Differences between general practitioners groups with different attitudes towards drinkers

A post-hoc study of the ODHIN WP4 project in Portugal

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Differences between general practitioners groups with different attitudes towards drinkers

- Evidence suggests groups of GPs based on attitudes towards drinkers

- Training increases SBI rates if GPs are role secure and therapeutically committed

- Negative impact of training on GPs with low role security and therapeutic commitment

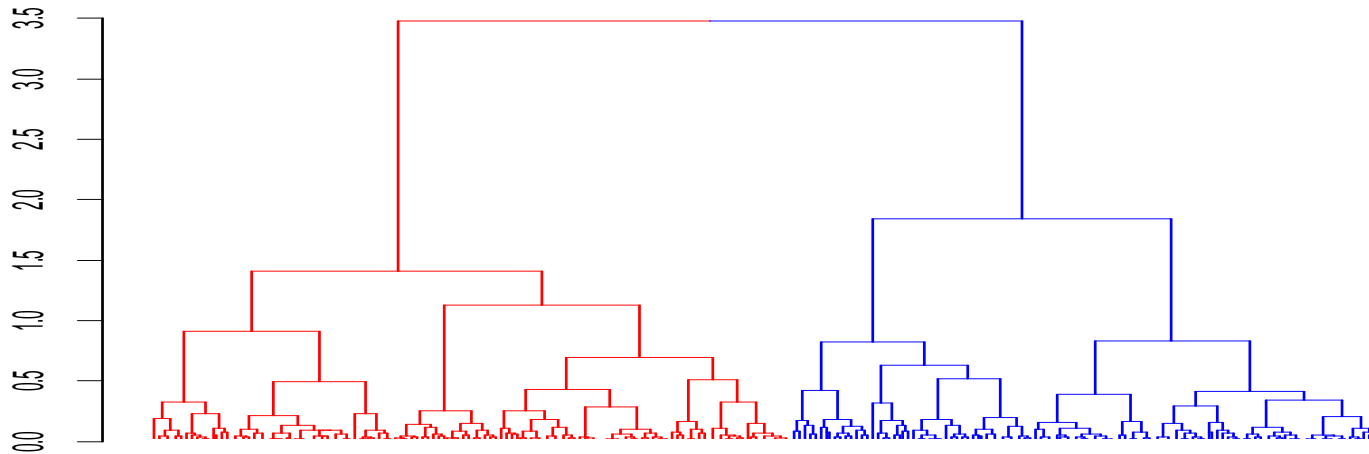Anderson *et al.* Alcohol Alcohol 2004;39(4):351–6

