Pragmatic case finding as a patient-centred alternative to universal screening

Ideas on a way forward

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Agenda

1. Paternalism versus patient centeredness
2. Pragmatic case finding = how doctors think
3. Making pragmatic case finding systematic

Paternalism versus person centeredness

Is paternalistic screening a cause of low adoption?

Paternalism – our heritage!

- 4-1000 BC. Magical medicine, patient passive
- Romans: Aid in military production
- Medieval: Patient helpless child, faith cures
- 1800: Humanism, liberalism
- 1900: Objectification, technology rules
- 1970: Civil rights, One Flew Over the Cuckoo's Nest
- 2000 Patient centeredness voted a major invention

What is paternalism?

Pater = father, acting for the best of the family

1. Doctor is expert, knows what is best for the patient
2. Doctor conveys his knowledge to the patient
3. Patient is expected to follow the prescription and to get well.

Paternalism – one example

Investigation: ”Do you drink alcohol? ➪ How often do you drink alcohol? ➪ What do you drink and how much a typical day?”

Evaluation: Comparison to guidelines

Feedback/prescription: ”You should.....”

Screening- BI

Paternalistic examples

1. Give advise, not asked for
2. Talking change when patient not motivated
3. Asking about drinking, if not perceived relevant
4. Not asking at all!

What is person centeredness? Kirkegaard (1813 – 1855):

If I wish to lead a person to a certain goal, I must first find her where she is, and start from there

To help a person I must certainly understand more than her, but above all understand what she understands. If not, it's not helpful that I know more

What is person centeredness? Swedish National Board of Health & Welfare:

Patient focused healthcare means that care is given with **respect** and **perceptiveness** for the individuals specific **needs**, **expectations** and **values**

Patient focused care – a challenge for the future

Socialstyrelsen, Hälso- och sjukvårdsrapport 2009

What is person centeredness? Scientific analysis:

1. The perspective is bio-psycho-social
2. The patient is a person whose experience is important
3. Partnership, shared responsibility
4. Therapeutic alliance, cooperation, respect
5. Doctors personality and experience is relevant.

Cheraghi-Sohi S, Bower P, Mead N, McDonald R, Whalley D, Roland M. What are the key attributes of primary care for patients? Building a conceptual ”map” of patient preferences. Health Expectations. 2006;9(3):275-84.

Why person centeredness?

- Ethical principles
- Humanistic principles
- **Better patient compliance:**

1. ”People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others.”
   Blaise Pascal 1623 – 1662
2. Theory of MI

Person centered practice

1. Person centeredness:

   Patient is expert on her need, values,
   Expectations, willingness and ability to change

2. Professionalism:

   Doctor is expert on disease and importance
   of life style habits for the disease.

   And expert on empowerment!

Dr. is also a victim of paternalism

C-Reative Protein

Terminating oestrogene?

Bone mass and osteoporosis

Erection

Hypertension

Suicidrisk

Physical activity

Domesti
violenc

Pre-hypertensiv?

Breastcancer mammografi

Obesity

Sexual ass

olo-Recta
cancer

Depressior
Anxiety
Bipolar disease

Blood lipids

Alcohol

BMI and waist

Headache

Smoking
Snuff

Glaucoma
hearing aids?

Adult-ADHD?

Regular meals?

Diabetes

Pap-sm

Homocystein

Kardivaskulär riskprofile

COL

Dementia
MMT
Alzheimer

Vaccination:
Influenza
Pneumokock

STD prevention

Clamydia

Arterial stricture
Carotis

Aorta aneurysm

Discuss in small groups

What is the situation in your country?

1. Patient centeredness is globally a strong trend in health care. Is this discussion active in your country?

2. Are researchers also picking up this?

PRAGMATIC CASE FINDING – HOW DOCTORS THINK?

