

Alcohol-related risk perception in primary care patients screening positive for unhealthy alcohol consumption

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C.O.I.



"Yes, I am employee of the month again. And yes, I'm the one who chooses the employee of the month. And no, I don't see a conflict of interest."

- Conflict of Interest: None
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Background

- Efficacy of SBI depend according to their effort and their target population:
 - Evidence for at-risk consumers and alcohol abusers
 - Inconclusive findings for binge drinkers without AUD
 - No clear evidence for individuals with alcohol dependence
- Cognitive dissonance has been viewed as one working mechanism underlying SBI
- Dependent on subjective risk perception ?

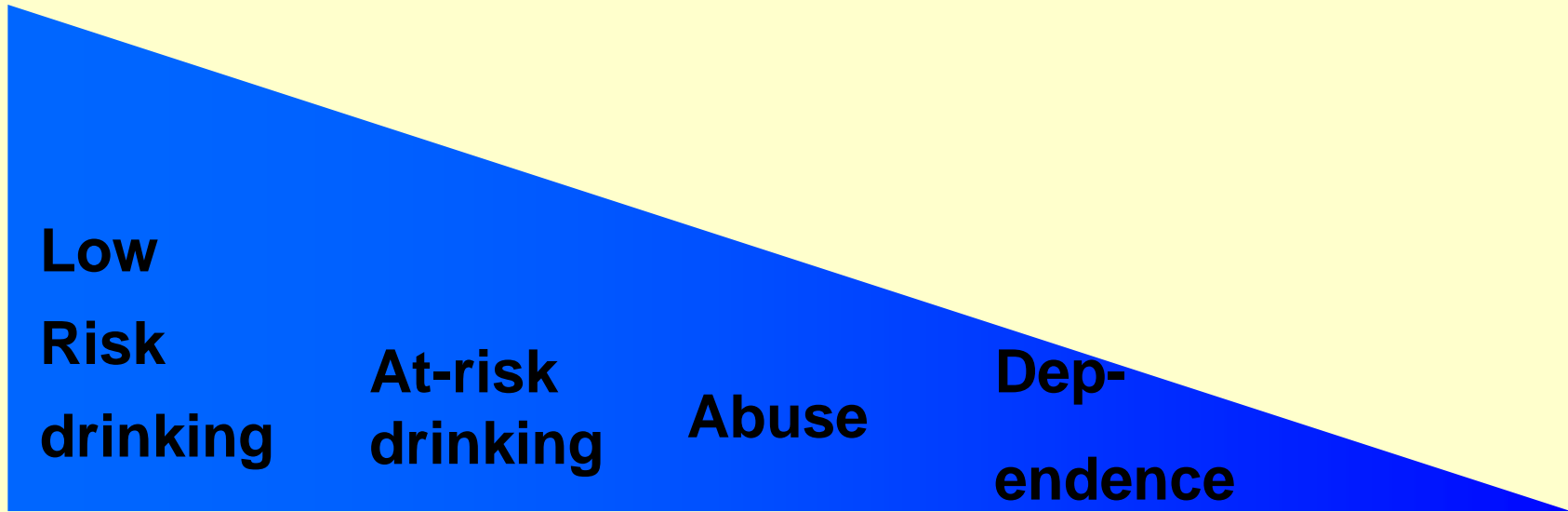
Drinking pattern and Alcohol Use Disorders