Sabadini *et al.* Drug Alcohol Rev. 2010;29(6):655–61

Roche *et al.* Sot. Sci Med. 1991; 33(9):1053-61

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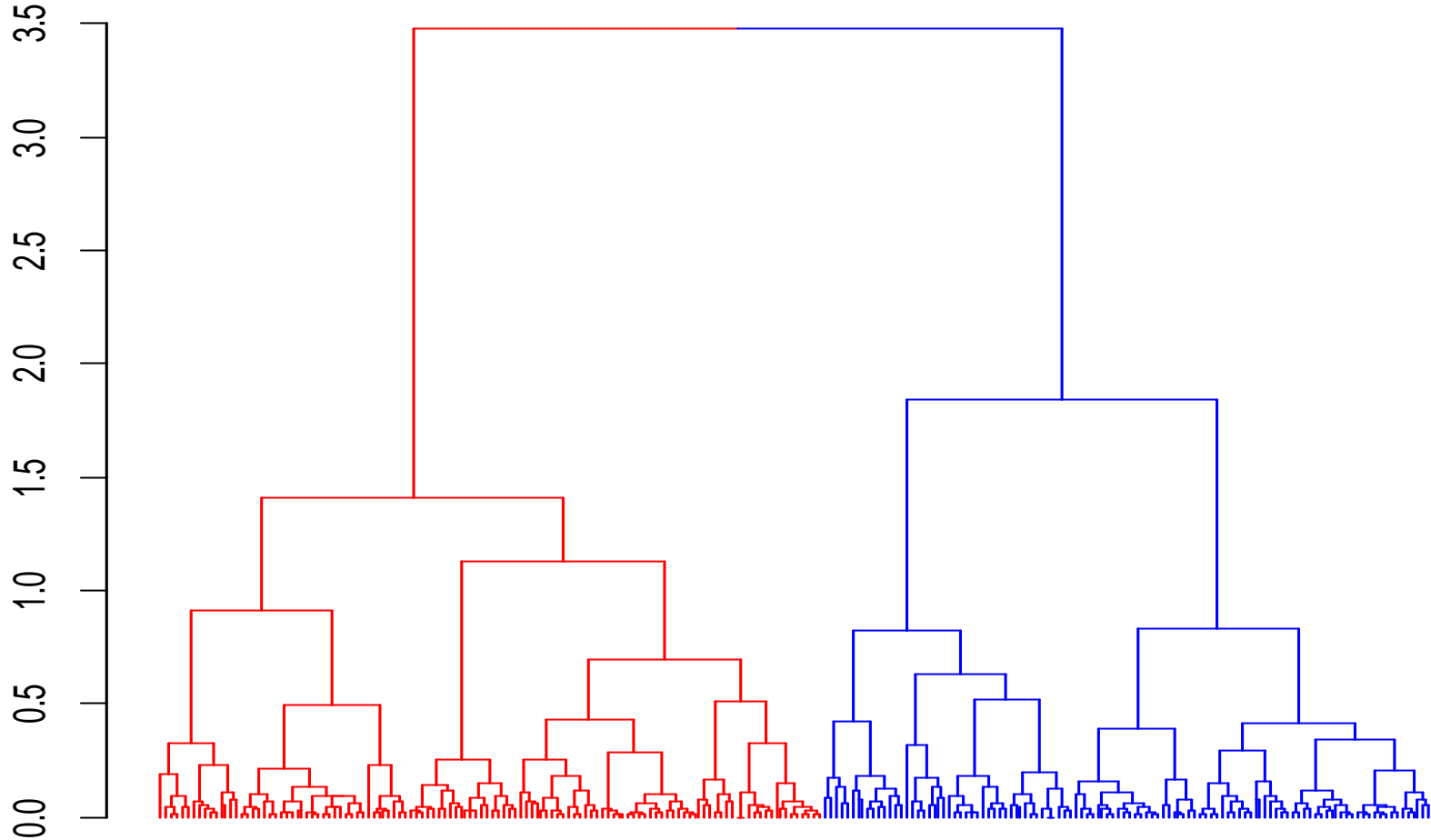
Differences between general practitioners groups with different attitudes towards drinkers

Worse attitudes (n = 140)

Dimension	Mean
Legitimacy	11.0
Adequacy	8.9
Motivation	7.8
Self-esteem	6.8
Satisfaction	5.7

Better attitudes (n = 94)

Dimension	Mean
Legitimacy	11.8
Adequacy	10.8
Motivation	9.8
Self-esteem	9.7
Satisfaction	8.1

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Are there other differences between groups?

Objective – To compare the two groups concerning:

a) Demographics
b) Education on alcohol
c) Views on alcohol policy issues
d) Views on barriers and facilitators to working with drinkers

Differences between general practitioners groups with different attitudes towards drinkers

- Cross-sectional, analytical study

- Portuguese GPs' proportional random sample, stratified by:
    - Gender
    - Age group
    - Health Region

Differences between general practitioners groups with different attitudes towards drinkers

Variables

- Demographics (age, years of practice, sex)