Torgeir Gilje Lid

Center for Alcohol & Drug Research, Stavanger University Hospital
University of Stavanger

Alcohol – the drug of choice

- Alcohol consumption in Norway has increased with more than 1/3 in one generation – *from a dry to a wet society*

- 60+ have the highest relative increase, especially women

- General screening is rarely performed in primary health care or in general hospital wards

Core values of general practice / family medicine draft, Wonca

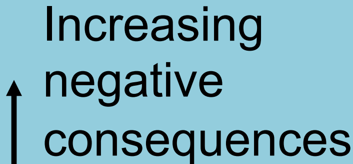
- The doctor-patient relationship is the foundation
- We focus on the sick and let the healthy enjoy their health
- We prioritise those whose need is greatest
- Words and stories are powerful, so we listen to what the patient says and choose our own words carefully
- We attach profound importance to education, research and professional development
- We use our professional insight to work across boundaries
- We record and report how socio-political context affects health

Basic assumptions in primary health care

- Assets
  - Doctors want to do a better job
  - Patients seek health care to improve their health
  - Trust
  - Patients' heightened awareness when receiving health care – learnable moment
- Challenges
  - Doctors may see alcohol and other drugs as besides the point, and extra work
  - Patients may fail to see the connection between alcohol and health
  - Time and resources

Alcohol-related problems – what should we address?

Harmful use:
- physical consequences and illness
- mental disorders
- harm to others



Marginalisation and stigmatizing

Increasingly difficult to achieve lasting change

Risk factors:
alcohol, smoking, illicit drugs, nutrition, physical activity, financial inequality

Addiction:
- neuropsychological
- psychosocial
- culturally

How we normally do it Vinson 2013

- The physician's clinical judgment
  - Sensitivity 27%
  - Specificity 98%

How we normally do it Vinson 2013

- The physician’s clinical judgment
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→ Get rid of the ‘alcoholic goggles’

- Simplistic views of ‘alcoholics’ and alcohol problems
  - Both patients and doctors
  - ‘Alcoholic goggles’
- Low awareness that ‘normal’ people with ‘normal’ drinking may experience alcohol related health problems
  - Hence alcohol is not addressed when relevant
- When alcohol finally is addressed, shame and denial may thwart an open and respectful dialogue
  - The doctor’s experience that alcohol is difficult to talk about is reinforced

➔ *Too focused on alcohol as cause, and not aware about increased vulnerability*

A randomized evaluation of screening approaches (Coulton 2017)

- Targeted screening
  - Mental health
  - Gastrointestinal
  - Hypertension
  - Minor injuries
  - New patients
- Universal screening
  - FAST
  - M-SASQ

Findings

- Higher odds ratio for screening positive in the targeted group
- The majority of those screening positive in the universal group would be missed by targeted screening

Findings

- Higher odds ratio for screening positive in the targeted group
- The majority of those screening positive in the universal group would be missed by targeted screening
- But:
  - What if many more clinical presentations were covered by the targeted approach?
  - For whom does it really matter to be identified?

General practitioners' strategies to identify alcohol problems, a focus group study

Lid & Malterud, 2012

- Did not use validated tools
- Applied various strategies, adapted to their own style, the specific patient and the situation at hand
- **Pragmatic case finding**
  - Asking based on clinical relevance for the patients' health problem; as cause, precipitating factor, complicating factor - or increased vulnerability
  - Routinely asking with health certificates, general check-ups and when focusing on health and life style in general

➔ *a combination of case finding and targeted screening (semi-systematic method)*

Examples

- Clinical signs - *exploring relevance*
  - Mental health problems
  - Hypertension
  - Repeated sick leaves
  - Sleep disturbances
  - Accidents
  - Digestive trouble
  - Family problems
  - Arrhytmia
  - Polydrug use
  - Addictive drugs
  - Life crises

Examples

- Routine situations - *routinely addressing*
  - A new patient
  - Health certificates
  - Pregnancy check-up
  - Addressing life style factors in relation to chronic conditions
  - Major life changes
    - Retirement
    - Kids moving out
    - Becoming a student

Facilitating and hampering factors for pragmatic case finding *Lid, Nesvåg, Meland 2015*

- Background
  - Focusing on change for both doctors and patients
    - Communities of practice and situated learning
    - Self-determination theory and Motivational interviewing
- Results
  - Presenting an opportunity for change, when relevant
  - The constraints and possibilities of time
  - Between normality and shame

Presenting an opportunity for change, when relevant

- Abundant examples of clinical problems and routine situations where they addressed alcohol

- But – a few wanted more clear cut strategies

The constraints and possibilities of time

- The possibility of lengthy consultations and new chances
- Using time to reach a common understanding

- But – being behind schedule and not seeing or not asking when seeing
- Competing with other needs of the patient
- The need to wrap up

Between normality and shame

- Often quite easy to ask, patients were more willing to diclose than they expected
- Easier to talk about alcohol when focusing on relevance

- But – not addressing the patients avoidance
- Fear of alienating the patient
- Drinking is normal, but what is normal?

