

The First Kurihama-Pusan Joint Workshop

PROGRAM AND ABSTRACTS

FEBRUARY 18, 2011

YOKOHAMA BAY SHERATON HOTEL & TOWERS

YOKOHAMA, JAPAN

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PROGRAM OF THE WORKSHOP

12:30 - 12:50 *Opening of the workshop*

Opening remark (1)

Katsuya Maruyama, M.D., PhD.

(National Hospital Organization Kurihama Alcoholism Center)

Opening remark (2)

Sung Gon Kim, M.D., PhD.

(Department of Psychiatry, Pusan National University)

12:50 - 14:05 *Session 1*

Chair

Hitoshi Maesato, M.D.

(Department of Psychiatry, National Hospital Organization Kurihama Alcoholism Center)

Presenters

Mitsuru Ito, Ph.D.

(Department of Clinical Psychology, National Hospital Organization Kurihama Alcoholism Center)

PATTERNS OF MMSE PROFILE MAY PREDICT THE EFFECT OF
ABSTINENCE ON COGNITIVE FUNCTIONS IN ALCOHOLICS
WITH COGNITIVE DECLINE

Tomomi Tohyama, M.D.

(Department of Psychiatry, National Hospital Organization Kurihama Alcoholism Center)

RECENT TRENDS IN ALCOHOL CONSUMPTION AND
RELATED PROBLEMS IN JAPAN AND MALE ALCOHOLIC
INPATIENTS AT KURIHAMA ALCOHOLISM CENTER

Tomoko Ushiroyama, R.N.

(Department of Nursing, National Hospital Organization Kurihama Alcoholism Center)

TREATMENT PROGRAM AND NURSING OF FEMALE
ALCOHOLICS IN KURIHAMA ALCOHOLISM CENTER

14:05 – 15:20 *Session 2*

Chair Sachio Matsushita, M.D., Ph.D.

(Department of Psychiatry, National Hospital Organization Kurihama
Alcoholism Center)

Presenters Hisakazu Nakayama, M.D.

(Department of Psychiatry, National Hospital Organization Kurihama
Alcoholism Center)

ALCOHOL USE DISORDERS AND INADEQUATE KNOWLEDGE
ABOUT DRINKING AND DRIVING AMONG JAPANESE DUI
OFFENDERS

Takahiro Fukuda, M.D.

(Department of Psychiatry, National Hospital Organization Ryukyu Hospital)
TREATMENT OF ALCOHOLISM IN OKINAWA

Tetsuji Cho, M.D.

(Department of Psychiatry, Mental Care Center, Prefecture of Mie, Tsu,
Mie, Japan)

HOW TO COPE WITH CRAVING IN ALCOHOLICS

15:20 – 15:40 *Coffee break*

15:40 – 16:40 *Session 3*

Chair Sung Gon Kim, M.D., Ph.D.

(Department of Psychiatry, Pusan National University)

Presenters Keun Ho Joe, M.D., Ph.D.

(Department of Addiction Rehabilitation and Social Welfare,
Eulji University, and Department of Psychiatry, Eulji Hospital)

THE POLICY AND SYSTEM TO PREVENT ALCOHOL RELATED
PROBLEMS IN KOREA

Hae Kook Lee, M.D., Ph.D.

(Department of Psychiatry, Catholic University of Korea)

DIFFERENCES IN THE PREVALENCE AND CORRELATES OF
ALCOHOL USE AND BINGE ALCOHOL USE AMONG FIVE
SUB-ETHNIC ASIAN GROUPS IN THE UNITED STATES

16:40 – 17:10 *General discussion*

Chair **Susumu Higuchi, M.D., Ph.D.**
(National Hospital Organization Kurihama Alcoholism Center)

17:10– 17:30 *Closing of the workshop*

Closing remark (1)
 Hae Kook Lee, M.D., PhD.
(Department of Psychiatry, Catholic University of Korea)

Closing remark (2)
 Susumu Higuchi, M.D., Ph.D.
(National Hospital Organization Kurihama Alcoholism Center)

18:00– *Welcome Reception for all conference participants*

KURIHAMA-PUSAN JOINT WORKSHOP

After the joint session of the Japanese Medical Society of Alcohol and Drug Studies (JMSAS) and the Asia-Pacific Society for Alcohol and Addiction Research (APSAAR) at the JMSAS Meeting in Kokura in October 2010, Prof. Sung-Gon Kim and I discussed possible ways to offer an opportunity with an international flavor in the alcohol field to young clinicians and paramedical staff of the Pusan National University and the Kurihama Alcoholism Center. If such an event can be held, it would contribute to increase incentives among young staff to work on alcohol and addiction issues.

