, excessive psychological dependence on the pleasure after drinking, and a morbid mental and physical state in which pain occurs during withdrawal and is easy to re-drink [7], kober[8] It proves that long-term drinking through alcohol has a negative effect on the prefrontal cortex, the key nerve area of emotion regulation, which weakens the ability to cope with aversion emotional state, which leads to difficulty in emotion regulation and increases the risk of depression. At present, drug intervention is

mainly used to treat patients with alcohol dependence. Although these drugs can reduce the complications of patients during withdrawal, they cannot relieve their negative emotions. Therefore, antidepressants are often added to patients with negative emotions during treatment. Drugs [9], but long-term use of drugs can damage the patient's body function and cause adverse reactions, so it cannot be used as a long-term treatment for alleviating depression in alcohol dependent patients [10]. The hospital-community-family system intervention method has a good effect in the application of depression, hypertension, diabetes, and chronic diseases in the community [11 12 13 14].

In line with the biological-psychological-social medicine model, the results of this study showed that the depression scores of the observation group after intervention were significantly lower than those of the control group, and the difference was statistically significant. Alcohol-dependent patients were prone to withdrawal and depression at the initial stage of admission, and the patients were discharged from the hospital. Later, they often lack the spiritual support of family members and friends, and cannot get sufficient understanding and care when negative emotions caused by withdrawal occur, which leads to more serious depression symptoms [9]. In this study, a systematic treatment and rehabilitation system integrating hospital-community-family was formed through comprehensive interventions in stages, and patients were given emergency treatment upon admission. After the condition is stabilized, in-depth communication with patients to change the original misunderstanding of patients and establish Correct understanding of the disease, after discharge from the hospital, community medical staff provide systematic health education, relaxation training, organize various group activities that are beneficial to the body and mind, enhance the patients' sense of collective honor and social responsibility, and teach patients self-management methods to help The patient vents bad emotions in time. Encourage family members of patients to participate in the treatment and recovery process of patients, explain the importance of social support and family care to the treatment of patients, give full play to the role of family support systems, give patients more care and spiritual encouragement to reduce depression the occurrence of emotions.

## 5. Conclusion

In summary, comprehensive intervention in stages can effectively improve the depression of alcohol-dependent patients and help patients return to society as soon as possible. It is recommended to be extended to clinical use.

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