Beliefs and attitudes about addressing alcohol consumption in health care *O'Donnell 2018*

- Most adults in England agree that *health care providers should routinely ask about patients alcohol consumption*. However, *older adults and those in lower socio-economic groups are less supportive*.

➔ How do we establish the connection between patients' alcohol habits and their health status and health risks? Especially for those with increased vulnerability?

What the doctors doesn’t know: discarded patient knowledge of older adults with multimorbidity *Joensson 2018*

- Various reasons for not disclosing personal knowledge.
  - knowledge that had no direct biomedical relevance from participants' perspective
  - knowledge considered too private
  - knowledge assumed to position one as inferior
- They made judgments on what they believed was welcome in the clinical encounter
  - personal knowledge is sometimes not recognized as important for health and care by participants themselves.

Pragmatic case finding – exploring relevance for alcohol

- How can alcohol (and other drugs) become more relevant, for patients and doctors?
- How can we explore relevance, together with our patients?

Making “pragmatic case finding” systematic

Searching for alternatives to universal screening

Ideas for discussion

Could variability of alcohol problems be utilized in the search of new approaches?

State	Problem
Risk drinking	Increased risk of disease Patient often unaware
Harmful use	Health implication Patient often unaware
Dependence	Stigma. Problems obvious to patient

Connecting to person centeredness:

What is relevant for the patient?

	State	Problem
My future health	Risk drinking	Increased risk of disease Patient often unaware
My present health problem	Harmful use	Health implication Patient often unaware
My alcohol problem	Dependence	Stigma. Problems obvious for patient

Primary goal:

An insightful patient, not exact knowledge for the doctor

State	Problem
Risk drinking	Increased risk of disease Patient often unaware
Harmful use	Health implication Patient often unaware
Dependence	Stigma. Problems obvious for patient

I have an increased risk

My disease can be influenced by alcohol

My doctor seems knowledgeable on alcohol, maybe he can help me to change my drinking

Screening for risk drinking

State	Problem
Risk drinking	Increased risk of disease Patient often unaware
Harmful use	Health implication Patient often unaware
Dependence	Stigma. Problems obvious for patient

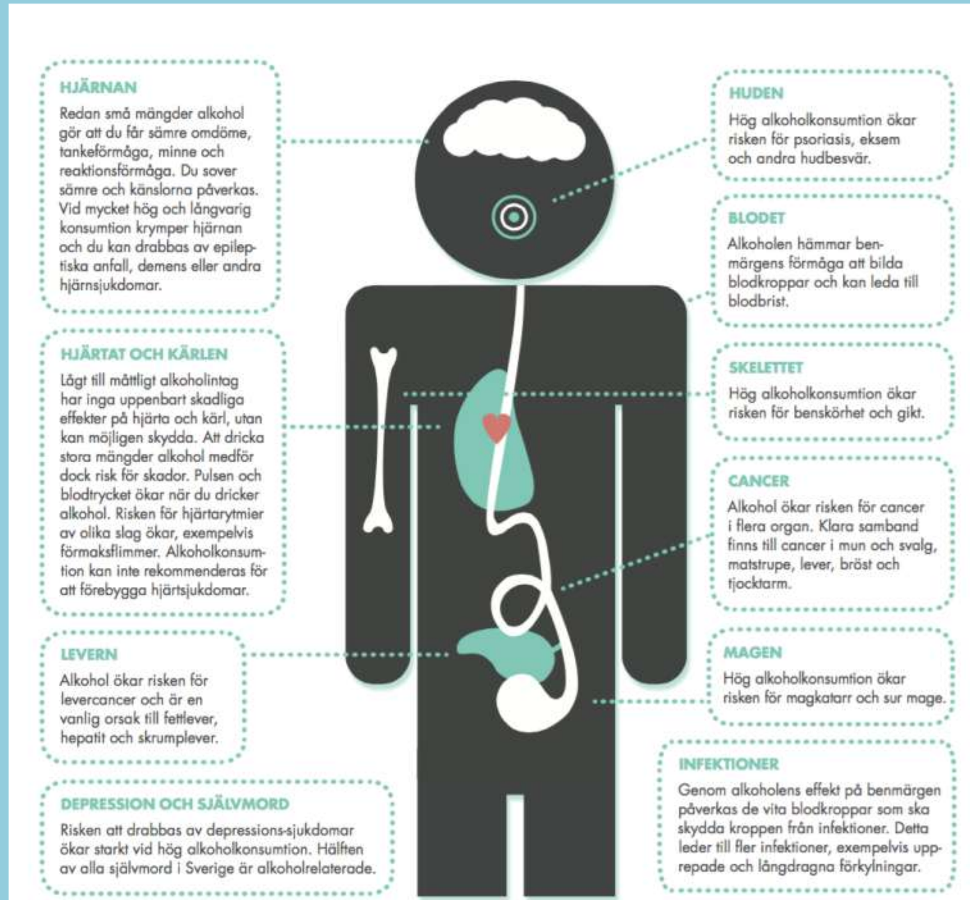
- Patient centered: when patient want primary prevention
- Else: Public health centered