We immediately agreed to have a joint workshop between the two institutes every year. We also agreed that we would hold the first workshop in Kurihama or a nearby site in February 2011, the next workshop in Pusan in 2012, and then alternately every year thereafter. Although the workshop will initially be held by the two institutes, it is expected to involve other institutes in the two countries in the near future.

The purpose of the joint workshop is four fold:

1. To provide young clinicians and staff with opportunities to make presentations and discuss various issues at an international workshop
2. To encourage young clinicians and staff to be involved in research and clinical activities with an international point of view
3. To promote research collaboration between the two institutes and two countries involving other institutes and hospitals
4. To encourage and promote human exchange between the two institutes and the two countries

We know that starting something between two institutes is not so difficult, but continuing and further developing such a venture is often a big challenge. I truly hope that friendship and joint efforts between the two institutes and countries will overcome this challenge.

Susumu Higuchi

Deputy Director

National Hospital Organization Kurihama Alcoholism Center

Session 1

Chair

Hitoshi Maesato

Kurihama Alcoholism Center

PATTERNS OF MMSE PROFILE MAY PREDICT THE EFFECT OF ABSTINENCE ON COGNITIVE FUNCTIONS IN ALCOHOLICS WITH COGNITIVE DECLINE

Mitsuru Itoh, Yoshiko Kuwata, Satoko Mihara, Yoshiko Ogawa, Hisakazu Nakayama, Mitsuru Kimura, Toshifumi Matsui, Sachio Matsushita, Susumu Higuchi

National Hospital Organization Kurihama Alcoholism Center, Yokosuka, Kanagawa, Japan

Background: Long-term excessive drinking often causes cognitive impairment. According to clinical observations, while some alcoholics with alcohol-induced cognitive decline show improvement in cognitive functions, others do not even though they maintain abstinence. It would be valuable information for treatment if we could predict changes in cognitive functions using short neuropsychological tests at the early stage of treatment. In this study we performed the Mini-Mental State Examination (MMSE) and the Clock Drawing Test (CDT) two times during inpatient treatment of subjects, and examined possible correlations between profiles of the first evaluations and changes in the second evaluations.

Methods: Subjects were 937 male hospitalized alcoholics who had the ICD-10 alcohol dependence syndrome. All subjects were tested using MMSE and CDT approximately 3 weeks (first evaluation) and 9 weeks (second evaluation) after admission. MRI was performed on some subjects while they were in hospital. Among 180 subjects who scored less than the cut-off point on MMSE (≤ 23), 103 rose 2 points or more (good prognosis group), 17 rose 1 point, and the remaining 60 were unchanged or worsened (poor prognosis group) between the first and the second MMSE evaluations. We compared the MMSE profile of the first evaluation between the good and the poor prognosis groups. CDT scores were also compared between the first and the second evaluations within each group. The number of brain infarctions and the degree of brain atrophy were assessed using brain MRI and were compared between the two groups.

Results: Independent *t*-tests showed that the good prognosis group had higher scores on the “orientation” subtest of the first MMSE, and lower scores on the “attention and calculation” subtest than the poor prognosis group. In addition, the CDT scores significantly improved in the second evaluation compared with the first evaluation in the good prognosis group, but this change was not observed in the poor prognosis group. With regard to the relationship between brain imaging and the test scores, the poor prognosis group had a larger number of brain infarctions. The prevalence of brain

atrophy was lower in the good prognosis group than in the poor prognosis group.

Discussion: In this study, improvement of cognitive functions in a relatively short period of time in some abstinent alcoholics was confirmed by MMSE and CDT. The underlying mechanism of this improvement is unclear. Possible recovery from the prolonged withdrawal syndrome might be associated with increase in MMSE and CDT scores in the good prognosis group. On the other hand, low scores on the “orientation” at the first test may suggest that the subjects have true organic damage, which makes improvement in a short period of time difficult. These results suggested that MMSE profiles in the early stage of abstinence could predict the possibility of recovery from cognitive impairment in alcoholics.

