

# Døve i avhengighetsbehandling

Notat

Litteratursøk med sortering

August 2010

 kunnskapssenteret

**Bakgrunn:** Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Klinikk Psykisk Helse og Avhengighet, Oslo Universitetssykehus, å finne all type forskning om avhengighetsbehandling for pasienter som er døve eller som har nedsatt hørsel. **Metode:** Vi utarbeidet et systematisk litteratursøk. Det ble søkt i Embase, Cochrane Library og Medline i juli 2010. To av forfatterne gikk uavhengig av hverandre gjennom identifiserte publikasjoner/referanser og vurderte relevans i forhold til inklusjonskriteriene. **Resultater** Vi identifiserte 749 publikasjoner/referanser. Ut fra inklusjonskriteriene ble 20 vurdert som mulig relevante for problemstillingen. Vi sorterte de 20 inkluderte referansene som hadde mange ulike forskningstilnærminger i følgende kategorier: • 9 pasientkartlegginger (karakteristikker og opplevelser til pasienter) • 2 behandlingsutfall (1 kasuistikk og 1 før-etter-survey) • 3 litteraturgjennomgang/diskusjonsartikler • 6 referanser hadde uklart eller manglende sammendrag.

(fortsetter på baksiden)

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Notat: ISBN 978-82-8121-363-0

**August 2010**

 kunnskapssenteret

*(fortsettelsen fra forsiden)*

**Tittel** Døve i avhengighetsbehandling – Litteratursøk med sortering  
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**ISBN** 978-82-8121-363-0  
**Notat** August 2010  
**Prosjektnummer** 927  
**Publikasjonstype** Litteratursøk med sortering  
**Antall sider** 15 (16 med vedlegg)  
**Oppdragsgiver** Oslo universitetssykehus, klinikk psykisk helse og avhengighet  
**Nøkkelord** Avhengighet, helseeffekt, litteratursøk, døve  
**Sitering** Dalsbø TK, Ringerike T, Smedslund G: Døve i avhengighetsbehandling – Litteratursøk med sortering. Notat 2010. Oslo: Nasjonalt kunnskapssenter for helsetjenesten, august 2010.

Nasjonalt kunnskapssenter for helsetjenesten fremskaffer og formidler kunnskap om effekt av metoder, virkemidler og tiltak og om kvalitet innen alle deler av helsetjenesten. Målet er å bidra til gode beslutninger slik at brukerne får best mulig helsetjenester. Senteret er formelt et forvaltningsorgan under Helsedirektoratet, uten myndighetsfunksjoner. Kunnskapssenteret kan ikke instrueres i faglige spørsmål.

I dette prosjektet ønsker Kunnskapssenteret å takke  
Forskningsbibliotekar, Marte Ødegaard, Helsedirektoratet og Fagsjef Berge-Andreas Steinsvåg, Oslo universitetssykehus for å ha bidratt med sin ekspertise.

Nasjonalt kunnskapssenter for helsetjenesten  
Oslo, august 2010

# Sammendrag

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Klinikk Psykisk Helse og Avhengighet, Oslo Universitetssykehus, å finne all type forskning om avhengighetsbehandling for pasienter som er døve eller som har nedsatt hørsel.

## Metode

Vi utarbeidet et systematisk litteratursøk. Det ble søkt i Embase, Cochrane Library og Medline i juli 2010. To av forfatterne gikk uavhengig av hverandre gjennom identifiserte publikasjoner/referanser og vurderte relevans i forhold til inklusjonskriteriene.

## Resultater

- Vi identifiserte 749 publikasjoner/referanser. Ut fra inklusjonskriteriene ble 20 vurdert som mulig relevante for problemstillingen.

Vi sorterte de 20 inkluderte referansene som hadde mange ulike forskningstilnæringer i følgende kategorier:

- 9 Pasientkartlegginger (karakteristikker og opplevelser til pasienter)
- 2 behandlingsutfall (1 kasuistikk og 1 før-etter-survey)
- 3 litteraturgjennomgang/diskusjonsartikler
- 6 referanser hadde uklart eller manglende sammendrag.

Døve i  
avhengighetsbehandling

Hva slags rapport er dette?

**Litteratursøk med sortering**  
Litteratursøk med sortering er resultatet av å søke etter relevant litteratur ifølge en søkestrategi og sortere denne litteraturen i grupper.

Hva er inkludert?