- Academic education and postgraduate training on alcohol

- Performance on alcohol use disorders

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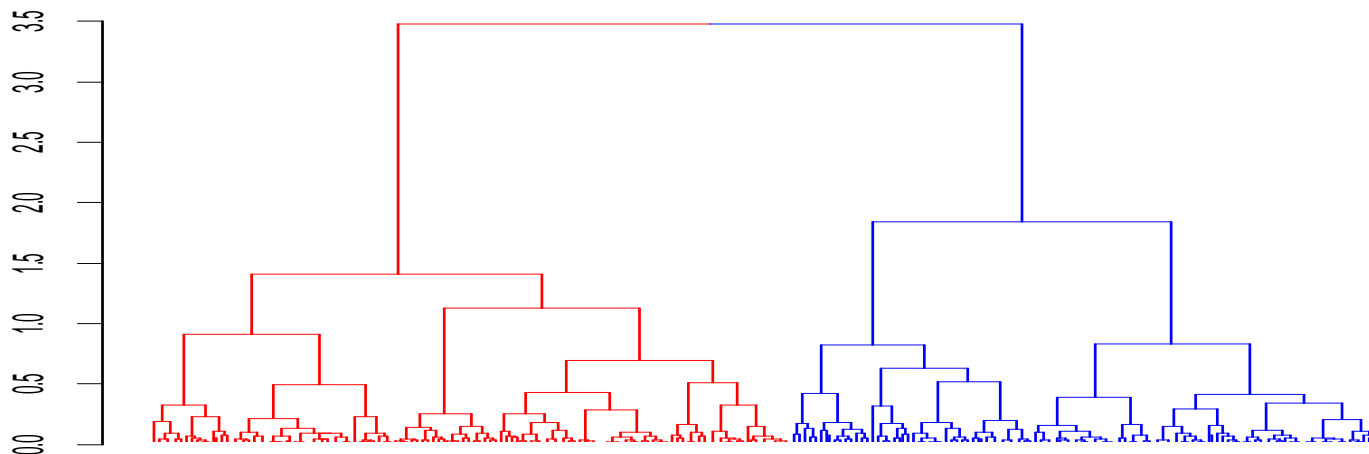
Variables

- Agreement with suggested incentives and barriers to early intervention for alcohol in general practice

- Views on European public policies on alcohol and effectiveness of alcohol policy measures

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Results

INEBRIA International Network on Brief Interventions for Alcohol & Other Drugs

11th CONGRESS
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Worse attitudes   **Better atitudes**

Demographics	Worse attitudes	Better atitudes	P-value
Sex (male / female %)	48.8 / 66.0	51.2 / 34.0	**0.01**
Age (yrs)	53.7 ± 7.7	50.3 ± 9.8	**0.005**
Experience (yrs)	24.0 ± 8.6	21.4 ± 10.3	**0.038**