RECENT TRENDS IN ALCOHOL CONSUMPTION AND RELATED PROBLEMS IN JAPAN AND MALE ALCOHOLIC INPATIENTS AT KURIHAMA ALCOHOLISM CENTER

Tomomi Tohyama¹⁾, Sachio Matsushita¹⁾, Hitoshi Maesato¹⁾, Hisakazu Nakayama¹⁾, Hideki Nakayama¹⁾, Mitsuru Kimura¹⁾²⁾, Yoneatsu Osaki³⁾, Susumu Higuchi¹⁾, Katsuya Maruyama¹⁾

¹⁾National Hospital Organization Kurihama Alcoholism Center, Yokosuka, Kanagawa, Japan

²⁾National Institute on Alcohol Abuse and Alcoholism, Bethesda, MD, USA

³⁾Department of Social Medicine, Tottori University School of Medicine, Yonago, Tottori, Japan

Purpose: This presentation will outline recent trend in alcohol consumption and related problems in Japan. It will also show characteristics of male inpatients with alcohol use disorders (AUDs) at Kurihama Alcoholism Center.

Methods: Data on alcohol consumption and related problems in Japan were primarily collected from statistics and survey results issued by the national government and articles published since 2000, which were identified by searching the MEDLINE and Igaku-Chuo-Zasshi databases. These data were assessed regarding their quality and summarized. Data on characteristics of inpatients with AUDs were collected from their medical records. Only male patients hospitalized at Kurihama Alcoholism Center between April and December, 2010 were included.

Results: Adult per capita alcohol consumption in Japanese has tended to decline for nearly 15 years. But it still remains at a high level. Gender differences in trend may exist and alcohol consumption in women, especially in young women, is estimated to be on the rise. The number of male alcoholics hospitalized during the 9 months period was 560 in total. The mean age was 55 years old (age range, 20 – 85 years old). Seventy percent of subjects had never experienced hospitalization at Kurihama Alcoholism Center for AUDs. One-third of them lived outside of Kanagawa prefecture. The number of alcoholic inpatients has increased every year, and duration of hospitalization has tended to be shortened.

Conclusion: These data may be useful to develop new alcohol control policies and to improve inpatient treatment methods. Although per capita alcohol consumption tended to decrease, the magnitude of alcohol related problems, especially among females and the elderly has been suggested to expand. In line with WHO initiatives, comprehensive strategies to reduce alcohol related harm are expected to be put in place in Japan.

TREATMENT PROGRAM AND NURSING OF FEMALE ALCOHOLICS IN KURIHAMA ALCOHOLISM CENTER

**Tomoko Ushiroyama¹⁾, Yuri Nakajima¹⁾, Ryoji Morizumi¹⁾, Sakae Fujita¹⁾,
Tomohiro Miyakawa²⁾, Hitoshi Maesato¹⁾, Masako Aida¹⁾, Susumu Higuchi¹⁾,
Katsuya Maruyama¹⁾**

¹⁾National Hospital Organization Kurihama Alcoholism Center, Yokosuka, Kanagawa, Japan

²⁾Kurihama Mental Clinic, Yokosuka, Kanagawa, Japan

Specialized treatment for alcoholics in Japan started in 1963 in the Kurihama National Hospital. In the beginning, almost all patients were men and women were rare. The treatment program was also prepared for men, but in 1991, a program for women was started because of the increase in female alcoholics. In the first two years, the men's program was converted into a program for women, but later the contents of the program underwent major changes as differences between male and female alcoholics and the characteristics of female alcoholics became clear. At present a "rehabilitation program for female alcoholics" has been established.

Women become alcoholics more rapidly once they have started consumption of large amounts of alcohol and they are more susceptible to organ damage than men. They also show higher rates of neurological disorders as complications. Younger women often have eating disorders.

In the inpatient program for female alcoholics in Kurihama Alcoholism Center, lectures on gynecology and group meetings for women are provided. The nursing care during hospitalization includes observation and care for withdrawal symptoms, and support for the process of changing to a sober lifestyle. Family treatment is also important to prevent relapses. The abstinence rate is increased by specialist treatment in accordance with the characteristics of women alcoholics.

Session 2

Chair

Sachio Matsushita

Kurihama Alcoholism Center

ALCOHOL USE DISORDERS AND INADEQUATE KNOWLEDGE ABOUT DRINKING AND DRIVING AMONG JAPANESE DUI OFFENDERS

Hisakazu Nakayama, Hitoshi Maesato, Sachio Matsushita, Susumu Higuchi

National Hospital Organization Kurihama Alcoholism Center, Yokosuka, Kanagawa, Japan

Purpose: This study presents data on alcohol use disorders and knowledge about drinking and driving among Japanese driving under the influence (DUI) offenders.

