Faculdade de Medicina
Universidade de Lisboa

Brief Interventions on Alcohol Advances in research and practices

Brief Interventions in Primary Health Care: Attitudes and effectiveness in Clinical Practice

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I.M.P. – Medicina Geral e Familiar

OVERVIEW

Some research...

- A study in PHC Setting

Some practice...

- Changes in National health services
- Future Directions; DISCUSSION

Brief Interventions on Alcohol
Advances in research and practices

Some research...

OBJECTIVES

- **1. To evaluate the perceived attitudes of Family Physicians/General Practitioners using SAAPPQ before training and again nine months after training, when they were already using SBI in their clinical practice.**

- **2. To evaluate effectiveness of SBI measured by the AUDIT questionnaire, nine months after the first moment in patients of those physicians at PHC**

Selection of Family Physicians / general practitioners

Randomised experimental and control family physicians samples have been recruited in the District of Lisbon from Primary Health Care Centers:

Unit A : Alvalade, Odivelas, Lumiar, Pontinha, Benfica, Loures;

Unit B: B1 - Lapa, Luz Soriano, Graça, São Mamede, Santa Isabel

B2 - Alameda, Coração de Jesus, Penha de França, Marvila, São João;

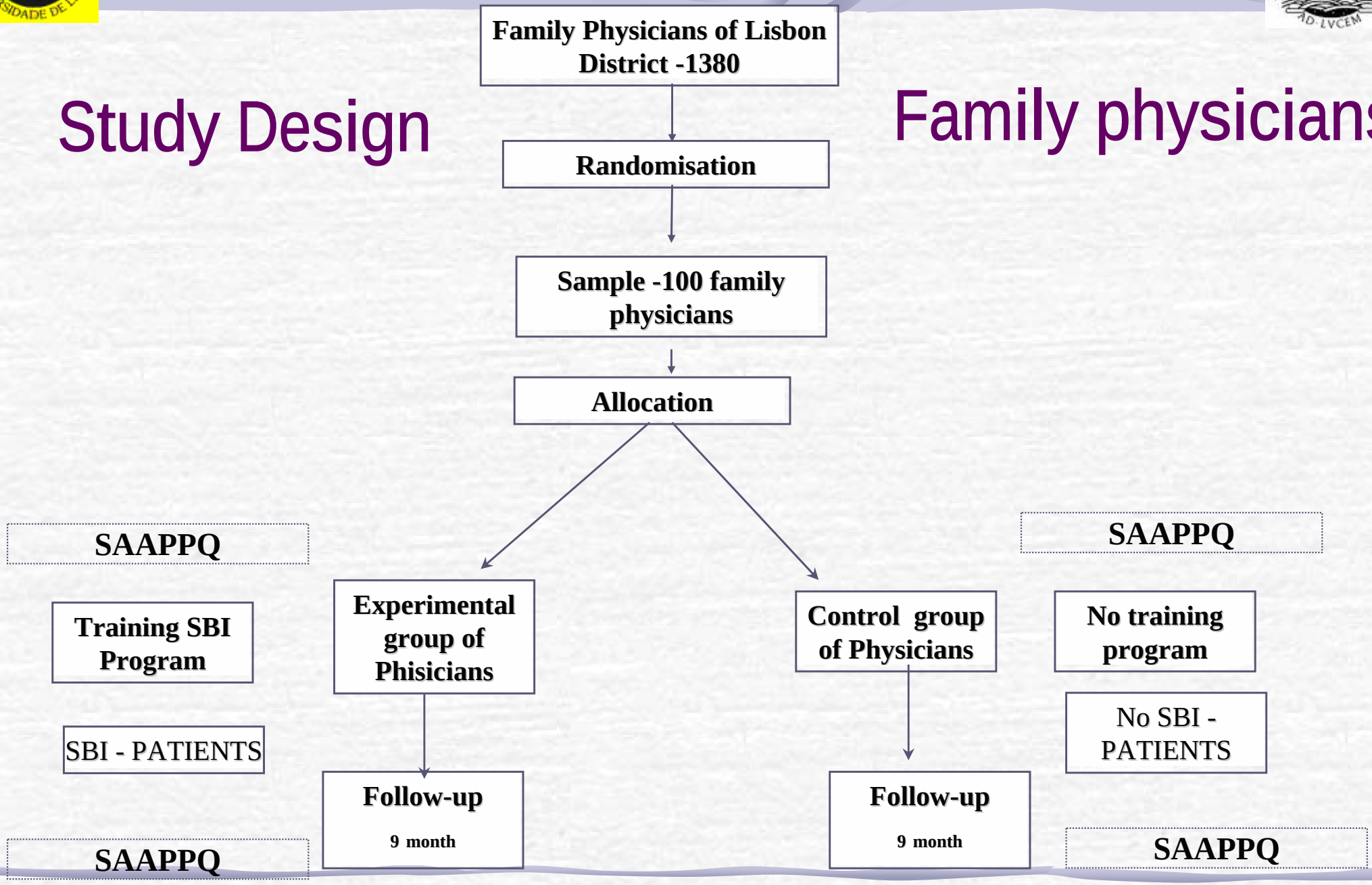
B3 - Olivais, Sacavém, Sete Rios;

Unit C: Ajuda, Alcântara e Santo Condestável, Oeiras, Carnaxide;

Unit D: Amadora, Algueirão, Cacém, Pêro Pinheiro, Queluz, Reboleira, Rio de Mouro, Sintra, Venda Nova;

Study Design

Family physicians



Survey on alcohol related problems in PHC

1. Gender
2. Age
3. Years of clinical activity
4. Full time
5. Training in Alcohology
6. Usefulness of training
7. Training needs
8. How important are ARP
9. Number of patients
10. Frequency
11. Main difficulties
12. Efectiveness of PHC
13. New approaches
14. Brief interventions
15. The role of PHC
16. Attitudes regarding ARP (SAAPPQ)

Training

Training for family physicians of the Experimental Group

The PHEPA package

- Epidemiological data on ARP in Portugal
- The alcohol related problems
- The role of family physicians
- The screning instruments (AUDIT)
- The stages of change (Prochaska and Di Clemente) and Brief intervention
- The protocol of the study

Results of the study
(experimental group and control group)