Searching strategies for harmful use

State	Problem
Risk drinking	Increased risk of disease Patient often unaware
Harmful use	Health implication Patient often unaware
Dependence	Stigma. Problems obvious for patient

Background:
Alcohol can influence most diseases

Hypertension
Arrytmia
Cardiomyopathy
Diabetes
Sleep disorder
Depression
Anxiety
Memory
Infection
…

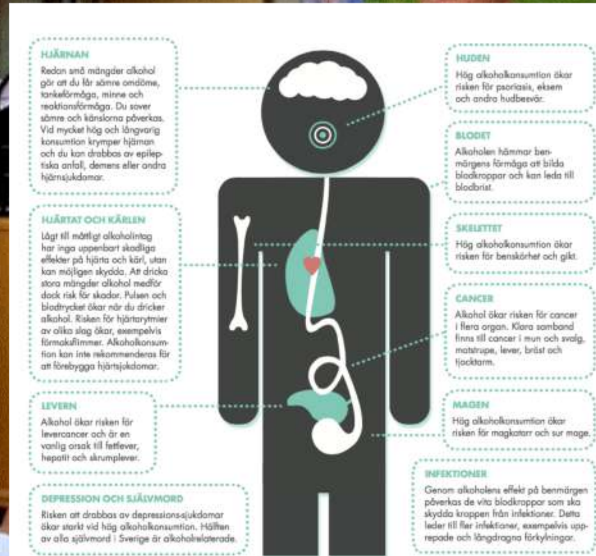


Polyneuropathies
Potency
Seborrhea
Rosacea
Psoriasis
Diarrhea
Lumbago
Myalgia
Cancer
…

Making alcohol the agenda of the patient

Stomach pain!
Stress!

Hazardous use?
Harmful use?
Dependence?



Explore: Is there a relation?

1. Has patient observed a relation between alcohol and the symptom?
2. Could alcohol be a cause to the disease?
3. Can less alcohol be an alternative to drug treatment?

Explaining physiological connection to a disease

Why:

- This is not a moral issue about drinking too much
- Creating confidence: expertise

How:

- Explain the normal physiological reaction

Use MI strategy

What do you know about XX?

Do you want me to tell you more?

What do you think about what I told you?

Evaluation of alcohol impact on disease:

Emphasizing individual sensitivity

- Purpose: You are not moralistic, free from shame

- “Unfortunately your liver is more sensitive to alcohol”

- Test if there is a relations: “The halving test” = Exploring a possible relationship

Evaluation of alcohol impact on disease:

The ”halving test”

1. Explain background: The individual sensitivity varies greatly
2. Offer a test: Half (at least) during 3-4 week
3. Evaluate at revisit

Hypertension + risk drinker

Decrease 1 glass/day -> Lower BT: 3,3/2,0 mm

***Clinical relevance:** all hypertensive (10-34 %)*

Xin X, He J, Frontini MG, Ogden LG, Motsamai OI, Whelton PK. Effects of alcohol reduction on blood pressurea meta-analysis of randomized controlled trials. Hypertension 2001;38:1112-1117

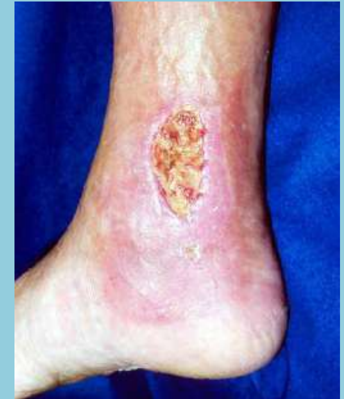
Infection

Chronic effect:

Neutropeni (bone marrow depression)

Acute effect: Decreased function

Macrofages: mobility, adhesion, toxinformation, presentation for T-cell
Monocytes: mobilizing, cytokin formation, inflammation modulation
Granulocytes: mobilizing, fagocytosis



Moreover

Cilieactivity decrease
Lysozym, laktoferritin etc. decrease

***Clinical relevance**: Frequent or lasting infections, wounds, etc.*

Explaining Harmful use

Psychiatry

- Stress hormones increase after every alcohol intake. Measurable 1-2 –(10) days
- Blocking of serotonine receptors

Clinical relevance: *Sleep disorder, stress, anxiety, depression, fatigue, chronic pain, etc.*

Explaining Harmful use

Surgical complications

Meta-analysis of 55 studier:

≥ 2 glass/day → 56 % more complications

30 d postop RR = 1,56 [CI: 1,31-1,87]

- All infections: 73 %
- Wound complications: 23 %
- Lung complications: 80 %
- Prolonged hospital stay: 23 %
- Intensive care: 29 %

Eliasen M et al; Ann Surg. 2013

Läkartidningen

KLINIK & VETENSKAP ÖVERSIKT

Citera som: Läkartidningen. 2014;111:CZXF

Dags för »alkoholfri operation«

Två standardglas per dag fördubblar risken för postoperativa komplikationer

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Patientsäkerhetsarbetet för opererande specialiteter har ofta fokuserat på teknik, organisation och rutiner. Bland patientbundna riskfaktorer har på senare år tobaksrökning uppmärksammats som en påverkbar individuell riskfaktor. Rutiner har skapats för att rökstopp, eller åtminstone ett allvarligt försök därtill, ska föregå varje elektiv operation. Nu kommer allt fler studier om alkoholens betydelse för operationskomplikationer. Vi uppdaterar här kunskapsläget, beskriver några kända mekanismer som kan förklara riskökningen och diskuterar kring implementering.

Riskabel alkoholkonsumtion är vanlig

I genomsnitt dricker svensken (15 år och äldre) 9,9 liter ren alkohol per år [1], och ca 70 procent av befolkningen är alko-

FAKTA 1. Definition av riskbruk [33]

Med riskbruk av alkohol menas vanligen

- >14 standardglas/vecka för män
- >9 standardglas/vecka för kvinnor
- ≥5 standardglas vid ett tillfälle för män
- ≥4 standardglas vid ett tillfälle för kvinnor
- Ökad känslighet, t ex graviditet, sjukdom, läkemedelsinteraktion, beroenderisk

Med riskbruk av alkohol i relation till kirurgi bedöms riskgränsen i stället vara

- ≥2 standardglas per dag

Ett standardglas innehåller 12 gram alkohol. Detta finns i t ex 50 cl folköl, 33 cl starköl, 12 cl vin, 4 cl sprit

tienter med klart definierad högkonsumtion hade en relativ riskökning för död på 2,68.

Riskökningen tycks vara generell och oberoende av ingreppets art, akut eller planerat, liten eller stor operation samt gälla för olika patientgrupper [9, 10].

Alkoholintervention minskar komplikationerna

Discuss in small groups

What criteria to use when choosing diagnosis for “targeted screening”?

1. A frequent condition
2. Alcohol has a frequent impact
3. Mechanism easily explained (purpose: better compliance)
4. Evaluation of alcohol’s health impact is feasible

All

Searching strategies

Can normal biomarkers be used?

State	Problem
Risk drinking	Increased risk of disease Patient often unaware
Harmful use	Health implication Patient often unaware
Dependence	Stigma. Problems obvious for patient

Explaining Harmful use

The more you drink the higher values - but expect normal values

	Reference	<1 glass/d	1-2 glass/d	>2 glass/d
ALT	<1,1 µkat/L	0,29	0,31	0,38
AST	<0,76 µkat/L	0,35	0,38	0,43
GGT	<2,0 µkat/L	0,43	0,58	0,79
MCV	82-98 fL	90,2	91,5	92,3

8 708 pers (42 y) U.S. Nat Health Nutrition Examination Survey 1988-1994

Liangpunsakul S, et al. J Stud Alcohol Drugs. 2010;71(2):249-252

Explaining Harmful use

A patient drinking less:

	14-08-28 15:09		
P-ALAT	0,54		
P-ASAT	0,45		
P-GT	0,89		

Ref:
<1,1
<0,76
<2,0

Conclusion: *Frequently high consumption if:*
AST, ALT & GGT in upper half of reference interval

Discuss in small groups

Explaining alcohol systematically in relation to a disease:

- Could this be more feasible for the practitioners and easier to implement?