Methods: The subjects were 1279 males and 66 females who participated in traffic schools conducted by the Kanagawa Prefectural Police in 2007 because they had their drivers' licenses revoked. They completed self-report questionnaires on sociodemographic information, experiences of DUI and arrests due to DUI, patterns of alcohol consumption, times that they should wait before driving after drinking, and several screening scales on problem use of alcohol such as AUDIT, CAGE and KAST.

Results: Arrests due to DUI were reported by 39.2% of males and 30.3% of females. Among DUI offenders, 23.8% of males and 22.2% of females scored 20 points or higher on AUDIT, 36.9% of males and 45% of females scored 2 points or higher on the CAGE test, and 39.5% of males and 36.8% of females scored 2 points or higher on KAST. In addition, DUI males reported significantly shorter times that they should wait before driving after drinking than those without a history of DUI.

Conclusions: These results and recent literature suggest that the prevalence of alcohol use disorders among DUI offenders is much higher than that in the general Japanese population. In addition, drunk drivers have inadequate knowledge about drinking and driving. We conclude that intervention or treatment programs for drunk drivers and promotion of public education are necessary for further reduction of DUI in Japan.

TREATMENT OF ALCOHOLISM IN OKINAWA

Takahiro Fukuda

National Hospital Organization Ryukyu Hospital, Kin, Okinawa, Japan

Our hospital is in the northern part of Okinawa. The central and northern areas of Okinawa have a population of 500,000 out of the total Okinawan population of 1.3 million. Okinawa is a prefecture with major alcohol problems and treatment is expanding to meet the demand. At present, Ryukyu Hospital has provides treatment for 20-30 inpatients in an open ward, which also serves at the general psychiatric ward. A 3-month alcohol rehabilitation program (ARP) based on the cognitive-behavioral therapy (CBT) model is used. Outside the hospital, alcohol consultation is provided in community health centers and lectures are given for local residents and local welfare workers. The hospital is participating in a clinical study on a new drug to inhibit craving for alcohol with 12 patients enrolled. In addition to the effects of the new drug, it is effective for patients keep drinking diaries and maintain a strict treatment schedule because they are involved in many types of work. There appears to be more response than with conventional treatment and expectations for future treatment are high. An outcomes survey has started in the hospital to compare abstinence rates before and after introduction of the new drug, which will soon be marketed. Research in this hospital includes surveys of alcohol-related problems in general hospitals, brief interventions for people with alcohol-related problems, and surveys of alcohol-related problems for persons imprisoned for drunk driving or traffic offenses. As a result, it was found that considerable numbers of alcoholics or prospective alcoholics are present among patients in general hospitals and drunk drivers.

In the future, it will be necessary to determine how to deal with the topic of early interventions for alcohol-related problems. Treatment of very severe alcoholism should be handled in specialist hospitals, but the significance of future treatment of alcoholism will be the creation and expansion of a framework on how to broaden the base and how to intervene at an earlier stage. As one aspect of this, this hospital is taking part in a model project on alcoholism consultations in core general hospitals in the prefecture from this February.

HOW TO COPE WITH CRAVING IN ALCOHOLICS

Tetsuji Cho

Mental Care Center, Prefecture of Mie, Tsu, Mie, Japan

World Health Organization defined craving as an “urgent and overpowering desire, or irresistible impulse” in 1954. Historically, craving has been recognized as biological, psychological and social aspects. The importance of alcohol craving especially at the onset of treatment is underscored by its association with relapse throughout clinical outcome. Despite its clinical importance, there is no consensus on the concrete definition of craving.

Reward mechanisms and withdrawal symptom have been identified as important biological aspects of alcoholism. A lot of neuroimaging studies support this relation. Obsessive-compulsive symptoms have been identified as important psychological aspects. Obsessive Compulsive Drinking Scale (Anton RF: 1995) predicts relapse in outpatient treatment, in particular drinking obsession subscore. In addition, social surroundings make the difference about craving as a response to a learnt association (people, places etc). There is no regulation of the TV commercial of alcoholic beverages in Japan. Therefore, Watching TV in the hospital is accompanied with high-risk situations for craving. Coping with cravings in the living environment is the key to tackling alcoholism.

