Patients' acceptance of alcohol screening and brief interventions in general hospitals

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Alcohol – the drug of choice

- Alcohol consumption in Norway has increased with more than 1/3 in one generation
- 60+ have the highest relative increase, especially women
- General screening is rarely performed in primary health care or in general hospital wards
- Simplistic views of 'alcoholics' and 'abuse' frame both patients' and health care providers' way of thinking
- Low awareness that alcohol can be a relevant factor in a whole array of clinical problems

Specialized health care in Norway

- State owned, regional health trusts and local health trusts
- Based on geography, with free choice
- Very few for-profit hospitals
- Hospital departments with wards and outpatient clinics
- Liaison teams based in psychiatry wards
- Often different hospitals for somatic problems, mental problems and drug and alcohol problems

Commission from Ministry of Health and Care Services to the regional health trusts

- 2013: General hospitals shall implement *strategies to <u>identify patients</u> with underlying alcohol and drug problems, and patients shall be <u>offered treatment</u> by multidisciplinary drug treatment services when necessary»*

- 2015: Expanded to a mutual responsibility in general hospitals, mental hospitals and drug treatment services for all aspects of health

Identification and intervention

- Identification
  - Takes place in somatic hospital wards
  - Strategy decided by the specific hospital
    - General screening? Audit C? FAST? Biomarkers?
    - Pragmatic strategies? Relevance based or targeted screening?
- Intervention
  - Strategy decided by the specific hospital
    - Often delivered by liaison teams based elsewhere
    - Delivered during hospital stay or afterwards?

Various relations with alcohol

- Alcohol as a direct cause
  - Alcohol intoxications, injuries when drunk
- Alcohol as a contributing cause
  - Cardiac arrhythmia, gastritis, vertigo
- Alcohol as a complicating factor
  - Symptoms complicated by anxiety – repeated admissions for e.g. chest pain, stomach ache
  - Alcohol together with general deterioration, e.g. advanced age, serious infections (pneumonia)

Background: Pragmatic strategy, Stavanger University Hospital

- Alcohol liaison team (ALT) established in 2008
- ALT is *funded* by the clinic for alcohol and drug treatment, but *works* in all somatic wards and ED
- No general screening – clinical staff identify based on relevance, and refer to ALT
- Teaching acitivities in clinical wards and ED to improve identification
- Assessments and brief interventions framed by the health problem and/or worries from next of kin
- ~300.000 adult inhabitants, ~700 patients in ALT annually

Pragmatic strategy, Stavanger

- Primary group – only alcohol, no previous diagnoses of AUD/SUD, alcohol never addressed before

