A

lcohol is offensive and dirty. Alcohol shows its
dark side in the homeless man crawling into his
sleeping bag under the bridge, in the guy searching
through garbage cans for leftover food. The dark side of
alcohol is nasty. Hannelore Ehrenreich learned that in
the emergency room of the Medizinische Poliklinik,
München (Medical University Hospital, Munich). Hardly
a night goes by without some drunk with unspeciﬁed
pain, epileptic attacks and lacerations being admitted
into her care. Desolate people who’ve fallen over in a
stupor. Some of them she sees over and over again. They
are hardly out the door before they end up back at the
hospital, dead drunk again.

Many of Ehrenreich’s fellow doctors are disgusted by
the disheveled patients and want to get rid of them as
quickly as possible. Some doctors give the troublesome
drunkards another drink – to calm them down when
they get too worked up. They suture their wounds. But
no one wants to know about alcoholism, - and es-
pecially – if the alcoholic turns up in a nice pinstripe
suit. Ehrenreich experiences firsthand that the wide-
spread disease of alcoholism does not stop at social
boundaries. She is shocked by her colleagues’ ignorance
and their verdict that “It’s their own fault.”

The consultant in psychiatry and neurology asks her-
self if it really is only the patients’ own fault they are
sick. Alcoholics are short-tempered and irritable. She
sees that every day. She is convinced that the balance
of stress hormones in the affected individuals is disturbed.
There have been no systematic studies of that so far.
Hannelore Ehrenreich decided to make up for it, going
against those who say you should leave well alone. For
several years, she has dedicated her research work al-
most exclusively to the subject of alcoholism. One of the
things she initiated is a study investigating the link be-
tween alcoholic addiction and the balance of stress hor-
mones.

Today, 14 years later, she has found an answer. And
not only that: as a byproduct of her stress study, Ehren-
reich developed the world’s most successful therapy for
alcoholics: OLITA, which stands for Outpatient Long-
term Intensive Therapy for Alcoholics – a radical treat-
ment for difﬁcult cases, for patients who are too sick to
help themselves. The researcher has put 180 people

Through the OLITA program in almost 10 years, Ehren-
reich shows pictures of the ones who were willing to be
photographed: portraits of women and men with tired,
glasy eyes and bloated, strangely aged faces. Her pa-
tients have an average age of 44 at the start of the ther-
apy. Top academics – still working – are just as common
among them as illiterates and homeless people. More
than 80 percent of them suffer from serious, coexisting
psychiatric diseases such as depression and personality
disorders. Some 13 percent were diagnosed with grave
conditions resulting from alcohol addiction, such as
life-threatening liver cirrhosis.

All of them have already been through several courses
of detoxiﬁcation and therapy – without success. All in
all, the prospects are bleak. But OLITA works. More than
half of the patients remain abstinent through the years.
Other therapies have much lower success rates. Even the
most established methods see more than two-thirds of
patients relapse within the ﬁrst year. OLITA is assumed
to work so well because it is not like conventional ther-
apies, and dispenses with therapeutic dogmas. And also
because it has some unusual beginnings.

When Hannelore Ehrenreich decided in 1993 to conduct
her stress study, her colleagues smirked and said “You’ll
never manage.” At the time, having just returned from a
research residency in the USA, she was working in the
psychiatry and neurology clinics of Georg August Uni-
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Elevated levels of stress hormones are a major cause of the strong tendency to relapse in the early months of alcohol abstinence. The adrenaline levels of recumbent patients were measured on three consecutive days between 7 a.m. and 3 p.m. Note the extremely high levels at the start of abstinence and the fact that the levels are still significantly above those of healthy patients after 12 weeks of controlled abstinence.

Compared with healthy people, the extremely stimulated adrenaline levels among the alcoholics at 7 a.m. are conspicuous: this is the time when the intravenous cannula is inserted.

The concept encountered a huge amount of initial hostility for being too revolutionary. Critics put the fact that no one relapsed once they had passed the three-year mark down to apparent errors in the statistics. To-day, however, OLITA has an outstanding image in professional circles. But its future is still uncertain. For Hannelore Ehrenreich and Henning Krampe, their work is done. “We are practitioners of basic research,” they both say. “Our job is to develop the treatment concept not provide the large-scale treatment. That has to be

on call, during which time he could be contacted by the OLITA patients around the clock for an entire week. Not just during the daily 15-minute therapy sessions, but at night, too, when his pager rested beside him on the nightstand.

The patients called if they were afraid of having a drink too strong. “Even if a phone call can work miracles, simply by talking about the problem,” says Krampe. The therapist and his patients discussed the temptations they could be subjected to on days like Father’s Day — and, most importantly, how they could withstand them. In the first few months, the aim of the sessions was to make the patients feel strong and create a feel-good atmosphere — supportive therapy, they called it. Critical therapeutic questions were not permitted while the patients were feeling easily stressed.

The daily contact and the on-call service gave the patients security in their day-to-day lives. And rotating the therapists also proved beneficial — breaking another taboo. Until OLITA came along, the accepted doctrine was that a single therapist should care for each patient intensively. But rotation has its advantages. The patients work with professionals with different characters, discussing different problems and everyday things with different therapists depending on their personal preferences. In the early days, the focus is on the disease and the controlled administration of deterrent medication. Later, they get help to sort their lives out — looking for a new apartment, dealing with public authorities, debt counseling. “With the therapists’ support, the patients exercise abstinence in various stressful situations until they reach such a state of stability that they can cope with most of the challenges in their lives without needing a drink,” says Henning Krampe.

It is this long-term abstinence that makes OLITA so remarkable. The research project came to an end in 2005. More than half of the patients are still abstinent today — and many of them have been so for more than ten years. The fascinating thing about it is that those patients had a relapse only in the first three years after the start of therapy. After that, no one died. “Through OLITA’s daily abstinence training, the patients learned about a range of situations in which they were at risk of relapsing. That is quite clearly essential for long-term abstinence,” emphasizes Krampe.

interest in OLITA, but no money

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The integrated model already works very well for hip operations, says Kunze. So well that the insurers are even managing to attract new customers. “But alcoholism just can’t shake off its old problem: the negative image. What insurance provider wants to actively market top-notch alcohol therapy to its customers? Private health insurers even completely exclude treatment for addiction.” Nevertheless, Heinrich Kunze remains convinced that the issue of financing OLITA will be an important separate cost centers. They each try to keep their own costs as low as possible,” says Kunze, “even if that means higher costs somewhere else down the line.”

Separating things like that makes no sense for OLITA. A break in the treatment chain would be disastrous. The therapists remain responsible for the patients all the way from detoxification treatment to therapy. In the disconnected system, it is not clear who should pay the costs. The concept of integrated provision represents one way out of the dilemmas, says Kunze. It is a new model for financing medical treatment from a single budget, enshrined in law since 2004: for certain illnesses, hospitals and clinics, or even local doctors, negotiate a total package. Under the system, the patient remains in the care of the same team – such as a clininc, which cooperates with a neighboring rehab center and with independent physiotherapists – for the entire duration of the healing process. The clininc agrees on the budget with the health insurer and thereby assumes overall responsibility for the patient.

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The heads of OLITA: Hannelore Ehrenreich and Henning Krampe developed the therapy and are now looking for a way to establish the concept.