

## Nutritional care approaches and outcomes of health care professionals managing alcohol withdrawal patients post hospital discharge: a scoping review

H. Mozejko<sup>1</sup>, A.-T. McMahon<sup>1</sup>, C. McLean<sup>2</sup> and S. Grafenauer<sup>3</sup>

<sup>1</sup>School of Medicine, Indigenous and Health Sciences, University of Wollongong, Wollongong, NSW, Australia,

<sup>2</sup>Nutrition and Dietetics Department, St George Hospital, Kogarah, NSW, Australia and

<sup>3</sup>Faculty of Medicine and Health, University of New South Wales, Randwick, NSW, Australia

Alcohol use disorder (AUD) is highly prevalent in Australia.<sup>(1)</sup> However, best practice management of AUD in the community post discharge from hospital is not well articulated in the literature. In particular, given the harmful effects excessive alcohol consumption has on nutritional status there is a need to identify what approaches are being utilised in managing this vulnerable group.<sup>(2)</sup> Hence the aim of this scoping review was to identify the current approaches and outcomes with respect to nutritional care as identified by the Nutrition Care Process Model (NCPM) for patients discharged from hospital post alcohol withdrawal. This scoping review was registered with OpenScience Framework (<https://doi.org/10.17605/OSF.IO/7NQAT>). The following databases were searched using key words: PubMed, CINAHL, Web of Science and Scopus. Articles included were published between January 1995 and April 2022. Eligible articles were screened independently by pairs of reviewers, and consensus was reached across pairs to provide inter-rater and inter-consensus reliability. Screening and data extraction was conducted using Covidence by reviewers HM, ATM, CM, SG. Fourteen articles were eligible for inclusion. Approaches to nutritional care was identified based on the intervention utilised and in comparison to the NCPM.<sup>(3)</sup> Key findings were screening for nutrition related problems and anthropometry measures were the most evaluated ( $n = 10$ ), whereas practices of referral providing continuum of care were highlighted in only a minority of studies ( $n = 3$ ). Education interventions included Motivational Interviewing and cognitive behavioural therapy sessions<sup>(4)</sup> ( $n = 7$ ). Few studies ( $n = 4$ ) which combined harm-reduction counselling with nutritional approaches and education interventions showed significant improvement ( $p < 0.05$ ) in outcome measures of nutritional care. This was measured through the improvement in nutritional status (positive eating habits, decrease in nutrition-related impact symptoms, and WHO Quality of Life (QoL) health and physical domains). Limitations include varying aims of analysis and a paucity of information in this area. There is a need for further studies to be completed in this area to understand the nature of this complex issue and recommend effective strategies to improve health outcomes for individuals and populations.

### References

1. Haber PS, Riordan BC & Morley KC (2021) *Med J Aust* **215** (7), 315–316.
2. World Health Organization (2018) *Global status report on alcohol and health*. Geneva: WHO.
3. Lacey K & Pritchett E (2003) *J Am Diet Assoc* **103** (8), 1061–1072.
4. Riper H, Andersson G, Hunter SB, *et al.* (2014) *Addiction* **109** (3), 394–406.