Gender, Age, Importance of ARP, difficulties and SAAPPQ

	Adequacy	Legitimacy	Motivation	Self-esteem	Satisfaction
Gender	=	=	=	=	=
Age	=	=	=	=	=
Importance of ARP	p<0,001 MI > I > A	=	=	p<0,001 MI > I > A	p=0,029 MI > I > A
Difficulties: Insuficient training	p<0,001 N > S	=	=	=	=
Difficulties: Diagnose difficulties	p<0,001 N > S	=	=	p=0,012 N > S	=
Difficulties: Lack of time	p=0,018 N > S	=	=	=	=
Difficulties: Lack of incentives	p=0,014 N > S	p=0,027 N > S	=	p=0,004 N > S	=
Difficulties: Frustrating appointments	=	p=0,039 N > S	p<0,001 N > S	p=0,008 N > S	p<0,001 N > S

Legend:

VI – Very important ;

I – Important;

S– Some;

N – difficulties: No;

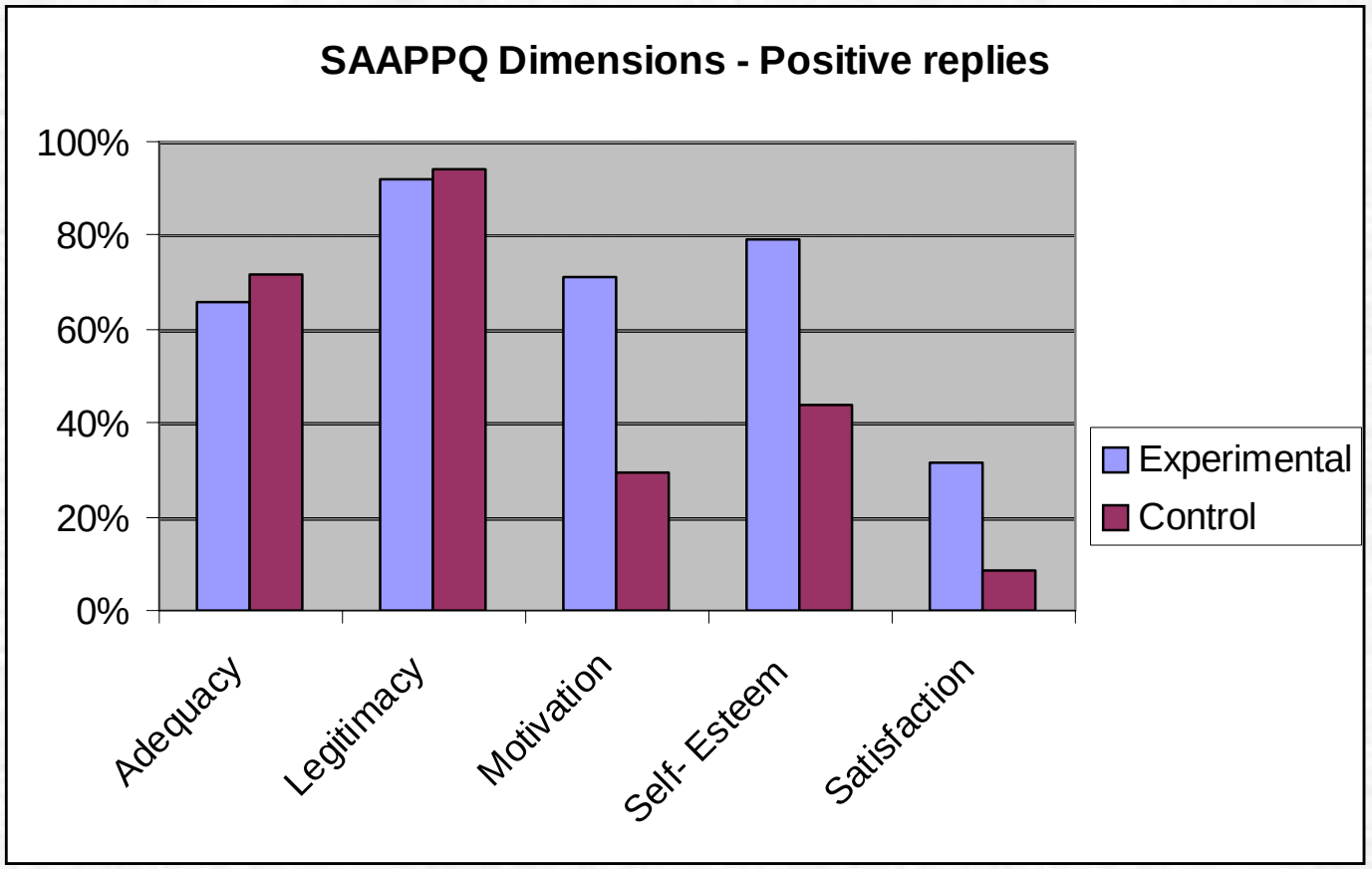
Y– difficulties: Yes

Family physicians samples
(experimental group and control group)
2nd moment

- There were a higher proportion of physicians in the control group stating that the appointments were frustrating (77% versus 45%).
- Physicians in the experimental group felt more motivated (71%), had higher self-esteem (79%) and were more satisfied (32%) than the control group (29%, 44% and 9%, respectively).
- There was a positive development of the attitude of physicians from the first stage to the second stage specially in the physicians of the experimental group.

Results of the study

Family physicians samples (experimental group and control group) 2nd moment



Results of the study

Family physicians samples (experimental group and control group) 2nd moment

Dimensions of SAAPPQ – T2

	Group of physicians				Total		p value
	Experimental (n=38)		Control (n=35)		(n=73)		
Adequacy, n (%)							
Disagree(<6)	4	10,5%	6	17,1%	10	13,7%	p=0,332(**)
Neither agree or desagree (=6)	9	23,7%	4	11,4%	13	17,8%	
Agree (>6)	25	65,8%	25	71,4%	50	68,5%	
Legitimacy, n (%)							
Disagree(<6)	1	2,6%	2	5,7%	3	4,1%	p=0,512(***)
Neither agree or desagree (=6)	2	5,3%	0	0,0%	2	2,7%	
Agree (>6)	35	92,1%	33	94,3%	68	93,2%	
Motivation							
Disagree(<6)	5	13,2%	16	47,1%	21	29,2%	**p=0,001**(**)
Neither agree or desagree (=6)	6	15,8%	8	23,5%	14	19,4%	
Agree (>6)	27	71,1%	10	29,4%	37	51,4%	

(**) Qui-Square test.

