

How to approach your patient's RELAPSE

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How clinicians approach relapse may make the difference between a prolonged relapse or a brief one

Relapse is common during recovery from alcohol or substance abuse. It's estimated that >90% of patients will experience a relapse with 1 year of initiating abstinence.¹ How clinicians approach relapse may make the difference between a prolonged relapse or a brief one, and whether the patient has multiple occurrences or infrequent "slips." We use the mnemonic RELAPSE to teach our medical students and residents the key components involved in addressing and preventing relapse in our patients.

Reconnection. After a relapse, patients often feel shame and guilt. They may be hesitant to talk about it and may skip appointments. It is critical to reconnect with patients through a clinical posture that is welcoming, accepting, and nonjudgmental.

Education. When a patient relapses, you have the opportunity to educate the patient, family, and significant others about substance use disorders and how they effect the "3 B's" (brain, body, and behavior), and also the availability of treatment options.

Linkage. One possible reason behind a relapse is the lack or loss of ties to a support group, recovery program, faith community, or family. After an assessment,

help your patient establish links to specific support systems needed to foster recovery.

Anticipation. It is important to assess with the patient precipitating events that led to the relapse and anticipate warning signs. Anticipating future triggers (eg, stress, loss, relationship difficulties, etc.) will allow patients to be proactive in maintaining recovery.

Psychiatric. The presence of co-occurring psychiatric disorders is the expectation rather than the exception. After a patient has relapsed, we strongly emphasize re-evaluating whether unaddressed mood, anxiety, or psychotic symptoms have contributed to the relapse.

Social. Relapse does not occur within a vacuum. Social issues clearly impact one's ability to abstain from substances. A clinician who assesses a patient's social milieu (eg, finances, friends, and employment) and social skills (eg, ability to communicate, ask for help, and assertively say no) likely will be able to identify key factors that led to relapse.

Empowerment. Resuming recovery is based on hope, cultivation of a healthy self-esteem, and sense of control over one's life. After a relapse, strive to use a person-centered, strength-based approach that supports the patient's commitment to change and self-determination.

Reference

1. Hales RE, Yudofsky SC. Essentials of clinical psychiatry. 2nd ed. Arlington, VA: American Psychiatric Publishing Inc.; 2004:149.

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