- Secondary group - well known alcohol and/or drug problems

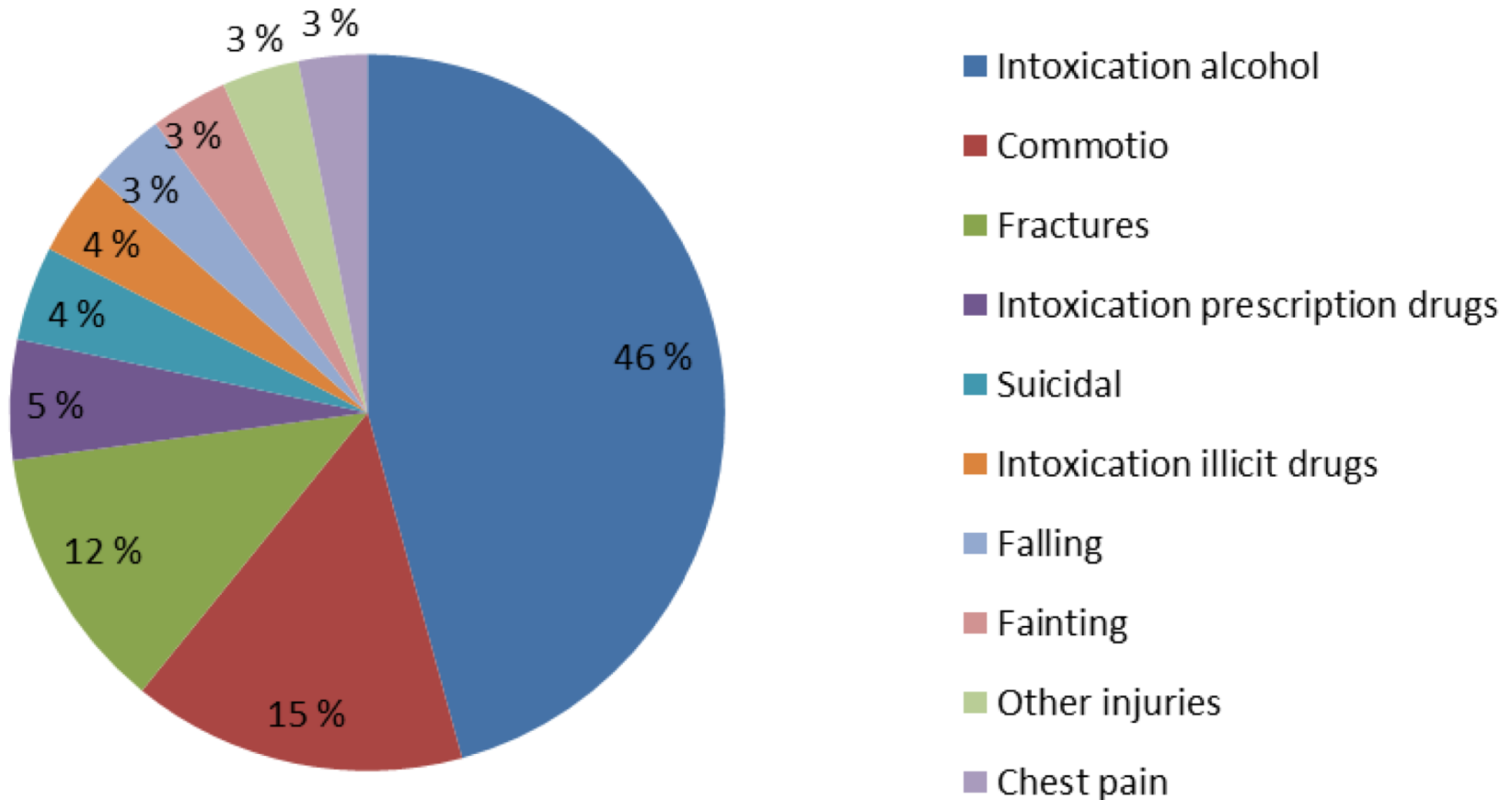|	No referrals	Women	Studies or work
Primary group	301	37%	60%
Secondary group	725	31%	18%

Primary group 29% of total

Patients' acceptance –
of first time screening and brief interventions

- The ALT asked patients for their consent as part of delivering the intervention – their everyday clinical work
- **182** patients received the intervention in the study period, but many were not asked about participation
  - Based on their clinical state and/or the situation
- **91** accepted participation in the study
- Consenting patients received a phone call from study personnel one week after the intervention
- **58** patients answered the phone and completed the survey

The 10 most common reasons for admission
217 of 301 in the primary group

Primary group

- Intoxication alcohol — 46 %
- Commotio — 15 %
- Fractures — 12 %
- Intoxication prescription drugs — 5 %
- Suicidal — 4 %
- Intoxication illicit drugs — 4 %
- Falling — 3 %
- Fainting — 3 %
- Other injuries — 3 %
- Chest pain — 3 %

Do you feel that [the intervention] was relevant for your situation?

Age		18-39 y	40-59	60+	In total
Relation to life	Not at all	4.8%	10.0%	5.9%	6.9%
	To some extent	23.8%	40.0%	76.5%	44.8%
	To great extent	71.4%	50.0%	17.6%	48.3%
In total		100%	100%	100%	100%

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Do you think that the relation between your health and your drinking will be addressed when you see your GP?

	Age	18-39 y	40-59	60+	In total
Addressed	No	57,9%	27.8%	53.3%	46.2%
	Yes	42.1%	72.2%	46.7%	53.8%
In total		100%	100%	100%	100%

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Conclusions

- Most patients, when alcohol is addressed for the first time, accept identification of and interventions for alcohol related health problems

- Patients 60+ less positive to identification and intervention

Challenges

➔ What does it take for patients to better understand the relation between their own alcohol habits, health problems and health risks?

➔ What does it take for clinicians to understand that they have to talk more about alcohol?

Let's face it, girls! We're too old to just 'find a party'