Results of the study

Family physicians samples (experimental group and control group) 2nd moment

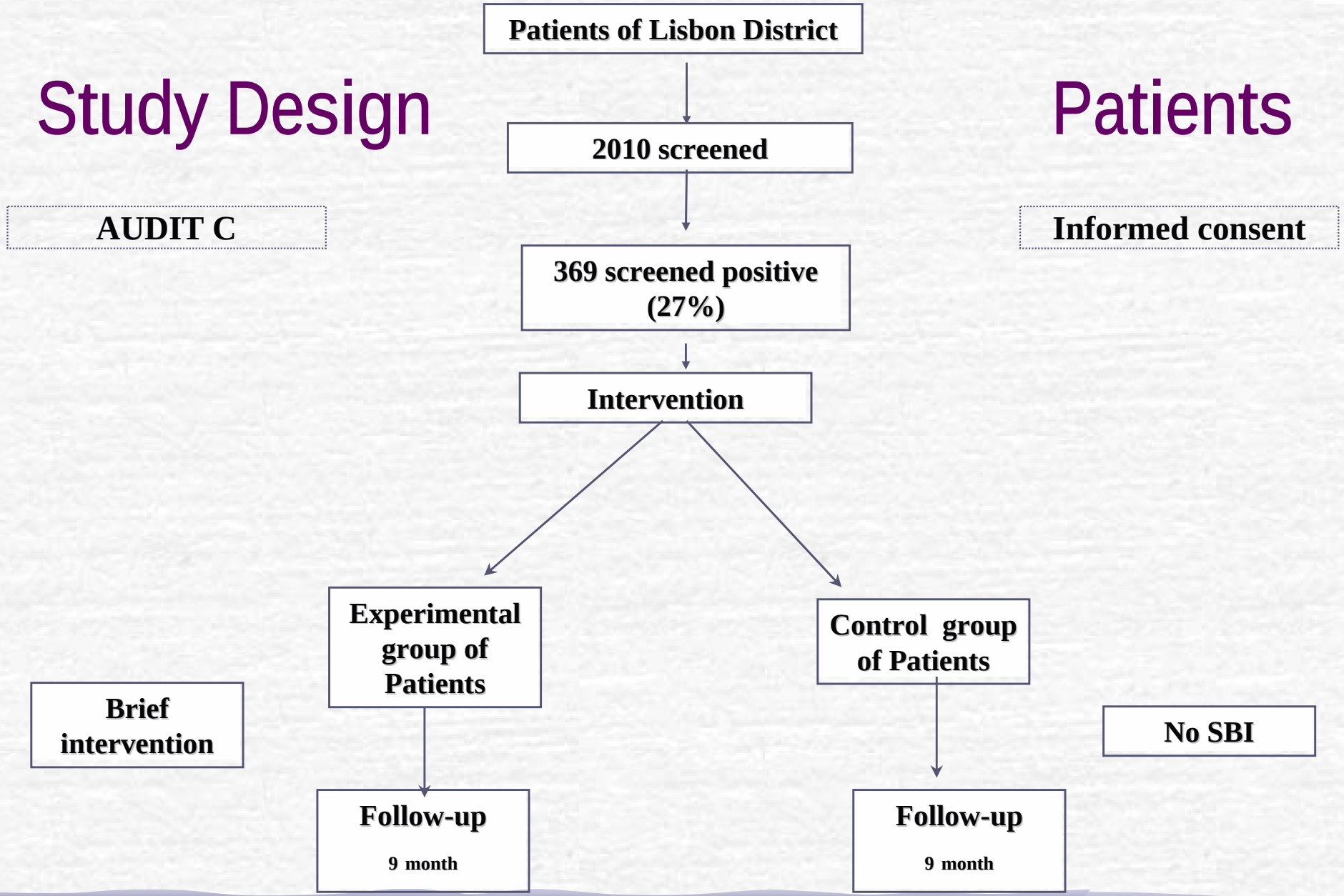
Dimensions of SAAPPQ – T2

	Group of physicians				Total		p value
	Experimental (n=38)		Controlo (n=35)		(n=73)		
Self -esteem, n (%)							
Disagree(<6)	0	0,0%	9	26,5%	9	12,5%	**p<0,001**(***)
Neither agree or desagree (=6)	8	21,1%	10	29,4%	18	25,0%	
Agree (>6)	30	78,9%	15	44,1%	45	62,5%	
Satisfaction, n (%)							
Disagree(<6)	8	21,1%	25	73,5%	33	45,8%	**p<0,001**(**)
Neither agree or desagree (=6)	18	47,4%	6	17,6%	24	33,3%	
Agree (>6)	12	31,6%	3	8,8%	15	20,8%	

(**) Qui-Square test.

Study Design

Patients

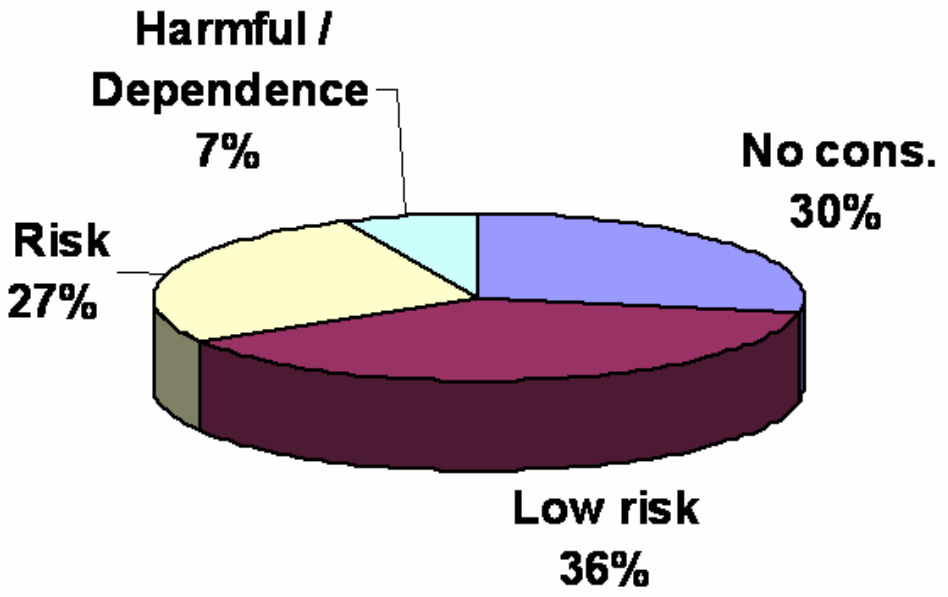


Results of the study

Patients Samples
(experimental group and control group)

