



THE EFFECTIVENESS OF GENERAL PRACTITIONERS (GP) SCREENING AND BRIEF INTERVENTION (BI) IN REDUCING ALCOHOL CONSUMPTION AMONG PATIENTS IN PRIMARY CARE IN ITALY

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Introduction

This study has been developed within the international project EIBI (WHO).

It was carried out in Italy during two years
(2005-2006)



Objective

The aim was to evaluate the effectiveness of General Practitioners (GP) screening and Brief Intervention (BI) in reducing alcohol consumption among patients in primary care in Italy.



Specific Objectives

- making a standard tool (package) to implement BI in Italian primary health care;
- training a sample of Italian GP to use package;
- observing alcohol consumption in patients in primary care in Italy
- evaluating results.

Methods

- Involvement of GP coming from Italian different regions (Campania, Friuli Venezia Giulia, Lazio, Puglia, Sicilia, Umbria, Veneto) and adequately trained to the EIBI method.
- AUDIT form was used for the patients screening: both patients with AUDIT Score 9-15 (hazardous drinkers) and 16-18 (harmful drinkers) were included in one group with score 9-18
- The study protocol provided for each GP to recruit randomly 6 cases and 6 control subjects, equally distributed for gender.
- An AUDIT complete screening form was administered to all the patients at the first examination. A second follow up after six months and a third one after 12 months were arranged for the recruited patients.
- On both occasions the arranged form was administered.



Exclusion criteria

Patients were excluded if they:

- were aged <18
- had current major physical or psychiatric illness
- were severely alcohol dependent (AUDIT \geq 19)
- were had severe brain damage or mental impairment.



Instruments

- Information material for GP
- Screening form
- BI



Information material for GP

- a management guide for the GP containing information about alcohol consumption related harms and useful pointers for motivational assessment and diagnosis;
- a self-help booklet to encourage the "“hazardous drinkers”" to decrease their alcohol intake;
- information brochures for the general public which can also be displayed in doctors' waiting rooms.

Screening form

- a questionnaire including the patient's medical history, self assessment of health, information about social and family support, history about health service use, information about driving and car accidents;
- a section of behavioural indicators designed to assess the social and psychological "risks" of patients in relation to alcohol consumption;
- AUDIT test
- clinical tests to check specific symptoms and signs correlated with alcohol use;
- optional biochemical tests for identifying alcohol use disorders such as liver enzymes: serum γ -glutamyl transferase (GGT), alanine aminotransferase (ALT), aspartate aminotransferase (AST) and mean corpuscular volume (MCV).



BI

Motivational intervention which takes from 10 to 30 minutes to be delivered and which provides for:

- standard definition of drink units,
- recommended low-risk consumption levels;
- benefits of cutting down drinking;
- tips on helping patients reduce consumption;
- Advice how to set goal;
- determine action and review progress;
- a self help booklet/diary for patients to take away.

Treatment protocols

CASES

- Screening form
- BI

CONTROLS

- Screening form
- GP usual advice on cutting down drinking.



Results

1888 patients were screened. Of these:

- 225 were positive at the AUDIT
- 168* were included in the study

* The gap is due to:

- AUDIT > 18
- Drop out of GP and patients

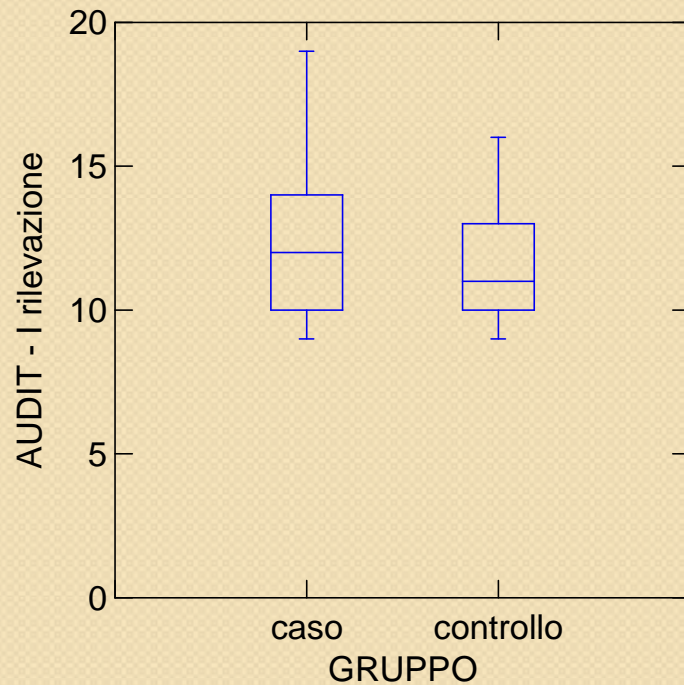
Sample description

	SAMPLE	CASES	CONTROLS
GENDER			
Male	51.4	63.4	67.9
Female	48.6	36.6	32.1
AGE			
< 20	0.5	0.0	2.3
20-29	8.7	2.9	4.5
30-39	9.7	10.8	9.1
40-49	18.2	15.7	25.0
50-59	20.9	22.6	22.7
60-69	21.0	27.4	22.8
70-79	15.7	17.7	13.6
Over 80	5.3	2.9	0.0