- 20 publikasjoner/referanser

Hvem står bak denne rapporten?

Nasjonal kunnskapssenter for helsetjenesten på oppdrag fra Klinikk Psykisk Helse og Avhengighet, Oslo universitetssykehus

Når ble den laget?

Søk etter studier ble avsluttet juli 2010

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# Executive summary

The Norwegian National Knowledge Centre for the Health Services was requested by Oslo University Hospital, Klinikk Psykisk Helse og Avhengighet, to perform a literature search. The commission was to find research publications about deaf or hearing impaired addicts in addiction or drug abuse treatment. We searched Medline, Embase and the Cochrane Library in July 2010 and found 1135 research references. After removal of duplicates there were 749 references. Two authors, independently, judged the material in accordance with the predefined inclusion criteria. Twenty references were included. No quality assessment or data extraction was performed.

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# Innhold

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# Forord

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Oslo universitetssykehus, klinikk psykisk helse og avhengighet, å utføre et systematisk litteratursøk med påfølgende sortering av forskningspublikasjoner om døve i avhengighetsbehandling.

Prosjektgruppen har bestått av:

- Prosjektleder/seniorrådgiver Therese Kristine Dalsbø, Kunnskapssenteret
- Forskningsbibliotekar, Marte Ødegaard, Helsedirektoratet
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I en full kunnskapsoppsummering ville vi videre innhentet artiklene i fulltekst for endelig vurdering opp mot inklusjonskriteriene. Inkluderte studier ville blitt kvalitetsvurdert i henhold til våre sjekklister. Resultater ville blitt sammenstilt, gradert og diskutert.

Det er grunn til å tro at enkelte av referansene ikke omhandler studier av god kvalitet. Videre er det grunn til å mistenke at flere av referansene omhandler samme studie. Siden vi ikke har innhentet studiene det refereres til i fulltekst kan vi ikke vite det med sikkerhet. Vi kan heller ikke si noe om kvaliteten, overførbarheten eller troverdigheten til studiene uten å ha lest dem og vurdert dem. Det kan hende at andre kilder slik som eksperter og websider vil kunne gi ytterligere relevante referanser.

Gro Jamtvedt  
*Avdelingsdirektør*

Geir Smedslund  
*Fungerende forskningsleder*

Therese Kristine Dalsbø  
*Prosjektleder*

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# Innledning

Vi har utført et systematisk litteratursøk. Vi har gjennomgått søkeresultatet og sortert ut ikke-relevante artikler i henhold til predefinerte inklusjonskriterier. Dette gjorde vi på basis av tittel, eventuelt også sammendrag der de var tilgjengelige. Artiklene ble ikke innhentet i fulltekst. Siden vi ikke leste artikler i fulltekst, kan vi ha inkludert titler som er irrelevante ved gjennomlesning av referansene i fulltekst. Artikler kan også være irrelevante på grunn av dårlig kvalitet. Vi gjennomførte ingen kvalitetsvurdering av artiklene. Resultatene fra søket i sin helhet ble også overlevert oppdragsgiver.

Vi benyttet kun elektroniske databaser for identifisering av litteratur. Andre måter å identifisere studier på som søk i referanselister, kontakt med eksperter på fagfeltet og upublisert litteratur ble ikke utført i dette oppdraget. Vi erkjenner at vi derfor kan ha gått glipp av potensielt relevant forskning.

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## PROBLEMSTILLING

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Hva finnes av forskning om behandling av døve som er avhengige av spill og/eller rusmidler?



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# Metode

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## LITTERATURSØK

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Vi søkte systematisk etter litteratur gjennom Ovid i følgende databaser:

- Embase
- Medline
- Cochrane Library

Forskningsbibliotekar Marte Ødegaard planla og utførte samtlige søk i samarbeid med prosjektleder. Den fullstendige søkestrategien er presentert i vedlegg 1. Vi la bestillingen til grunn ved utarbeiding av litteratursøket og søkte etter alle typer forskningslitteratur som oppfylte våre inklusjonskriterier. Søkene ble utført i juli 2010.