- **In the sample of 2.010 patients to whom AUDIT was applied, 60% were female, 18% were smokers and the average age was 54 years.**
- **27% of the patients had risky alcohol consumption (AUDIT C).**
- **15% of the total reported consuming 6 or more drinks on one occasion, once a month or more frequently *(binge drinking).***

Results of the study
Patients Samples
(experimental group and control group)



Results of the study

Patients Samples
(experimental group and control group)

Type of consumer	Group of patients		
	Control (n=625)	Experimental (n=1385)	Total (n=2010)
Abstinents (score = 0)	35,8%	27,9%	30,4%
Low risk consumers (score 1 – 3 for women; score 1 – 4 for men)	31,0%	38,3%	36,0%
Medium risk consumers (score 4 – 7 for women; score 5 – 7 for men)	26,7%	26,9%	26,8%
High risk consumers (score > 8)	6,4%	7,0%	6,3%

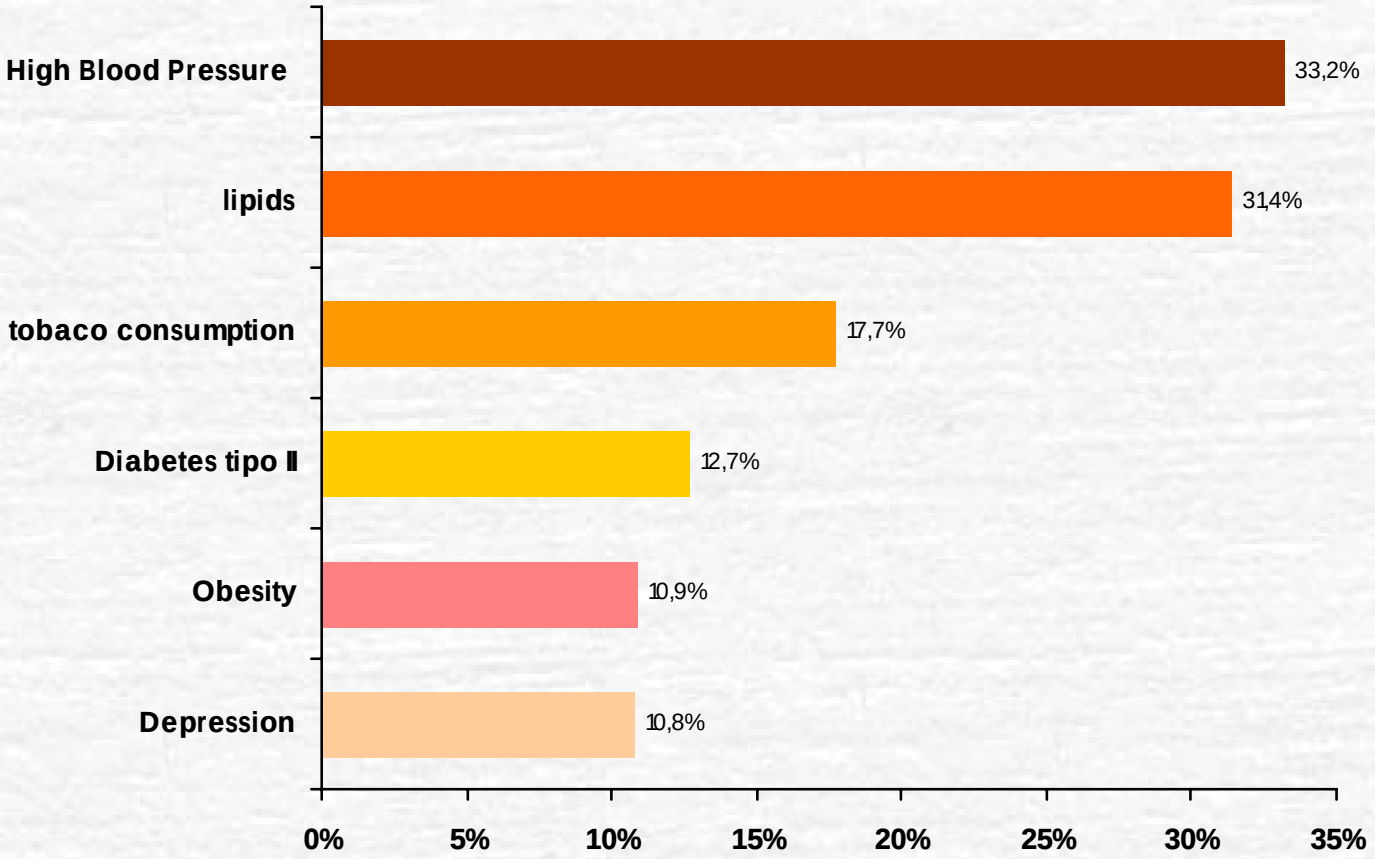
Results of the study

Patients Samples
(experimental group and control group)

- In the sample of patients with risk consumption (n=369)
- 62% were male
- average age was 55 years old
- 28% were smokers

Results of the study

Patients Samples
(Major health problems)



Results of the study

Patients Samples
(experimental group and control group)

Patients in the group with risk consumption showed a higher association with certain health problems such as:

- **lipid metabolism (40% versus 28%)**
- **smoking habits (28% versus 15%)**
- **diabetes (17% versus 11%),**
- **higher proportion of family with history of alcoholism (41% versus 30%)**
- **lower average age of initiation of consumption than the patients without alcohol risk consumption.**

Results of the study

Patients Samples
(experimental group and control group)

It was observed that patients followed by a physician of the experimental group (compared to patients followed by a physician of the control group) had an increase of 54% in the success rate in reduction of, at least, one point on the AUDIT, from the first to the second stage/moment of the study.