- What could be the advantages, disadvantages compared to general screening?

Searching for alternatives:

1. Discussed up to now: Making alcohol relevant to patient:

- ✓ **Systematically** relate alcohol to patients disease or its treatment
- ✓ **Systematically** relate "normal" upper range biomarkers to alcohol

2. Other strategies for making "opportunistic screening" systematic

- ✓ Offer AUDIT, AUDIT-C etc. in specified situations (eg. 2 month sick leave)
- ✓ PEth included in routine package for eg. Hypertension, tiredness,

3. Shifting focus from consumption:

- ✓ Focus on alcohol dependence (maximum public health effect?)

Searching for strategies for dependence

State	Problem
Risk drinking	Increased risk of disease Patient often unaware
Harmful use	Health implication Patient often unaware
Dependence	Stigma. Problems obvious for patient

Why doesn’t people seek help?

- Shame
- Condescending and patronizing (moral weakness)
- Will be told to stop drinking totally
- Will be told to take Antabuse
- Health care can’t help
- Stigma in medical records
- Reported

Reduce stigma - vocabulary

Avoid:

- Alcoholic
- Abuser
- Ethylic
- Denial
- Discover an alcohol problem
- Relapse
- Codependent

Use instead:

- Alcohol dependence (ICD)
- Harmful use (ICD)
- Alcohol use disorder (DSM-5)
- Risk drinking
- Alcohol problem
- Observe/suspect
- Relative

Making alcohol dependence a disease among others?

Äldremottagning

Du som är 75 år eller äldre och listad hos oss på Stuvsta Vårdcentral är välkommen till vår äldremottagning.

15-metoden, mottagning för riskbruk

Funderar du över dina alkoholvanor och önskar ta kontroll över Ditt drickande? På Stuvsta Vårdcentral har vi nu möjlighet att erbjuda en ny metod. Du kan boka tid till läkare Mina Masoumzadeh via Mina Vårdkontakter eller via våra mottagningssköterskor på telefonnr. 08-578 384 00.

Capio Vårdcentral | Farsta | Vårdcentral

Vård & Hälsa

Alkohol

Har du funderingar kring dina alkoholvanor? Undrar du var gränsen går mellan bruk och missbruk? Då är du varmt välkommen till vår mottagning för alkoholberoende.

Hem | Kontakt | Vårdcentralen | Gyn | BVC | Övrigt | Om oss/About us | Butik

Levnadsvanemottagning
Fysisk aktivitet
Kost
Tobak
Alkohol
Stress/Sömn

Alkohol - En överblick

På Ekeby Hälsocenter har vi utbildad personal som kan hjälpa dig med att kartlägga din alkoholkonsumtion och erbjuda rådgivning och behandling.

Du är välkommen att kontakta oss för ett första samtal.

Alkoholkonsumtion

Alkohol konsumeras i allt större grad i vårt samhälle idag och allt fler människor får olika problem på grund av detta. De flesta av dem är som vem som helst med familj, arbete och bostad. Det kan upplevas svårt

Varningssignaler:

- Du förlorar

1. What is realistic?
2. What is worth a study?

1. Making alcohol relevant to patient:

- ✓ **Systematically** relate alcohol to patients disease or its treatment
- ✓ **Systematically** relate "normal" upper range biomarkers to alcohol

2. Other strategies for making "opportunistic screening" systematic

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Aspects relevant for further discussion

1. Focus on a few diagnosis where alcohol is always addressed
2. The patient's insight is the primary goal
3. Alcohol has physiological effects on all of us
4. Individual sensitivity varies, 'normal' consumption may also cause health problems
5. Testing is possible
6. Utilize biomarkers, also when in normal range
7. Facilitate dependent patients' help seeking

Discuss in small groups

How to attract alcohol dependent to seek help?