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## INKLUSJONSKRITERIER

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|                                 |  |
|---------------------------------|--|
| <b>Studiedesign</b>             | Ikke spesifisert   |
| <b>Populasjon:</b>              | Døve eller hørselshemmede med en eller annen form for avhengighet til spill (gambling) og/eller (illegale) rusmidler |
| <b>Tiltak (intervensjon):</b>   | All type avhengighetsbehandling  |
| <b>Utfall:</b>                  | Ikke spesifisert   |
| <b>Setting: (hvis relevant)</b> | Ikke spesifisert   |
| <b>Språk: (hvis relevant)</b>   | Ikke spesifisert   |

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## ARTIKKELUTVELGING

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Vi gikk gjennom alle titler og sammendrag for å vurdere relevans i henhold til inklusjonskriteriene. Vurderingene ble gjort av to personer uavhengig av hverandre og sammenlignet i etterkant. Der det var uenighet om vurderingene, ble inklusjon eller eksklusjon avgjort ved konsensus. Utvelgelse av litteratur ble kun gjort basert på tittel og sammendrag der de var tilgjengelige. Vi bestilte ikke artiklene i fulltekst.

# Resultat

Søket ble utført 30/7-2010 og resulterte i 1135 referanser. Etter dublettkontroll satt vi igjen med 749 referanser. Vi vurderte 20 av de identifiserte referansene til å være mulig relevante i henhold til inklusjonskriteriene.

De 20 mulig relevante referansene er listet opp i referanselisten. Halvparten av referansene var publisert i årene mellom 2000 og 2010. Fire var publisert på 1990-tallet og de resterende 6 var publisert mellom 1978 og 1988.

Vi grupperte de 20 inkluderte referansene i følgende kategorier:

1. 9 Pasientkartlegginger (diagnostikk, viktigmisering, karakteristikk, behov)
2. 2 behandlingsutfall (1 kasuistikk og en før-etter survey)
3. 3 litteraturgjennomgang/diskusjon
4. 6 referanser hadde uklart eller manglende sammendrag.

I tabellen nedenfor er referansene listet opp.

Detaljert informasjon og sammendrag der det er tilgjengelig tilhørende hver referanse er tilgjengelig i avsnittet "Referanser" til slutt i dette notatet.

| <b>Referanse</b> | <b>Gruppe</b> | <b>Studiets formål og datainnsamling</b>                 |
|------------------|---------------|--|
| Landsberger 2010 | 1             | Diagnostikk, arkivdata                                   |
| Titus 2010       | 1             | Viktigmiseringsopplevelser, inntaksdata                  |
| West 2009        | 1             | Andel funksjonshemmede, saksmapper                       |
| Du 2008          | 1             | Pasientkarakteristikk, saksmapper                        |
| Titus 2008       | 1             | Pasientkarakteristikk, inntaksdata                       |
| Moore 2007       | 1             | Pasientkarakteristikk, saksmapper                        |
| Alvarez, 2006    | 4             | Uklart ut fra sammendraget                               |
| Moore 2006       | 1             | Pasientkarakteristikk, saksmapper                        |
| Haskins 2004     | 1             | Diagnostikk og pasientkarakteristikk, arkivdata og kasus |
| Guthmann 2001 *  | 2             | Behandlingsutfall, før-etter-survey                      |
| Vernon 1999      | 3             | Litteraturgjennomgang                                    |
| Guthmann 1998    | 3             | Litteraturgjennomgang, verktøy, kasus                    |
| Rendon 1992      | 1             | Diskusjon om problem, behov og program                   |
| Whitehouse 1991  | 3             | Litteraturgjennomgang og anbefalninger                   |

|                 |   |                          |
|-----------------|---|--------------------------|
| Finton 1988     | 4 | Manglende sammendrag     |
| Larson 1988 *   | 2 | Behandlingsutfall, kasus |
| Inpatient 1983^ | 4 | Manglende sammendrag     |
| Jorgensen 1982  | 4 | Manglende sammendrag     |
| McCrone 1982    | 4 | Manglende sammendrag     |
| Beam 1978       | 4 | Manglende sammendrag     |

\* effekt av behandlingsforskning, ^ ukjent forfatter,

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# Referanser

Landsberger SA, Diaz DR. Inpatient psychiatric treatment of deaf adults: demographic and diagnostic comparisons with hearing inpatients. *Psychiatr Serv* 2010;61(2):196-9.