Results of the study

Patients Samples

(experimental group and control group)

AUDIT – Sucess

	Group of patients				Total		p value
	Control (n=95)		Experimental (n=274)		(n=369)		
Sucess, n (%)							
No	59	62,1%	114	41,6%	173	46,9%	**p=0,001**(*)
Yes	36	37,9%	160	58,4%	196	53,1%	

(*) Qui-square test

Results of the study

Patients Samples
(experimental group and control group)

Changing from T1 - T2

	Group of patients				Total		p value
	Control (n=95)		Experimental (n=274)		(n=369)		
Diference in levels, n (%)							
Same Level	82	86,3%	170	62,0%	252	68,3%	**p<0,001**(*)
At least one level below	13	13,7%	104	38,0%	117	31,7%	

(*) Qui-square Test.

Additional developments

Brief Interventions on Alcohol
Advances in research and practices

Some practices ...

Integration of alcohol services in IDT.IP

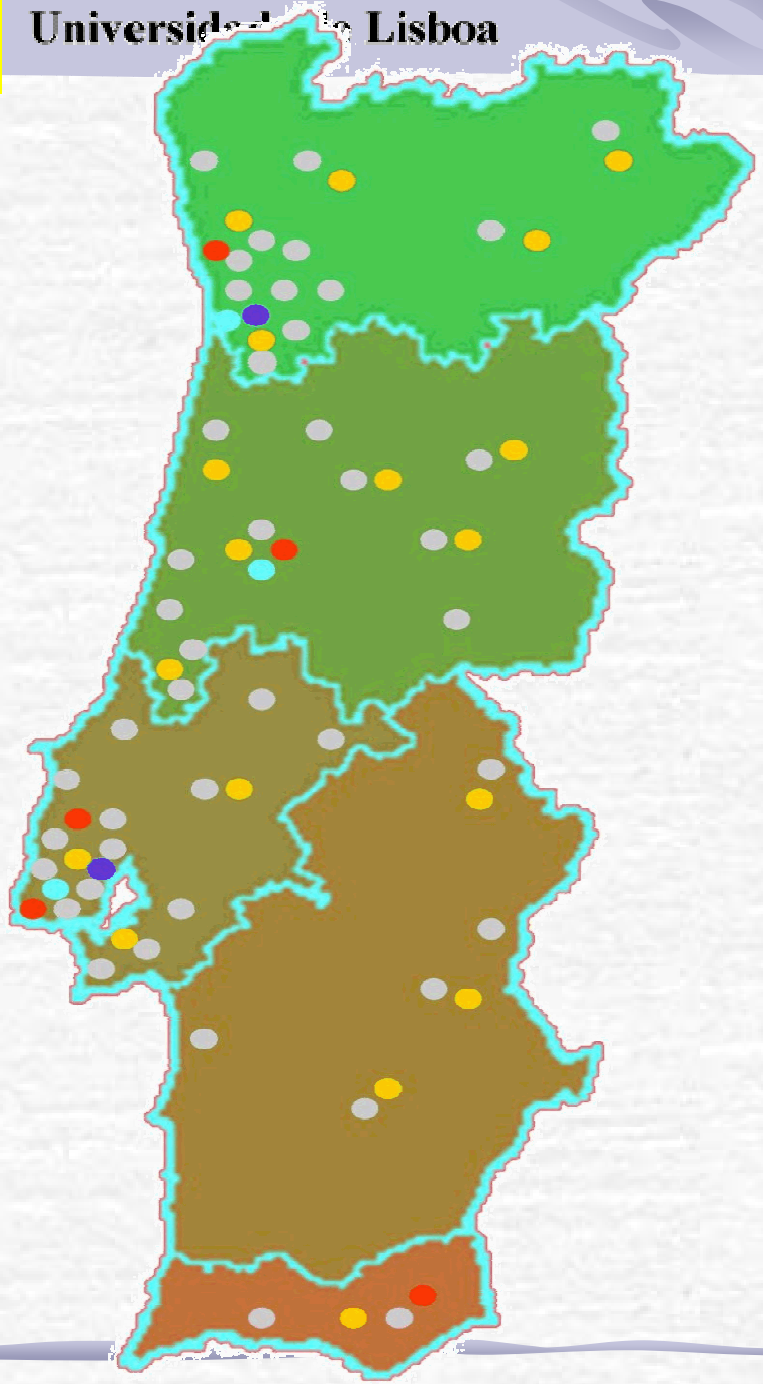
New Legislation
Decreto-Lei nº 221/2007, de 29 de Maio – Lei Orgânica do IDT, I.P.
Portaria nº 648/2007 de 30 de Maio – Estatutos do IDT, I.P.

Alcohol integrated

Institute on Drugs and Drug Addiction

NATIONAL INSTITUTE ON DRUGS AND DRUG ADDICTION – IDT.IP

- PREVENTION
- HARM REDUCTION
- TREATMENT
- REHABILITATION
- NATIONAL COORDINATION and NORMS
- DEFINITION OF NATIONAL STRATEGIES FOR ALCOHOL AND ILICIT DRUGS AND ITS EVALUATION



National Institute on Drugs and Drug Addiction – IDT.IP

- **45 Outpatient Treatment Centers**
- **4 Inpatient Units**
  3 Residential Treatment Units
- **3 Alcohol Units**
- **2 Day Care Facilities**
- **22 CRI– Integrated Units:**
  Treatment, Harm Reductuion, Prevention, rehabilitation

New National Strategies in Alcohol Policy

NATIONAL ALCOHOL PLAN ON REDUCING ALCOHOL RELATED PROBLEMS

- **National alcohol Plan with specifics priorities**
- **New legislation and law enforcement**
- **Monitoring and evaluation**

National Alcohol Plan for reducing Alcohol Related Problems

This National Alcohol Plan considers :

- **The epidemiological relevance of alcohol in ill health**
- **The intervention on alcohol related problems in a public health perspective**

