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STOPPING THE PRESCRIPTION OF DISULFIRAM ON AN EVIDENCE BASED MEDICINE DECISION: THE PERCEPTION OF GENEVA'S ADDICTOLOGY CAREGIVERS

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Objectives: The only randomized trial comparing the efficacy of disulfiram against placebo showed no differences in recovery time of alcohol consumption or total abstinence. Moreover, even if the potentially dangerous side effects are rare, their risks overcome the hypothetical benefits. Therefore, in December 2007 the division of addictology, department of psychiatry, decided to stop Disulfiram prescription. The healthcare team's perception of this decision was monitored.

Methods: An auto questionnaire (31 questions) was administered to the healthcare team in June 2009 for a 3 month period evaluating their perception of the utility of Disulfiram and of the pertinence of the decision.

Results: Demographics: 55 participants (response rate 61.1%), 54.1% women, age (M = 43.7).

Professions: 54.8% nurses, 30.6% MD, 9.7% social workers, 4.8% psychologists.

78.7% participants already worked in the team in December 2007.

54.6% didn't agree to stop Disulfiram prescription. While 72.2% think that the decision is based on evidence based medicine, 69.1% think that Disulfiram works because of the context of administration and 69.1% think it works because of the fear generated by its effects, 75.5% still believe that Disulfiram is useful for some patients (76.8% at the time of the decision).

Conclusions: Despite the fact that aversive treatments in addictology have failed to demonstrate an efficacy through EBM, the perception of its utility is still strong in caregivers. While most of them admit that it works mainly through psychological constraints, they don't support the fact that EBM could generate a practice change such as stopping Disulfiram prescription.