Ref ID: 5

Abstract: OBJECTIVE: This study examined the diagnostic and clinical features of deaf psychiatric inpatients. METHODS: Archival clinical data for deaf and hard-of-hearing adults (N=30) were compared with data for a random sample of hearing adults (N=60) admitted to a state psychiatric hospital from 1998 to 2008. RESULTS: Significant differences were found between deaf and hearing inpatient groups in the frequency of impulse control disorders (23% versus 2%), pervasive developmental disorders (10% versus 0%), substance use disorders (20% versus 45%), mild mental retardation (33% versus 3%), and personality disorders (17% versus 43%). The deaf group had a larger proportion with diagnoses of psychotic disorder not otherwise specified (17% versus 2%). Deaf inpatients had longer hospitalizations than hearing inpatients (17 months versus ten months). CONCLUSIONS: Clinicians working with the underserved, understudied population of deaf and hard-of-hearing psychiatric inpatients should be aware of the cultural and linguistic differences in assessment and treatment and make efforts to modify their approach

Titus JC. The nature of victimization among youths with hearing loss in substance abuse treatment. *Am Ann Deaf* 2010;155(1):19-30.

Ref ID: 3

Abstract: The author profiles the prevalence, severity, and characteristics of victimization among a group of youths with hearing loss presenting to substance abuse treatment. Intake data on 111 deaf and hard of hearing youths (42% female) were analyzed and compared with data from a weighted, gender-matched sample of hearing youths. After gender is controlled, results indicate that the hearing loss group reported more widespread, more severe abuse than that reported by their hearing peers. Physical abuse and weapon attacks were significantly more prevalent among the deaf and hard of hearing youths, while no differences in sexual or emotional abuse were observed. Youths with hearing loss also reported increased rates of abuse by a trusted person and abuse that made them fear for their lives. Substance abuse treatment of deaf and hard of hearing youths should include routine assessment of victimization and trauma-informed methods

West SL, Graham CW, Cifu DX. Rates of persons with disabilities in alcohol/other drug treatment in Canada. *Alcoholism Treatment Quarterly* 2009;27(3):253-64.

Ref ID: 625

Abstract: This study assessed the presence of persons with disabilities (PWDs) in a nationally representative sample of substance abuse treatment facilities in Canada. A stratified sample of 43 treatment centers in each of the 13 provinces and territories provided details of the number of PWDs in their caseloads during the year prior to survey. Findings indicate that, as a group, PWDs represented only 10.23% of all clients served during the prior year. PWD participation in treatment was unrelated to either the location or the primary type of service offered by the responding facilities. Given the size of the PWD population in Canada and the likely substance abuse rates by such individuals, this was less than anticipated. Implications for future re-

search are provided

Du WJ, Xiang YT, Wang ZM, Chi Y, Zheng Y, Luo XN, et al. Socio-demographic and clinical characteristics of 3129 heroin users in the first methadone maintenance treatment clinic in China. *Drug Alcohol Depend* 2008;94(1-3):158-64.

Ref ID: 59

Abstract: BACKGROUND: This study aimed to determine the characteristics of heroin users in the first methadone maintenance treatment (MMT) clinic in China. METHODS: In a retrospective chart review, the notes of 3127 heroin users who received both detoxification and MMT at the clinic were analyzed. Their socio-demographic and clinical data were collected, and the frequency of human immunodeficiency virus (HIV), Hepatitis C virus (HCV), and syphilis infections was investigated. RESULTS: The main findings are as follows: (1) 66.5% of the patients were younger than 35 years; (2) 55.1% were married at admission; (3) 32% were non-local residents; (4) the majority had high school level education, a history of smoking and alcohol consumption prior to the initial heroin use, and did not have stable jobs; (5) 28.4% were self-employed; (6) 5.4% of the sample had total hearing loss coupled with loss of speech; (7) 83.4% sniffed heroin or injected it intravenously at the time of admission, but 87.2% had smoked the drug when they first began abusing it; (8) a significant proportion of the patients were infected with HIV, HCV, and syphilis. CONCLUSIONS: Some of the above findings are not consistent with the results of previous studies conducted in Western countries and China. The unique socio-cultural and clinical characteristics of heroin abusers in different regions of China should be considered when MMT services are planned

Titus JC, Schiller JA, Guthmann D. Characteristics of youths with hearing loss admitted to substance abuse treatment. *J DEAF STUD DEAF EDUC* 2008;13(3):336-50.

