

Sense of coherence and motivation for treatment in patients with alcohol dependence



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Background: Alcohol dependence is a harmful factor influencing personal and public health as well as social life; therefore, it raises the need of successful treatment [1]. Motivation for treatment is one of the main aspects determining therapeutic success in patients with alcohol dependence [2]. Sense of coherence is an attitude towards life helping to deal with stressful situations of life and disorder [3]. The links between motivation for treatment and sense of coherence in alcohol dependent patients might be significant prognostic factor and improvement indicator.

The aim of the study was to evaluate the relationship between motivation for treatment and sense of coherence in patients with alcohol dependence.

Methods: 102 patients (74 men and 28 women, age 42.7±11.30 years) diagnosed with alcohol dependence (F10.2; ICD-10) treated at Kaunas Center of Addiction Diseases participated in the study. The survey was carried out 14–16 days after termination of alcohol use. Motivation for treatment was assessed using University of Rhode Island Change Assessment Scale (URICA), which consists of 32 statements evaluated from 1 to 5 points according to Likert scale. The analysis involves the following components of motivation for treatment: precontemplation (P), contemplation (C), actions (A), and maintenance (M). Motivation score was calculated using the formula: (C+A+M)–P. Sense of coherence was assessed using A. Antonovsky sense of coherence scale that consists of 13 questions, total score 13–91. The 3 subscales of the questionnaire are related to 3 components: comprehensibility (COM), manageability (MAN) and meaningfulness (MEA).

Results: The motivation for treatment in total patients' group was ranked as unstable positive (total score 10.9±1.61); the P score (negative component) was 1.9±0.66 (low); C score – 4.4±0.39, A score–4.3±0.45 and M score – 4.0±0.58 (all 3 positive components – high).

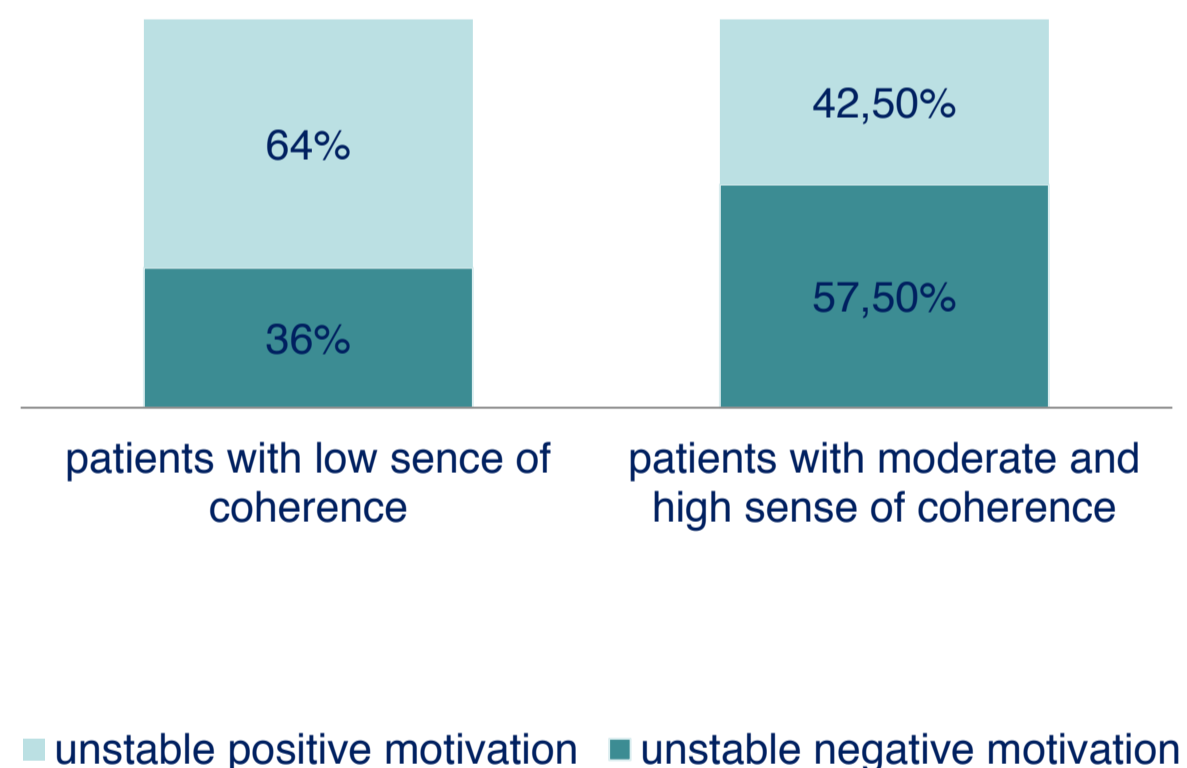
51 patients (50%) demonstrated unstable negative motivation (9.9±0.74), 47 patients (46.08%) – unstable positive motivation (12.3±0.75), 4 patients (3.92%) – stable negative motivation (6.9±0.75). No subjects were evaluated as having stable positive motivation for treatment. The sense of coherence level in total patients' group was ranked as moderate (54.6±11.21); COM score was 18.6±5.39, MAN score was 17.0±4.30 and MEA score was 19.0±4.27. 28 (27.5%) patients had low sense of coherence, 48 (47.06%) – moderate and 26 (26.49%) – high.