Structure of the National Alcohol Plan for Reducing Alcohol Related Problems

- An analyses of the alcohol international and national related problems
- The main areas of intervention
- Strategic goals to reduce the harmful alcohol consumption on those areas
- Specific actions and measures
- Evaluation instruments and specific indicators

Some specific main goals

- Lowering harmful consumption patterns
- Promote abstinence during pregnancy
- Higher level of protection for underaged
- Reduce the alcohol consumption among the youth
- Reducing availability of alcohol
- Better regulation of alcohol advertising

New National Strategies in Alcohol Policy

National Alcohol Referral Network

The **main goals** of the referral network are:

To develop and maintain a continuum of care

- ✓ **To expedite the delivery of services in the most effective and appropriate manner**
- ✓ **To provide a system of mutual case information exchange**

New National Strategies in Alcohol Policy

National Alcohol Referral Network

- To coordinate and plan healthcare services referral and monitoring.
- To reduce fragmentation and/or duplication of services.
- To develop system-wide patient treatment plans
- To implement high quality and useful research

New National Strategies in Alcohol Policy

National Alcohol Referral Network

A National Alcohol Network is now being organized with involvement of **different actors:**

Institute on drugs and drug adiction

- **Primary Health Care**
- **Mental Health Services (Hospital Dep)**
- **Non Governmental Organizations**
- **Scientific Societies and Civil Society**

Implementation and dissemination of Brief Interventions

Discussion

- Need to amplify the objectives to a more integrated policy for alcohol prevention in Primary Health Care in Portugal
- How to articulate this aim with process of integration in IDT.IP
- HOW TO DO IT?
- WHAT ARE THE MAIN ISSUES?

Alcohol in Portugal

New National Strategies in Alcohol Policy

National Plan to reduce Alcohol related problems

includes:

“Brief interventions in Primary Health Care”

Objectives of the Program

- Develop a training program
- Evaluate the impact of training for the use of SBI strategies
- Detect the main difficulties perceived during the all process and reconsider procedures

The training Process

IDT.IP - PHC

PHEPA

Training Program

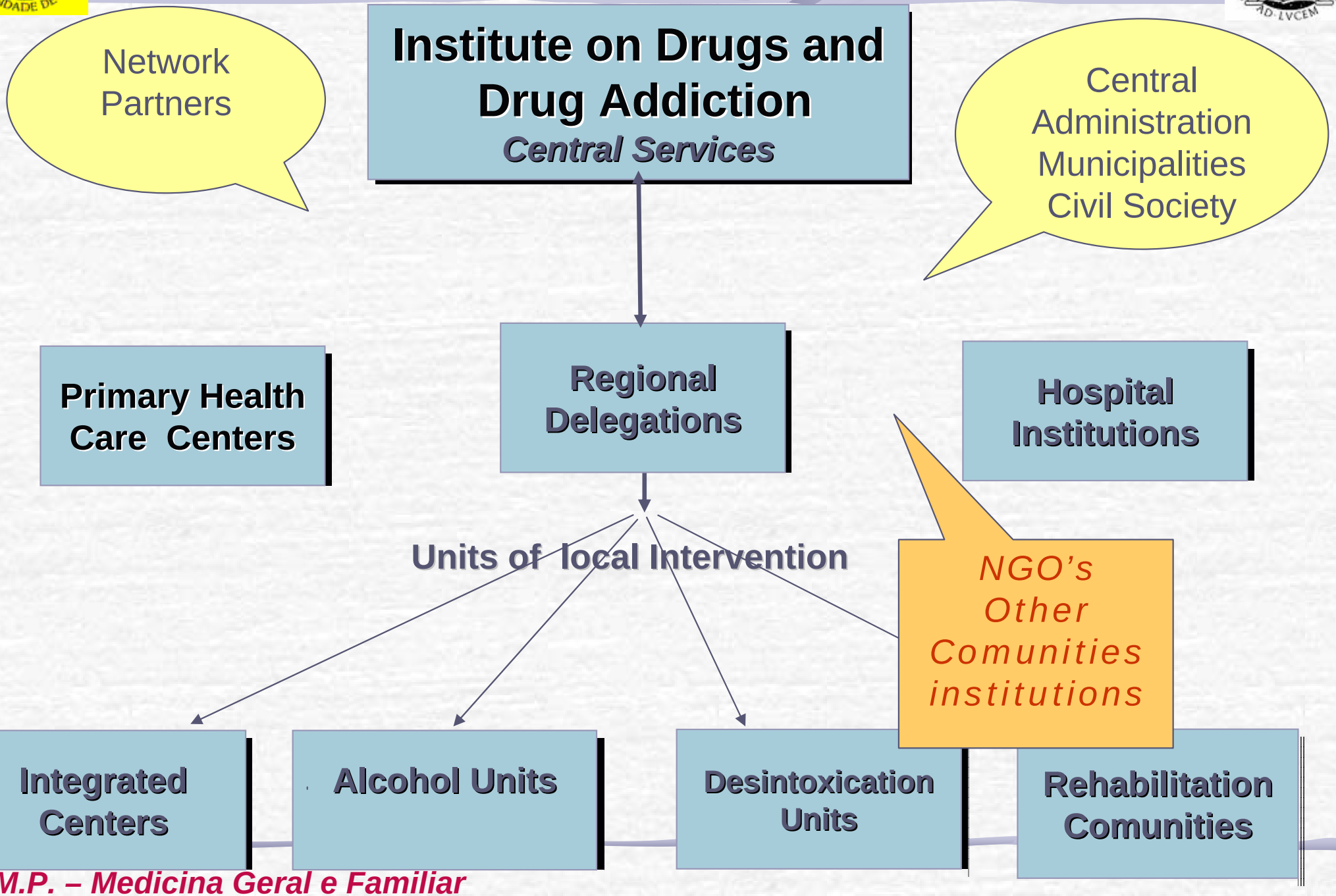
Knowledge/Skills/Atittudes with the training program