Ref ID: 55

Abstract: The purpose of this study is to provide a profile of youths with hearing loss admitted to substance abuse treatment facilities. Intake data on 4,167 youths (28% female; 3% reporting a hearing loss) collected via the Global Appraisal of Individual Need-I assessment was used for the analyses. Information on demographics, environmental characteristics, substance use behaviors, and symptoms of co-occurring psychological problems for youths with and without a hearing loss was analyzed via Pearson chi-square tests and effect sizes. The groups reported similar backgrounds and comparable rates of marijuana and alcohol use. However, youths in the hearing loss group reported substance use behaviors indicative of a more severe level of involvement. Across all measures of co-occurring symptoms, youths with hearing loss reported greater levels of distress and were more often victims of abuse. Results of this study will help inform treatment needs of youths with hearing loss and define a baseline for future research

Moore D, Mcaweeney M. Demographic characteristics and rates of progress of deaf and hard of hearing persons receiving substance abuse treatment. *Am Ann Deaf* 2007;151(5):508-12.

Ref ID: 689

Abstract: A LACK OF DEMOGRAPHIC INFORMATION and data related to the achievement of short-term goals during substance abuse treatment among persons who are deaf or hard of hearing dictated the need for the study. New York State maintains a database on all individuals who participate in treatment. Within this database, 1.8% of persons in treatment for substance use disorder (SUD) were also deaf or hard of hearing. As hypothesized, members of the deaf and hard of hearing sample were older, likelier to be white, and likelier to be female, relative to the SUD-only group. For both groups, alcohol, heroin, and cocaine had the highest rates of reported use. Achievement of short-term goals in the areas of alcohol use, drug use, vocational/educational goals, and overall goals indicated no differences between the deaf and hard of hearing group and the SUD-only group. Implications of these findings are discussed

Alvarez J, Adebajo AM, Davidson MK, Jason LA, Davis MI. Oxford House: deaf-affirmative support for substance abuse recovery. *Am Ann Deaf* 2006;151(4):418-22.

Ref ID: 99

Abstract: Deaf individuals seeking substance abuse recovery are less likely to have access to treatment and aftercare services because of a lack of culturally and linguistically specific programs and insufficient information about existing services. Previous research indicates that Oxford House, a network of resident-run recovery homes, serves a diverse group of individuals in recovery. However, research has not addressed the experiences of Deaf Oxford House residents. The present study found no significant differences between Deaf and hearing men living in Oxford House in terms of sense of community and abstinence self-efficacy. However, while most of the hearing participants were employed, none of the Deaf Oxford House members were. The study's findings indicate that Oxford House may be a promising Deaf-affirmative alternative for individuals seeking recovery from substance abuse. However, since Oxford Houses are self-supporting, Oxford Houses designed for the Deaf community may face unique economic challenges

Moore D, McAweeney M. Demographic characteristics and rates of progress of deaf and hard of hearing persons receiving substance abuse treatment. *Am Ann Deaf* 2006;151(5):508-12.

Ref ID: 96

Abstract: A lack of demographic information and data related to the achievement of short-term goals during substance abuse treatment among persons who are deaf or hard of hearing dictated the need for the study. New York State maintains a database on all individuals who participate in treatment. Within this database, 1.8% of persons in treatment for substance use disorder (SUD) were also deaf or hard of hearing. As hypothesized, members of the deaf and hard of hearing sample were older, likelier to be white, and likelier to be female, relative to the SUD-only group. For both groups, alcohol, heroin, and cocaine had the highest rates of reported use. Achievement of short-term goals in the areas of alcohol use, drug use, vocational/educational goals, and overall goals indicated no differences between the deaf and hard of hearing group and the SUD-only group. Implications of these findings are discussed

Haskins BG. Serving deaf adult psychiatric inpatients. *Psychiatr Serv* 2004;55(4):439-41.

Ref ID: 164

Abstract: The unique treatment needs of psychiatric inpatients who are deaf require added dimensions to their care. Because of the scarcity of specialized units for persons who are deaf, descriptions of these treatment needs are infrequent. This study assessed diagnoses and linguistic and cognitive comorbidities in this population. A total of 62 percent of the inpatient sample had major mental illnesses, 58 percent had psychotic illnesses, and 26 percent had a dual diagnosis of a mental disorder and substance use disorder. Case examples illustrate some of the unique characteristics of these patients. The broad reasons for admission are illustrated, as are some of the treatment adaptations made by a specialized unit for deaf persons

Guthmann D, Blozis SA. Unique issues faced by deaf individuals entering substance abuse treatment and following discharge. *Am Ann Deaf* 2001;146(3):294-304.