We evaluated groups of patients with moderate/high sense of coherence level vs low level, and unstable positive motivation for treatment vs unstable negative motivation. 4 patients with stable negative motivation were excluded and the data of 98 patients was analyzed.

- Motivation for treatment in patients with low sense of coherence was unstable positive in 64.00% of cases, whereas in patients with moderate/high sense of coherence – in 42.47% of cases ($\chi^2=3.5$; $p=0.06$).
- Negative correlation was detected between comprehensibility (COM) as a component of the sense of coherence and considerations (C) as a motivation subscale component ($r=-0.2$, $p<0.05$).
- No other correlations between components of the sense of coherence and motivation for treatment were detected.

Correlation between sense of coherence and motivation for treatment in alcohol dependent patients

$\chi^2=3,5$, $p=0,06$, OR =2,4



Conclusions:

- Overall motivation for treatment in patients with alcohol dependence was unstable-positive.
- Overall sense of coherence of alcohol dependent patients was moderate.
- Patients with lower sense of coherence demonstrate a tendency to have more positive motivation for treatment. Higher comprehensibility in the sense of coherence was related to the lower considerations in motivation for treatment.

1. Silva J.V., Castro V.D., Laranjeira R., Figlie N.B. 2009. High mortality, violence and crime in alcohol dependents: 5 years after seeking treatment in a Brazilian underprivileged suburban community. *Rev Bras Psiquiatr* 34, 135–42.
2. Field C.A., Adinoff B., Harris T.R., Ball S.A., Carroll K.M., 2009. Construct, concurrent and predictive validity of the URICA: data from two multi-site clinical trials. *Drug Alcohol Depend* 101, 115–23.
3. Mittelmark M.B., Bull T. 2013. The salutogenic model of health in health promotion research. *Glob Health Promot* 20, 30–8.

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Conclusions:

- Overall motivation for treatment in patients with alcohol dependence was unstable-positive.
- Overall sense of coherence of alcohol dependent patients was medium.
- Patients with lower sense of coherence demonstrate a tendency to have more positive motivation for treatment. Higher comprehensibility in the sense of coherence was related to the lower considerations in motivation for treatment.

1. Silva J.V., Castro V.D., Laranjeira R., Figlie N.B. 2009. High mortality, violence and crime in alcohol dependents: 5 years after seeking treatment in a Brazilian underprivileged suburban community. *Rev Bras Psiquiatr* 34, 135–42.

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Keywords

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Motivation for treatment

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