Dissemination of training program

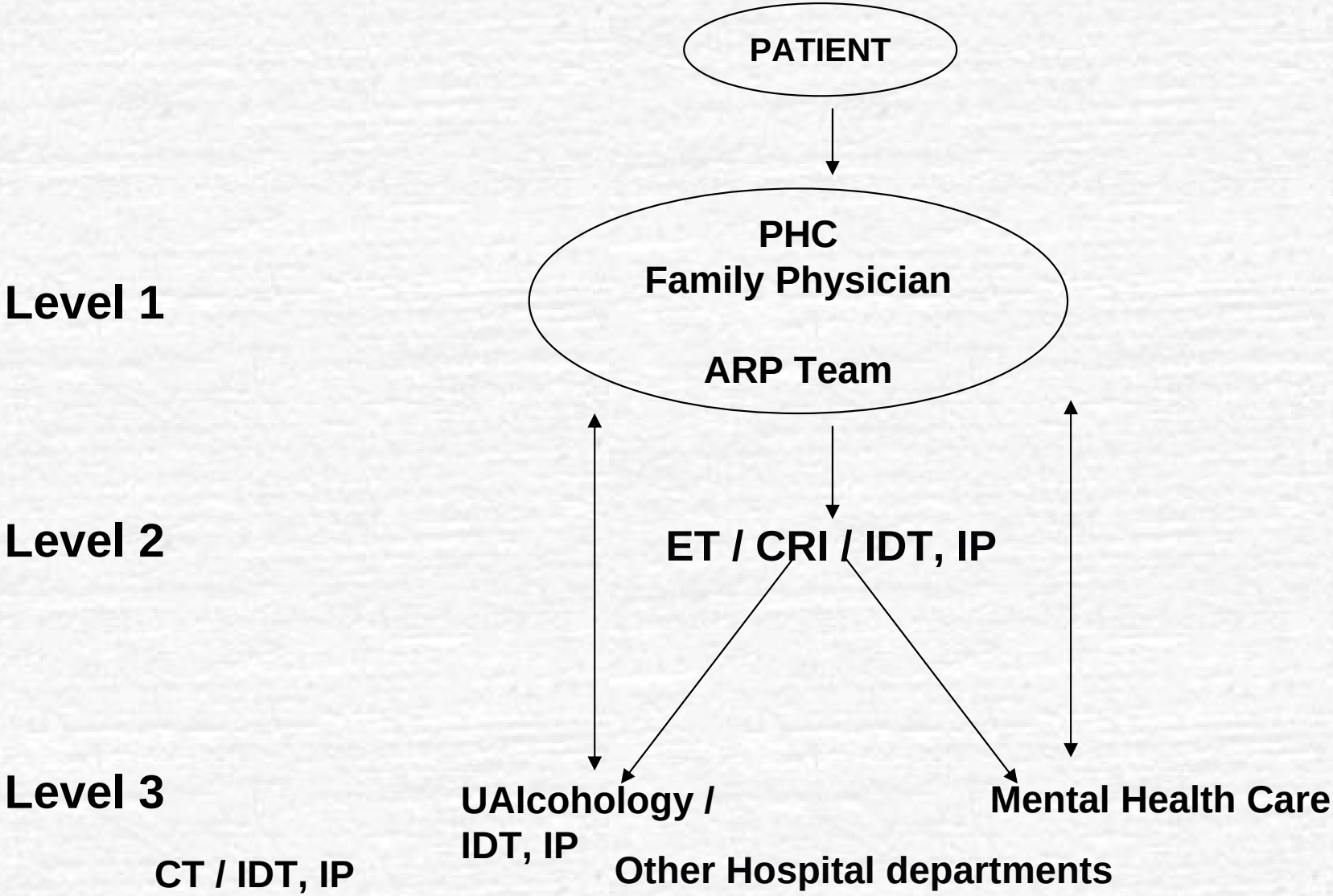
Evaluation- Assesment

Implementation and dissemination of the program

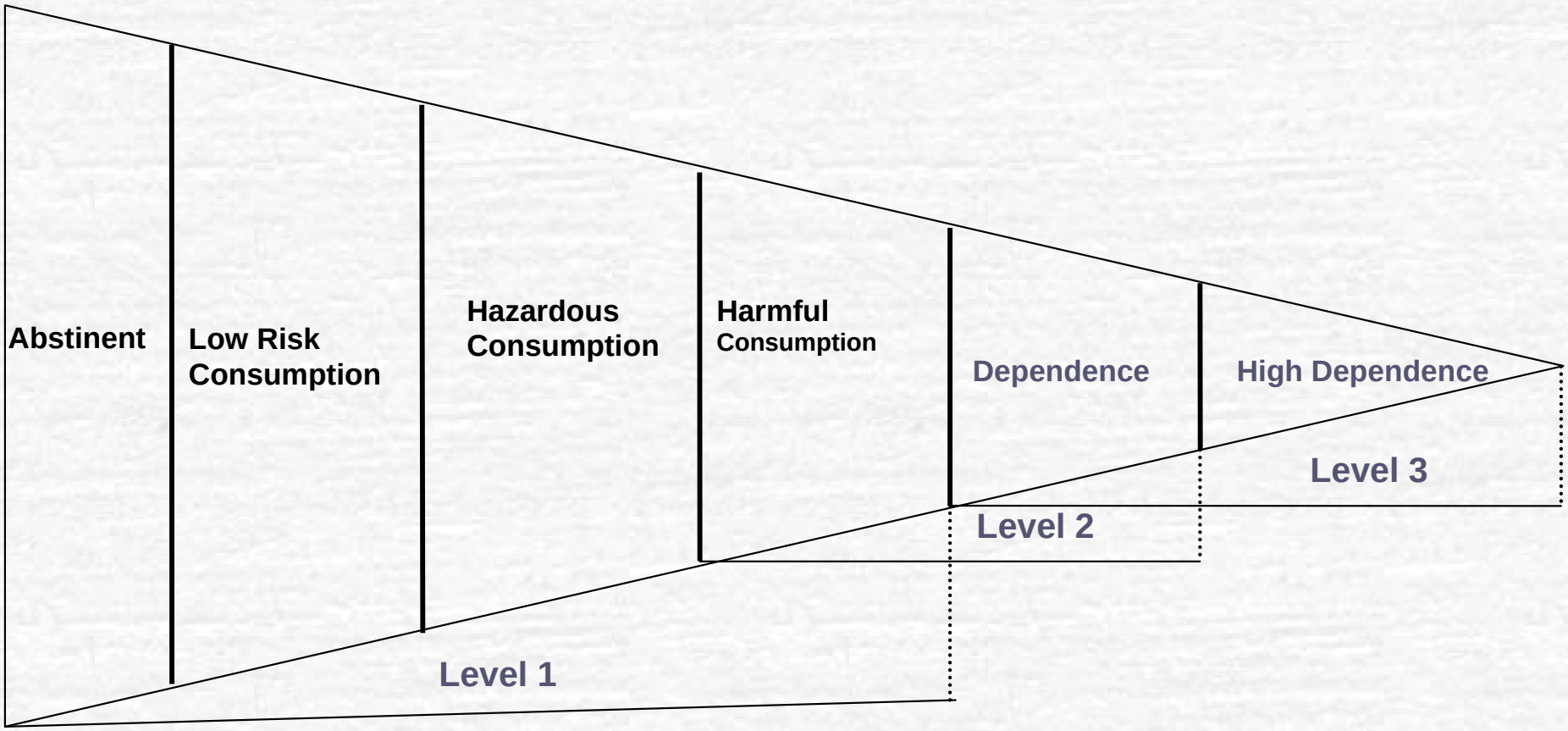
- What is needed to transfer SBI into PHC practice
  - Context of PHC
  - Other services
  - Community
- Articulation among services
- Barriers to integration and dissemination