Now, anti-craving agents like acamprosate, naltrexone and nalmefene are utilized in clinical settings all over the world. Unfortunately we can use nothing in these agents in Japan. However, reviews and meta-analyses reveal only modest effect sizes of these approaches probably because they are usually tested in large and heterogeneous samples where "one size does not fit all". After all, psychotherapy, cognitive behavior therapy, self-help group and so on are necessary for coping with craving and preventing the relapse.

Today, I want to discuss how to cope with cravings concretely in the living environment and clinical settings.

Session 3

Chair

Sung Gon Kim

Pusan National University

THE POLICY AND SYSTEM TO PREVENT ALCOHOL RELATED PROBLEMS IN KOREA

Keun Ho Joe

Department of Addiction Rehabilitation and Social Welfare, Eulji University

Department of Psychiatry, Eulji Hospital

Excessive drinking causes diverse physical and psychiatric consequences. The Korean Government (The Ministry of Health and Welfare) had established a sort of national health plans and some of them are focused on the alcohol related problem. For example there is “Blue Bird Plan 2010”. The “Blue bird plan 2010” was announced at August, 2006 and it was a 5-year plan dealing whole range of alcohol problem. From the primary prevention to the tertiary prevention, controlling of social environment that aggravating excessive drinking, and developing recourse were mentioned in the “Blue Bird Plan 2010”. Even though it was not accomplished the initial goal, we Korean Psychiatrists regard the “Blue Bird Plan” as our final aim and still going on. The “Alcohol Project Supporting Committee” and the Ministry of Health and Welfare are now rebuilding new “Blue Bird Plan 2020” now.

Most of the medical services for the patients of alcohol use disorder were delivered by Mental Hospital in Korea. In 2011, the Ministry of Health and Welfare set up the institution of “Specialized Mental Hospital for the Alcohol Dependence”. The institution described about the service standard including faculty, facility, and percentage of alcohol dependence among all patients in the hospital and so on. There are 43 “Alcohol Counseling Centers” in Korea to provide community based mental services for the alcoholics. The “Alcohol Project Supporting Committee” is supporting technical consultation for the “Alcohol Counseling Center”.

Some of the local governments have their own policies toward problem drinking. For instance, Seoul Metropolitan Government constitutes “Seoul Mental Health Supporting Committee” and it has a team for “Management of Addiction”. It supports 4 “Alcohol Counseling Centers” and 22 “Mental Health Service Centers” in Seoul to promote adequate service for the alcoholics. They are doing counseling for recovery, case management for the individuals, public education to prevent alcohol induced problems in the level of local community.

DIFFERENCES IN THE PREVALENCE AND CORRELATES OF ALCOHOL USE AND BINGE ALCOHOL USE AMONG FIVE SUB-ETHNIC ASIAN GROUPS IN THE UNITED STATES

Hae Kook Lee

Department of Psychiatry, Catholic University of Korea, Uijeongbu St. Mary's Hospital, Seoul, Korea

The prevalence rates of alcohol use and alcohol use disorder were found to be lower among Asian Americans than those among the rest of the U.S. populations. However, the rates of alcohol use and alcohol use disorder vary significantly among Asian countries. To look into the sub-ethnic variation of alcohol use among adult Asian Americans, we investigated the prevalence and correlates of alcohol use. We analyzed data from 8,876 Asian Americans aged 18 or older who participated in the 2002-2008 NSDUH(National Survey on Drug Use and Health), a nationally representative survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The rates of past month alcohol use and binge drinking among Korean Americans were the highest (51.8%, 24.6%) among the five major sub-ethnic groups in the United States. Among the past month alcohol users, Japanese Americans(8.8) had 3 more drinking days in the past month on average than Chinese Americans(5.7). Among past month alcohol users, Korean and Japanese Americans were significantly more likely to have driven under the influence of alcohol than the other Asian groups in the United States.

Regarding the correlates, the stratified models reveals that males among all the examined sub-ethnic Asian groups except for Korean Americans were more likely to have alcohol use and binge drinking in the past 30 days than their female counterparts. The association between immigration status and past month alcohol use and binge drinking among Asian Americans varied by sub-ethnicity status.

This is the first study that compared the rate of alcohol use and the correlates among general population of Asian-American sub-ethnic group by using national representative sample. Based on the understanding of sub-ethnic differences among Asian Americans in this study, continued epidemiological study is needed to clarify the risk and protective factors for alcohol use among Asian American sub-ethnic groups.