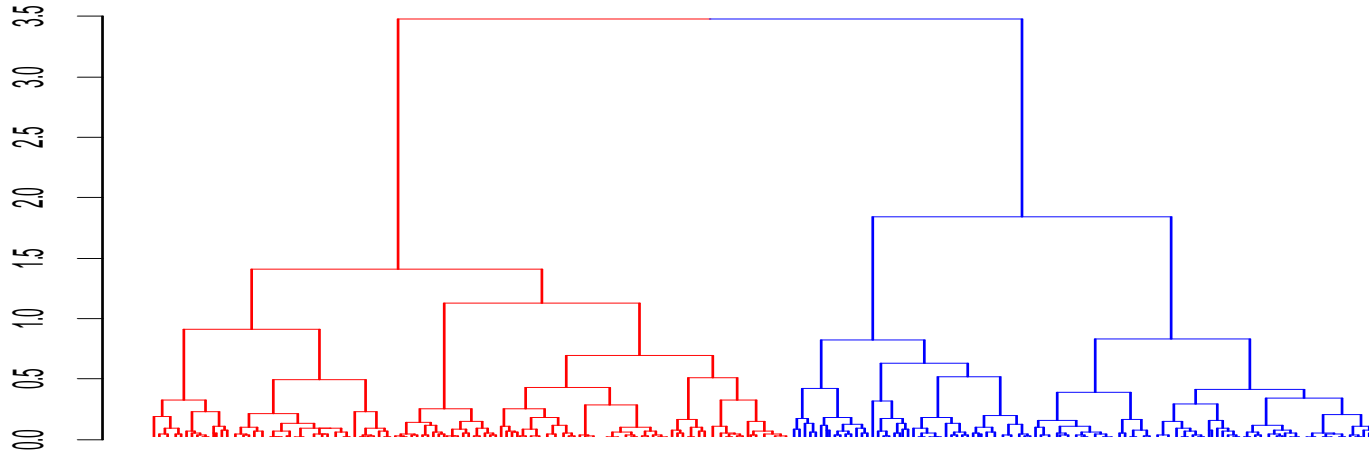# Differences between general practitioners groups with different attitudes towards drinkers
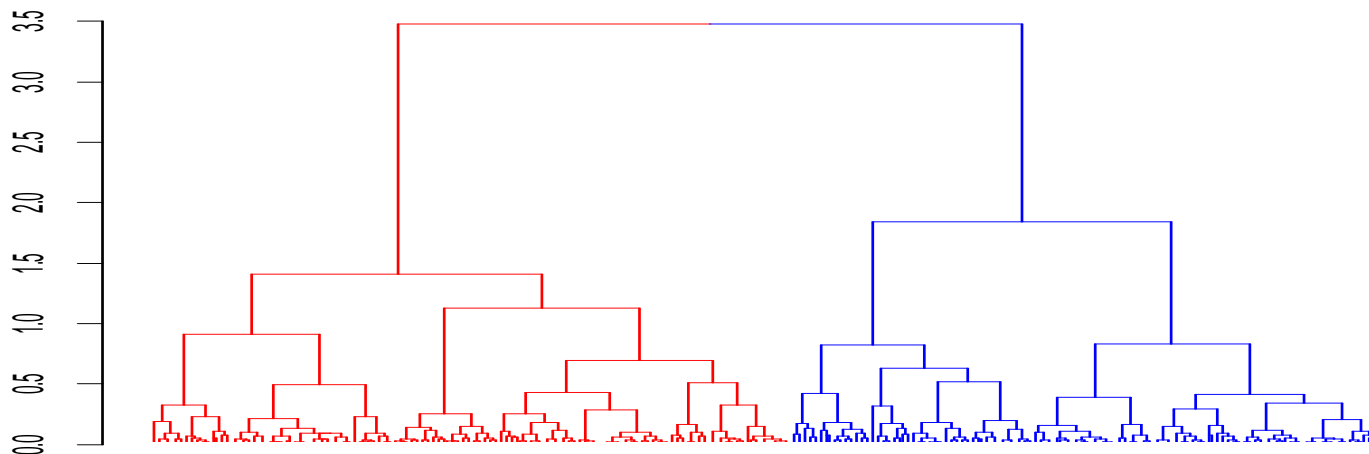
Training (hours)	Worse attitudes %	Better atitudes %	P-value
0	43.0	30.4	
<4	24.2	14.1	
4-10	21.1	26.1	**0.001**
11-40	9.4	23.9	
>40	2.3	5.4	

