

Molecular Psychiatry

Volume 6

Supplement 1

February 2001

Increasing retention rates among the chemically dependent in residential treatment: auriculotherapy and subluxation-based chiropractic care

Jay M. Holder^{1,2,4}, Robert C. Duncan³, Matthew Gissen⁴, Michael Miller⁴, and Kenneth Blum^{1,5,6}

¹ American College Of Addictionology & Compulsive Disorders, Miami Beach, FL., ² Parker College of Chiropractic, Dallas, Tx, ³ University of Miami School of Medicine, Miami, FL., ⁴ Village/Exodus Addiction Treatment Center, Miami, FL. ⁵ University of North Texas, Denton, Tx. and ⁶ Path Medical Foundation, NY.

A randomized study of auriculotherapy versus a capsule placebo group was carried out in a residential setting among 66 residential polysubstance abusing patients (an example of "Reward Deficiency Syndrome [RDS]"). In addition to the traditional points, the Limbic system, Brain, and Zero points were incorporated in the acupuncture group. Using multivariate logistic regression, patients who completed at least 10 days of auriculotherapy and did not receive intercurrent medications were more likely to complete the 30-day residential program than were patients in the comparison group (odds ratio=9.68, $p=0.026$). In addition, a randomized, placebo controlled, single blind study utilizing subluxation-based chiropractic care (Torque Release Technique) was implemented in the same residential setting. Three groups were randomized: active treatment comprising daily adjustments to correct vertebral subluxations using the Integrator adjusting instrument to deliver a set amount of force and direction with an audible click; a placebo treatment utilizing the same instrument but set to deliver zero force with no direction while maintaining the audible click; and a usual care group who followed the general policies of the residential program. The chiropractic and usual care groups each had 33 subjects while the placebo group had 32 subjects. All of the Active group completed the 28-day program, while only 24 (75%) of the Placebo group and 19 (56%) of the Usual Care group completed 28 days. These completion rates are significantly different than that for the Active group ($p<0.05$). A Kaplan-Meier survival analysis showed that the probability of retention in the Placebo and Usual Care groups was less than that for the Active treatment group (Log Rank Test, $p<0.001$). At four weeks the Spielberger State Anxiety scores were 32.0 ± 1.6 for the Active group, 42.5 ± 3.0 for Placebo group, and 33.1 ± 3.7 for the Usual Care group. The Active and Placebo groups were significantly different at four weeks ($p<0.05$), with the Active group showing a significant decrease in anxiety (19.0 ± 2.2 , $p<0.001$) while the Placebo group showed no decrease in anxiety (2.3 ± 2.9 , ns). Among the Active treatment group only 9% made one or more visits to the Nurse, while 56% of the Placebo groups ($p<0.001$ compared to Active) and 48% ($p<0.002$ compared to Active) made such visits. In summary, these modalities show significant promise for increasing retention of RDS patients in the residential setting and warrants further study.