Network Partners
Institute on Drugs and Drug Addiction
Central Services
Central Administration
Municipalities
Civil Society
Primary Health Care Centers
Regional Delegations
Hospital Institutions
Units of local Intervention
NGO's
Other
Comunities
institutions
Integrated Centers
Alcohol Units
Desintoxication Units
Rehabilitation Comunities

Referral Network - Levels of Care



Referral Network- Levels of Care



Referral Network- Levels of Care

LEVEL 1	**Family Physician – PHC** **Team of ARP - PHC**	**Risk/hazardous** **Harmful** **Slight Dependence**
LEVEL 2	**Treatment Units (IDT.IP)** **CRI**	**Harmful / Dependence** **Drugs and Alcohol consumption and Dependence**
LEVEL 3	**Alcohologic Units/ IDT, IP** **Mental Health Care Services**	**High Dependence** **Mental Health Problems** **Patients with special needs**

Implementation and dissemination of Brief Interventions

***OBJECTIVE*: Work with both primary care and secondary care to improve the quality alcohol intervention integrating Brief interventions at first level**

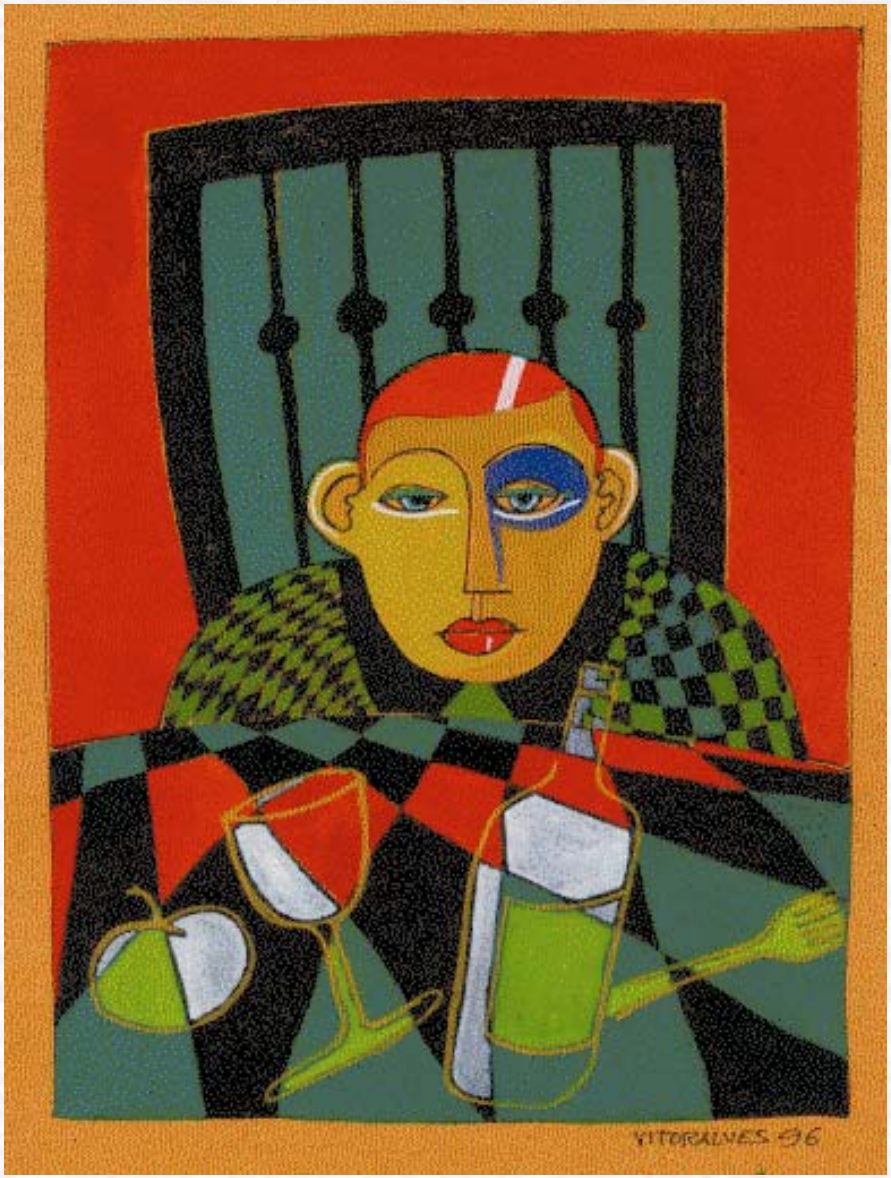
***Reach:* a better organizational structure with priorities and support to this main goal**

***Implementation:* *Good* assessment and referral associated with better level of care**

Efficacious vs Barriers in Dissemination of Brief Interventions

The Context

- ✓ BI accepted from inside
- ✓ Organizations must be stable
- ✓ Adequate Time
- ✓ Organizational support is essential
- ✓ Innovation and change is essential



Thank you for your attention!