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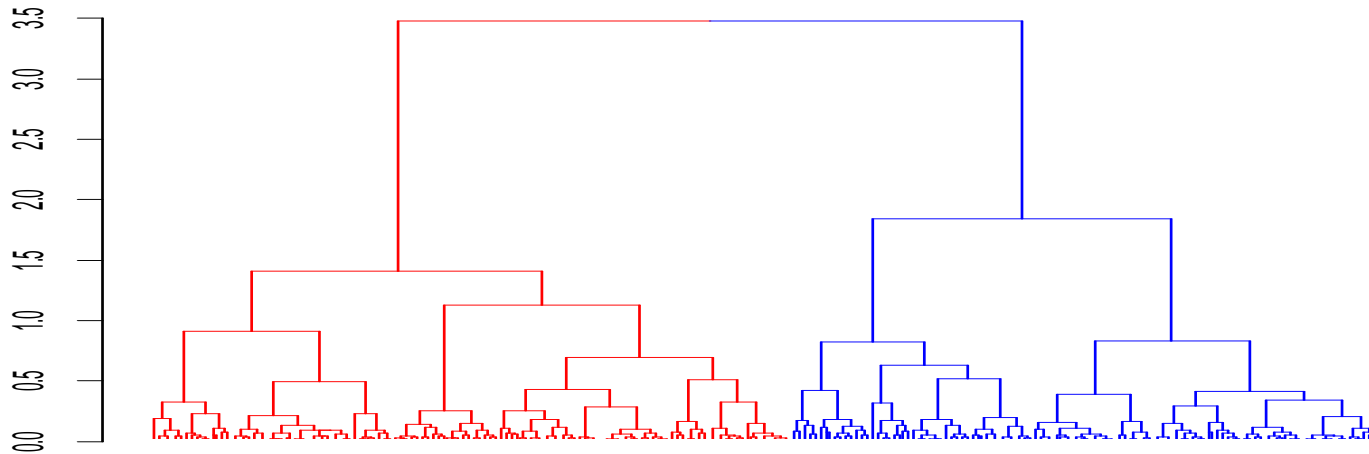| Performance	Worse attitudes Mean rank	Better atitudes Mean rank	P-value
Impor. reduce alcohol	117.9	116.9	0.90
Obtain info on alcohol	111.7	126.2	0.06
Prepared to counsel	101.6	141.1	**<0.001**
Effective reduce alcohol	102.7	139.5	**<0.001**
Effective if trained	108.0	131.6	**0.002**

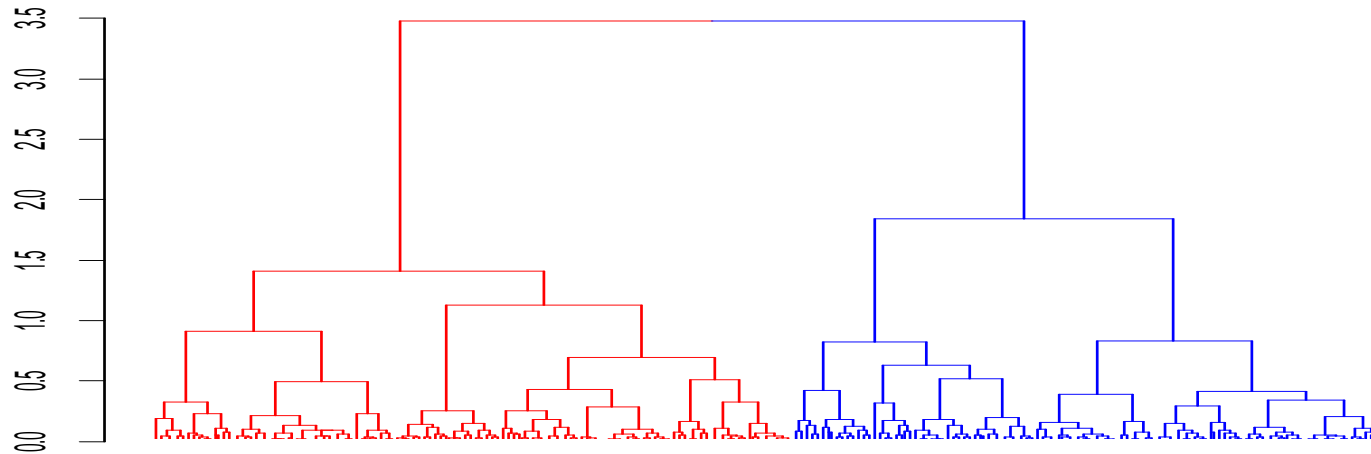# Differences between general practitioners groups with different attitudes towards drinkers