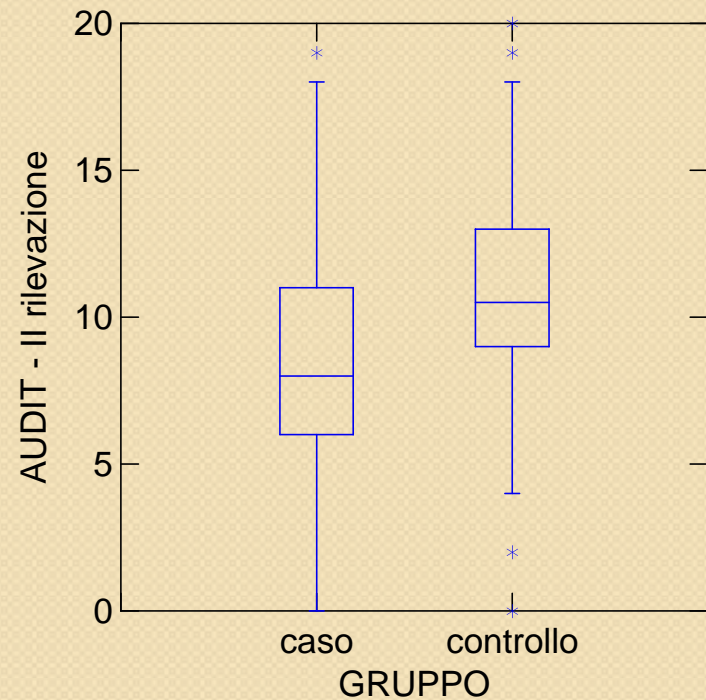
Sample description

DEGREE			
University	11.9	7.2	7.3
High School Certificate	35.0	31.2	30.9
Low School Certificate	23.1	20.5	21.8
Elementary School	25.1	30.4	34.5
No degree	4.9	10.7	5.5
EMPLOYMENT STATUS			
Housewife	21.6	15.3	12.5
Self Employed	14.7	25.2	19.6
Worker	21.2	30.6	33.9
Employed	23.8	14.4	19.7
Freelance	8.2	7.3	7.1
Other	8.1	4.5	5.4
Never work	2.4	2.7	1.8

Results *



Before BI the difference between two groups it not significative



After BI group has reduced alcohol consumption

* Kruskal-Wallis Test was used to compare the groups



Discussion

- As noticed in the most part other studies concerning Brief Intervention (Wutzke et al, 2002) the control group in the current project showed a reduction in alcohol consumption at 12-month follow up.
- The present study confirm that also in Italy Audit test is an effective and cost efficient screening instrument.
- Primary care provides an excellent environment to combine Early Identification and Brief Intervention to reduce the burden of excessive alcohol consumption on individual, health system and society.

Critical issues of the project

Strong points

- Gathering a great deal of unknown and useful information about patients
- National distribution of the information material (has reached more than 3000 patients)
- Materials perceived as being very useful by the GP
- The BI method could be extended to other aspects of health lifestyle



Critical issues of the project

Weak points noticed by GP

- Lack of time
- Lack of a national consistent political support to GP action (and consequent lack of resources)
- Lack of support staff (e.g. in GP consulting rooms, there are no nurses to help doctors)
- Questionnaire length and complexity
- Patients were reluctant to talk about alcohol with their family doctor
- AUDIT test is too explicit for hazardous and harmful drinkers
- Patients were reluctant to agree to the collection of data for research

Conclusions

- Weak points noticed by GP and other studies suggest to implement EIBI method to other health field and to involve operators who work in health and lifestyle contest.
- Nowadays, thanks to a national project of Ministry of Health, Alcohol Regional Center of Tuscany is working with operators who act in **workplace** in 14 regions. The training, on progress, is directed to doctors and operators of work security. It clearly explains the new security rules with the aim to have consistent guide lines of behavior for the country.

Thanks for your kindly
attention!



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