Ref ID: 216

Abstract: Several barriers can frustrate a deaf individual's intention to enter a substance abuse treatment program. Because few specialized programs work with the Deaf, it is difficult to determine the factors that influence a deaf individual's desire to maintain sobriety following completion of a residential treatment program. A sample of 100 individuals was drawn from the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals, a model hospital-based inpatient treatment program. The study participants were asked to complete pretreatment and post-treatment surveys upon admission and discharge, respectively, in addition to a follow-up survey, to help determine which background factors might be associated with

different treatment outcomes for deaf and hard of hearing persons who completed treatment in the program. Results are presented for the pretreatment and posttreatment assessments, and for the follow-up survey. Study limitations are discussed and recommendations are given for future treatment programs serving deaf and hard of hearing individuals

Vernon M, Daigle-King B. Historical overview of inpatient care of mental patients who are deaf. *Am Ann Deaf* 1999;144(1):51-61.

Ref ID: 255

Abstract: A review of published studies of deaf mentally ill inpatients is reported. While there are conflicts in the findings of some of the studies, several generalizations seem fairly universal across countries and time periods. For example, the data indicate a greater overall prevalence of mental illness in the deaf population than in the general population as a whole, based on the relative number of each group who are patients in psychiatric hospitals. In general, deaf patients have longer hospital stays. Characteristics symptoms leading to hospitalization of deaf people tend to be different from those of hearing patients. It was thought by most investigators that restriction of sign language use in schools was one reason for these differences. For both hearing and deaf inpatients, dual diagnosis (mental illness and substance abuse) is far more common today than in years past. All investigators found frequent misdiagnoses among deaf patients. The paucity of research on deaf inpatients over the last 2 decades is noted

Guthmann D, Sandberg K. Assessing substance abuse problems in deaf and hard of hearing individuals. *Am Ann Deaf* 1998;143(1):14-21.

Ref ID: 272

Abstract: Professionals who provide services to deaf and hard of hearing individuals may encounter situations related to abuse of alcohol and other drugs. Getting access to an agency that can provide an appropriate chemical dependency assessment for a deaf or hard of hearing person is difficult because there are no formalized assessment tools normed or specifically designed to use with such individuals. Additionally, most assessors are unfamiliar with how to work with deaf and hard of hearing people, less likely to be fluent in American Sign Language, and unaware of appropriate treatment options. The present article provides an overview of chemical dependency, assessment issues, and considerations unique to the deaf and hard of hearing population. A chemical dependency assessment tool developed by the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals is described, as well as a case study that illustrates application of the assessment process

Rendon ME. Deaf culture and alcohol and substance abuse. *J Subst Abuse Treat* 1992;9(2):103-10.

Ref ID: 356

Abstract: Alcohol and substance abuse problems are now of concern among persons who are deaf. The problems of cultural influence, prevalence of the problem, and factors contributing to isolation and denial are addressed in this article. In addition, the issues of accessibility and service delivery are explored. Current programs that are accessible and provide alcohol and substance abuse recovery are identified

Whitehouse A, Sherman RE, Kozlowski K. The needs of deaf substance abusers in Illinois. *Am J Drug Alcohol Abuse* 1991;17(1):103-13.

Ref ID: 394

Abstract: A summary is presented of available information regarding the special characteristics and needs of hearing-impaired alcoholics and drug addicts. The various obstacles to this population receiving treatment are seen to be made even more formidable by apparent minimal adherence in the chemical dependency field to the legal mandate that agencies and institutions that receive federal funding must provide services that are accessible to disabled persons. The Illinois Task Force on Substance Abuse Among the Hearing Impaired was established to examine the

needs of this population in Illinois. The results of a needs assessment conducted by the Task Force are summarized. The conclusion is reached that the minimal accessibility of hearing-impaired individuals to substance abuse treatment reported in the literature extends to Illinois as well. The concerns of agencies in attempting to meet the needs of this population are cited. Specific recommendations are made to changes in programming intended to improve the level of substance abuse services accessible to hearing-impaired individuals

Finton K. Programs in Rochester serving alcohol/drug dependent deaf individuals. *Am Ann Deaf* 1988;133(1):3.  
Ref ID: 434

Larson EW, McAlpine DE. Treating the hearing-impaired in a standard chemical dependence unit. *J* 1988;49(4):381-3.