	Worse attitudes	Better atitudes	
Barriers to SBI	**Mean rank**	**Mean rank**	**P-value**
Alcohol is not important	115.9	113.6	0.78
GPs are too busy	118.3	105.0	0.10
GPs have disease model	122.4	102.9	**0.02**
GPs not respons. preven.	117.8	105.9	0.14
GPs feel awkward asking	122.0	102.1	**0.02**

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Barriers to SBI	Worse attitudes Mean rank	Better atitudes Mean rank	P-value
Don't know how to identify	121.6	97.6	**0.004**
GPs lack counselling mat.	113.1	111.6	0.87
Counselling is difficult	122.8	101.8	**0.01**
Patients will not take advice	121.7	100.2	**0.008**
Patients resent being asked	113.4	108.8	0.59

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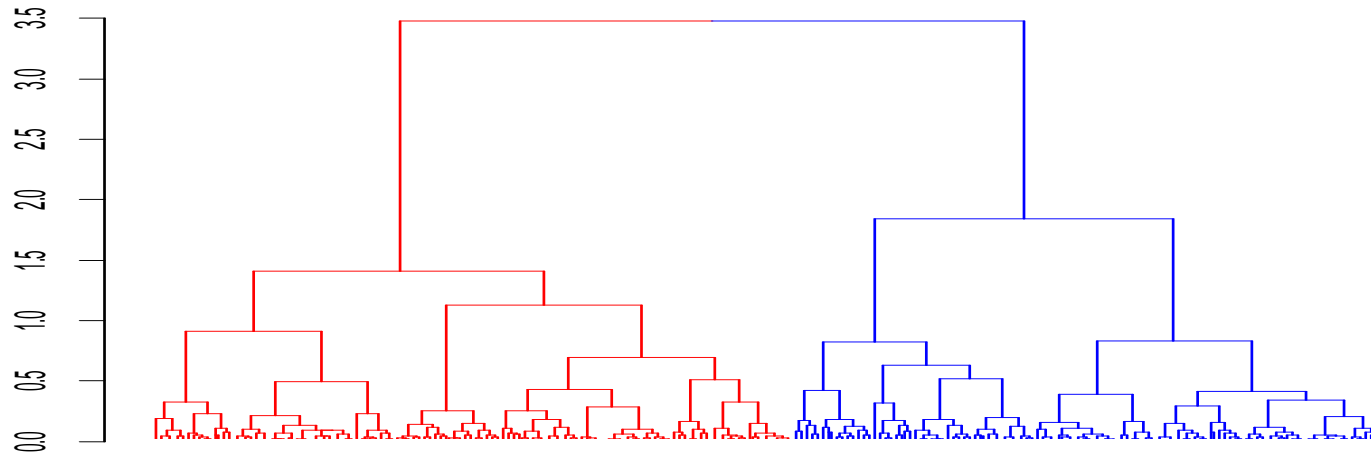
	Worse attitudes	**Better atitudes**	
Policies	**Mean rank**	**Mean rank**	**P-value**
Raise min drinking age	118.8	110.6	0.34
Raise min purchase age	119.9	110.1	0.25
Lower BAC limit for drivers	112.2	114.2	0.81
School education	107.2	131.8	**0.002**
Advertise restrictions	115.1	117.5	0.77

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Conclusions

Group with worse attitudes

- – Higher female representativeness
- – GPs have disease model training
- – Feel awkward asking patients about alcohol
- – Believe GPs don't know how to identify drinkers
- – Believe counselling is difficult
- – Don't believe patients will follow advice

Group with better attitudes

- – Younger
- – Less years of practice
- – Higher alcohol training levels
- – Feel more prepared to counsel
- – Feel more counselling efficacy
- – Believe in improving school education

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