Follow up studies offer vital information regarding course and outcome of any illness and throw light on therapeutic efficacy. Such studies, although fraught with difficulties, are indispensable in psychiatry. O'Connor and Daly (1985, 1986) in their reports of a follow up study of alcoholics opined that unless a high percentage of follow up group is traced effectively, the results of long term follow up studies must be suspect.

It has been observed that alcoholics are especially difficult to follow up, primarily on account of their increased geographic mobility and their reluctance to reveal that they have resumed drinking. In forty one inpatient studies, patients lost to follow up ranged from 0 to 65.8% (Baekland et al. 1975). Studies on treatment and outcome of alcoholics from India are few, and lack emphasis on the methods employed to contact the patients (Venkoba Rao et al. 1981, Bagadia et al. 1982, Sharma 1984).

Tracing techniques are the methods employed to contact patients lost to routine follow up. There is, as yet, no literature regarding the use of tracing techniques in the follow up of alcoholic patients from India. What follows is a description of the tracing techniques employed in the follow up of alcoholic patients (Desai 1986).

Material and Methods

Forty six cases of alcohol dependence, who were part of an ongoing project on Alcoholism, hailing from Bangalore city, constituted the sample for this study on outcome of alcoholism. The techniques enumerated below were used serially, each one being employed when the earlier yielded no result. Patients who did not report for routine follow up visits to the outpatient department were taken up for this exercise.

1. Postal reminders were despatched twice to the two addresses available in the case file to all these patients.

2. Telephone calls were made whenever possible.

3. Home visits were planned and carried out.

4. The help of local agencies, e.g., clinics of general practitioners, shops, police stations, post office, liquor shops was sought when there was a difficulty in locating the patient's residence during home visits.
TRACING TECHNIQUES IN FOLLOW UP OF ALCOHOLICS

Table 1

| Success with each tracing technique | No. | Percentage |
|------------------------------------|-----|------------|
| Tracing not required                | 8   | 17         |
| 1. Response to letters              | 3   | 6.5        |
| 2. Telephonic enquiries             | 2   | 4          |
| 3. Home visits                      | 20  | 44         |
| 4. Home visits with help of local agencies | 3 | 6.5 | |
| Total                               | 46  | 100        |

Results

Eight patients (17%) came for routine follow up. Tracing techniques were required for the follow up of the remaining thirty eight patients, and were used serially. The success rate with each of these is shown in the Table.

Twenty eight patients who failed to attend the follow up clinic were successfully traced by the techniques enumerated, enhancing the follow up rate to 78% (mean follow up period of 17.2 months). Thus it was possible to reduce the proportion of patients lost to follow up from 83% to 22%.

Home visits were made by the team members, and in most cases, patients and their families were pleased to be called upon and readily answered the queries posed. Help from local agencies was sought in three cases. Liquor shops were particularly useful in tracing patients hailing from low socioeconomic groups.

Tracing these patients who were lost to follow up posed several difficulties. Some of the important handicaps which made the task difficult and in some cases unsuccessful are highlighted. They include a lack of correct postal address, change of residence during the follow up period, moving out of the city, change in house numbers by the Corporation. Lack of knowledge about the patient’s occupation also proved a hindrance in some cases, especially when there were more than one individual in the locality with the same name. On occasion, having to discern the whereabouts of a patient from liquor shops was embarrassing on account of public curiosity and our reluctance to reveal the purpose of the visit or the patient's drinking problem. In five instances, circumstantial evidence suggested that the patients had intentionally provided an incorrect address at the time of hospitalization. One person refused to co-operate for the interview even when traced. It is possible that the urban nature of the localities visited made tracing more difficult. Similar experience had been reported earlier from this centre (Issac and Kapur 1986).

Discussion

It is important to note that the tracing techniques employed, especially the home visits, enhanced the follow up rate by 61%. Some of the reasons for tracing technique not having yielded total success have already been highlighted. They include the problem of increased mobility and lack of clarity of address which have been cited in earlier studies at length (Sharma 1984).

Maintaining confidentiality about patient’s problem and the purpose of our visit posed difficulties, especially when the help of local agencies was sought. This ethical issue has also been earlier highlighted (Wing 1981). An attempt to maintain confidentiality to the maximum extent possible was made in this study.

The cost efficacy of such tracing techniques undoubtedly merits consideration. It must be pointed out, however, that these techniques not only increased the follow up rate by 61% but were also very satisfying for the team members, in obtain-
ing information about the patients. The authors believe that tracing techniques are invaluable tools in follow up, especially of alcoholic patients. The difficulties encountered can be overcome by ensuring, at the time of inclusion in the study, a complete, accurate address, possibly with important landmarks which would help in easy location, telephone numbers when available, and alternative means of contacting the patients.

This experience is reported with the hope that it will stimulate interest in tracing techniques and their refinement, in order to improve follow up rate. It is hoped that our experience will help to focus clinicians' and researchers' attention on the study of course and outcome not merely in the field of alcohol and drug abuse, but also in the field of mental health in general.

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