Ref ID: 433

Abstract: Treatment of deaf chemical-dependent patients is considered difficult except in special facilities. We summarize the treatment of three such patients in a standard chemical dependence unit. The deaf patients were involved completely in the unit, with as few concessions as possible made to their deafness. One of the three deaf patients achieved complete sobriety through treatment. However, it was thought that all patients had gained in quality of life and productivity. We recommend techniques to modify standard facilities when specialized programs for deaf patients are unavailable

Inpatient program helps deaf substance abusers. *Hospitals* 1983;57(9):59.

Ref ID: 504

Jorgensen DG, Russert C. An outpatient treatment approach for hearing-impaired alcoholics. *Am Ann Deaf* 1982;127(1):41-4.

Ref ID: 514

McCrone WP. Serving the deaf substance abuser. *J Psychoactive Drugs* 1982;14(3):199-203.

Ref ID: 510

Beam SL, Gant RW, Mecham MJ. Communication deviations in alcoholics; a pilot study. *J* 1978;39(3):548-51.

Ref ID: 552



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# Vedlegg 1 – søkestrategi

Døve og avhengighet: søkestrategier etter forskningspublikasjoner

Kontaktperson/bestiller: Therese Kristine Dalsbø, Kunnskapssenteret

Søk utført av: Marte Ødegaard, Helsedirektoratet

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## DATABASE: OVID MEDLINE(R)

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**Dato:** 30.7.2010, 1950 to July Week 3 2010

**Antall treff:** 610

| Søketermer   | Søkeforklaring                         |
|--|--|
| 1. exp Hearing Disorders/<br>2. Hearing Impaired Persons/<br>3. ((hear\$ adj impair\$) or deaf\$).tw.<br>4. (hard adj hearing).tw.<br>5. (hear\$ adj los\$).tw.<br>6. or/1-5 | Døve, hørselsproblemer, nedsatt hørsel |
| 7. exp Substance-Related Disorders/<br>8. gambI\$.tw. or Gambling/<br>9. (abus\$ or addict\$ or dependenc\$).tw.<br>10. (drug adj problem\$).tw.<br>11. or/7-10              | Avhengighet, misbruk,<br>gambling      |
| 12. 6 and 11   | 610 treff                              |

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## DATABASE: COCHRANE LIBRARY

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**Dato:** 30.7.2010

**Antall treff:** 10

| Søketermer                                       | Søkeforklaring                         |
|--|--|
| 1: MeSH descriptor Hearing Disorders explode all | Døve, hørselsproblemer, nedsatt hørsel |

|   |   |
|---|---|
| <p>trees'</p> <p>2: MeSH descriptor Hearing Impaired Persons<br/>explode all trees</p> <p>3: ((hear? NEAR impair?) or deaf?):ti,ab</p> <p>4: (hard NEAR hearing):ti,ab</p> <p>5: (hear? NEAR los?):ti,ab</p> <p>6:(#1 OR #2 OR #3 OR #4 OR #5)</p>  |   |
| <p>7: MeSH descriptor Substance-Related Disorders<br/>explode all trees</p> <p>8: <a href="#">gamb? :ti,ab</a></p> <p>9: MeSH descriptor Gambling, this term only</p> <p>10: <a href="#">(abus? or addict? or dependenc?):ti,ab</a></p> <p>11: (drug NEAR problem?):ti,ab</p> <p>12: (#7 OR #8 OR #9 OR #10 OR #11)</p> | <p>Avhengighet, misbruk,<br/>gambling</p> |
| <p>13: (#6 AND #12)</p>   | <p>10 treff</p>                           |

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## DATABASE: EMBASE

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**Dato:** 30.7.2010

**Antall treff:** 515

| Søkestermer  | Søkeforklaring                                |
|--|---|
| <p>1. hearing impairment/<br/>2. ((hear\$ adj impair\$) or deaf\$).tw.<br/>3. (hard adj hearing).tw.<br/>4. (hear\$ adj los\$).tw.<br/>5. or/1-4</p>                 | <p>Døve, hørselsproblemer, nedsatt hørsel</p> |
| <p>6. addiction/<br/>7. pathological gambling/<br/>8. gamb\$.tw.<br/>9. (abus\$ or addict\$ or dependenc\$).tw.<br/>10. (drug adj problem\$).tw.<br/>11. or/6-10</p> | <p>Avhengighet, misbruk,<br/>gambling</p>     |
| <p>12. 5 and 11</p>  | <p>515</p>                                    |