Mandated Substance Use Disorder Treatment in Qatar: An Innovative Model of Care

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Aims: Qatar has struggled with substance use disorders among its population. Qatar has maintained a relative political and social stability, which has informed a dramatic restructuring of its health and social care services with emphasis on being led by international best practice and primacy of patient rights. However, the rehabilitative model for substance use, which Qatar has placed emphasis on so far, has been based upon voluntary engagement of people who use substances. This has led to lack of provision of care to a significant proportion of patients with substance use disorders in addition to system-wide disagreements around models of care.

Methods: This study employed a retrospective patient record review of 163 patients admitted to the Umm Slal Treatment and Rehabilitation Center between January 2022 and October 2023. The data were systematically analysed to evaluate the effectiveness of the innovative Recovery Journey model.

Results: The majority of patients (61.3%) were aged 20–29, with 54% unemployed or students. Methamphetamine (77.3%) and cannabis (76.1%) were the most commonly used substances. Notable comorbidities included drug-induced psychosis (29.4%) and depression (19.5%). Most patients (90%) had previous treatment encounters. The Recovery Journey model, consisting of court-mandated detoxification and stabilization, residential rehabilitation, and community based continuing care, facilitated treatment completion for 91 out of 149 patients advancing from detoxification to rehabilitation. Challenges included managing complex co-occurring disorders and aligning multidisciplinary teamworking efforts.

Conclusion: The innovative Recovery Journey model at the Umm Slal Treatment and Rehabilitation Center demonstrated promising results in treating individuals with substance use disorders. While initial outcomes are encouraging, challenges related to stakeholder engagement, treatment adherence, and post-discharge care remain. This model emphasizes the importance of balancing directed care with patient autonomy and may serve as a framework for similar initiatives in the region. Further research into and adaptation of cultural contexts are essential for optimizing treatment outcomes.

Safer Prescribing in Behavioural and Psychological Symptoms of Dementia (BPSD): Reducing Anticholinergic Burden

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Aims: NICE guidelines (NG97) emphasize the importance of assessing the anticholinergic burden of medications in older adults. Anticholinergic side effects of medications can worsen constipation, urinary retention, sedation and confusion, exacerbating cognition, falls and BPSD risks.

Medichec, a free online tool, measures medication effects on cognition and evaluates the cumulative impact. The tool provides an Anticholinergic Effect on Cognition (AEC) score for each medication, ranging from 0–3. The greater the score, the greater the need to evaluate its benefits versus risks.

This project aimed to evaluate the effectiveness of integrating the AEC score into multidisciplinary management of dementia inpatients.

Methods: In a 10-bed specialist dementia ward, AEC score was calculated weekly over four weeks for each patient using Medichec. This included 15 inpatients over 4 weeks. Medications contributing to AEC score were recorded and reviewed during the weekly ward multidisciplinary meetings. Individual plans were then made to reduce, hold, or stop medication where appropriate.

Results: Total AEC scores were between 1–7 for each patient, scoring primarily for psychotropic medications. The weekly percentage of patients with total AEC scores over 3 on the ward ranged between 10–37.5%. The overall trend in percentage of patients with a score over 3 showed a reduction from 37.5% at baseline to 20% at week 4.

There were 10 occasions where patients had an AEC score of 3 +; on 90% of these occasions there was a documented multidisciplinary care plan and these 10 occasions represented 5 individual patients. Of these 5 patients, medications were adjusted for 2 patients, continued for 2 patients and not discussed for 1 patient.

The mean AEC score varied between 1.5–2.13; there was no reduction from baseline (1.89) to week 4 (1.9) however the average in week 4 was skewed by an outlying individual result of 7.

Conclusion: The weekly data collected in this audit supports a culture of avoiding medications with high anticholinergic burden for physical health reasons e.g. antimuscarinics for incontinence. Additionally, medications for insomnia, like 'Z-drugs', are not routinely prescribed. This helps lower the risks of side effects and aligns with NICE (NG97) guidelines for managing medications which can adversely affect cognition.

Medications with an individual anticholinergic score of 2+ or patients with a total score of 3+ on Medichec should trigger a review as this can have a clinically significant impact on individual patients.

Implementing a Clinician-Built High-Dose Antipsychotic Therapy (HDAT) Calculator and Tracker: A Quality Improvement Project to Optimise HDAT Monitoring and Safe Prescribing

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Aims: High-dose antipsychotic therapy (HDAT) carries an increased risk of adverse effects, including metabolic syndrome