**Low
Risk
drinking**

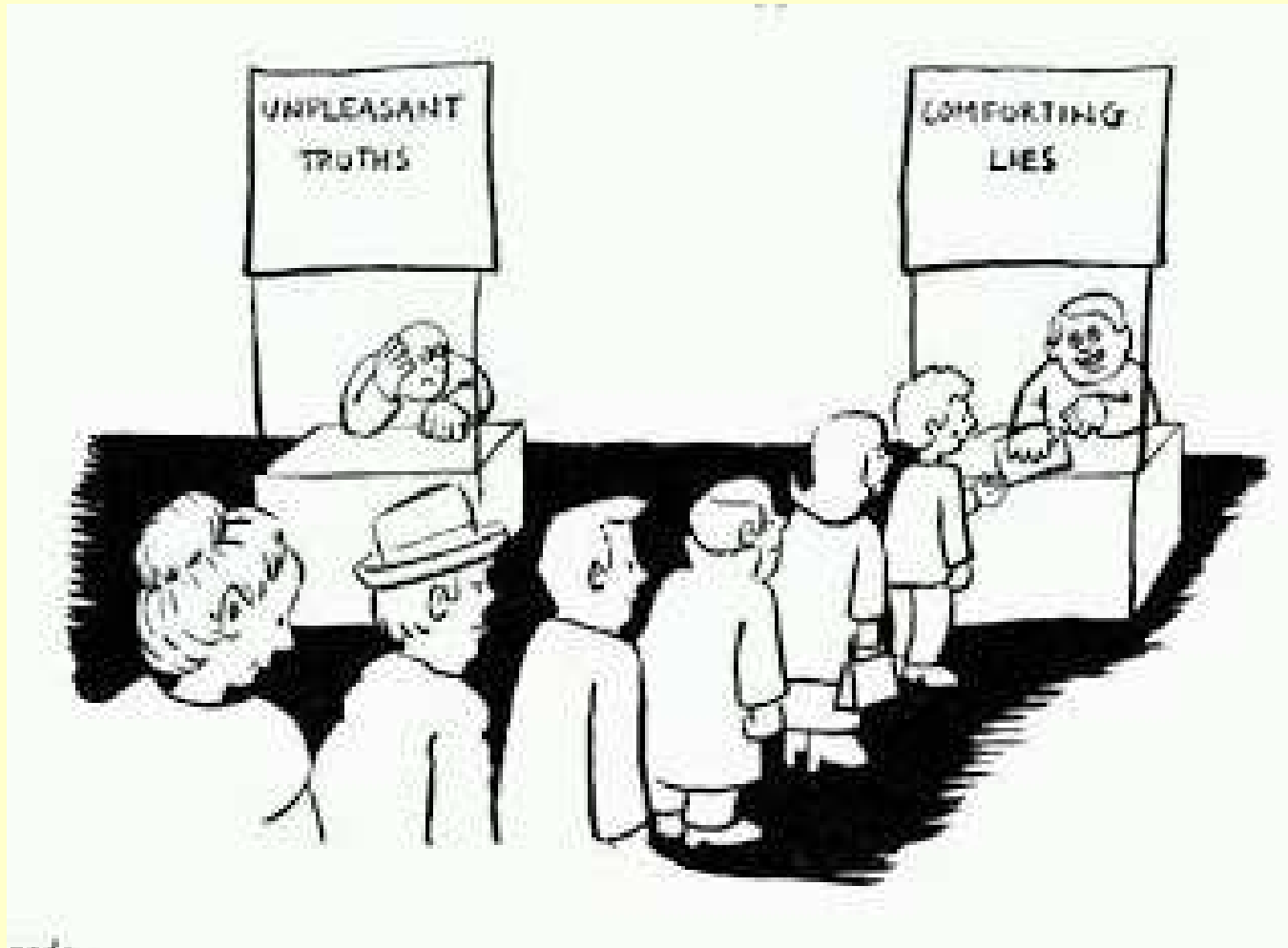
**At-risk
drinking**

Abuse

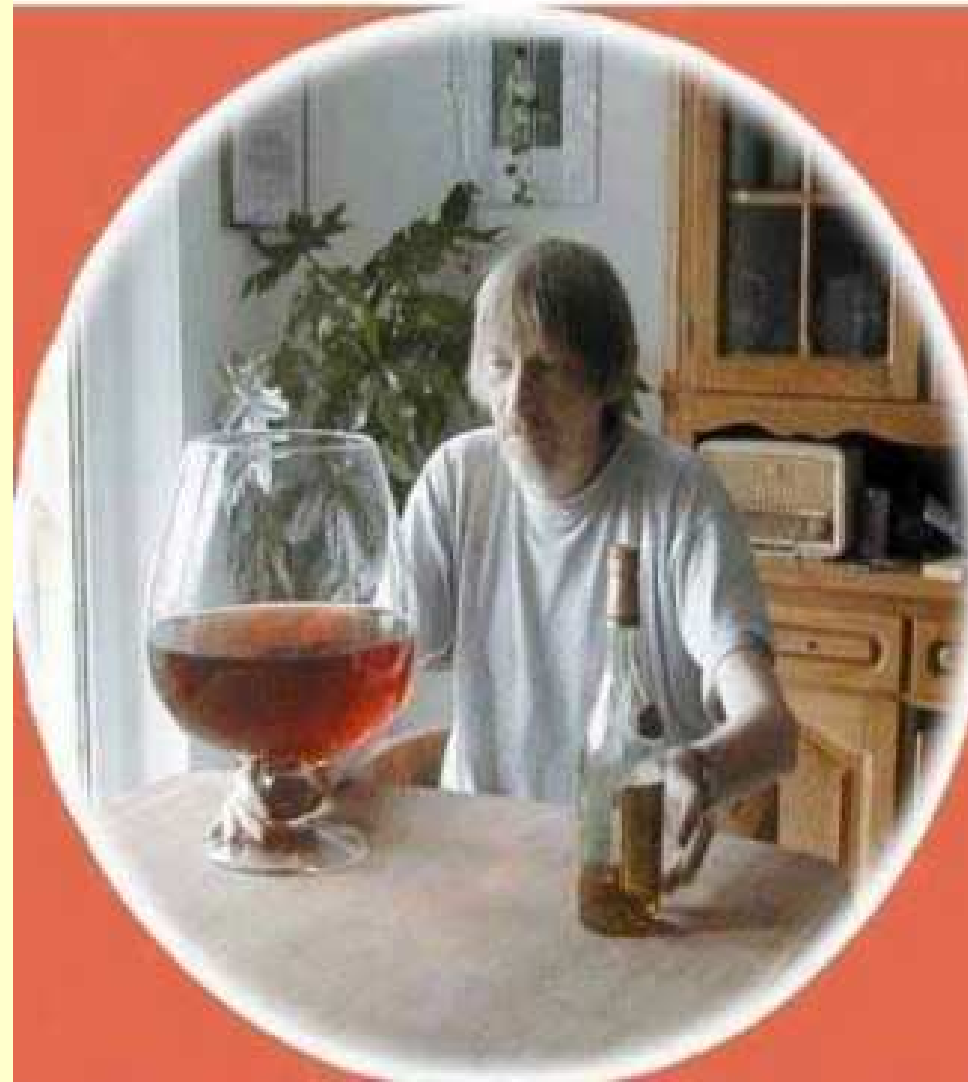
**Dep-
endence**



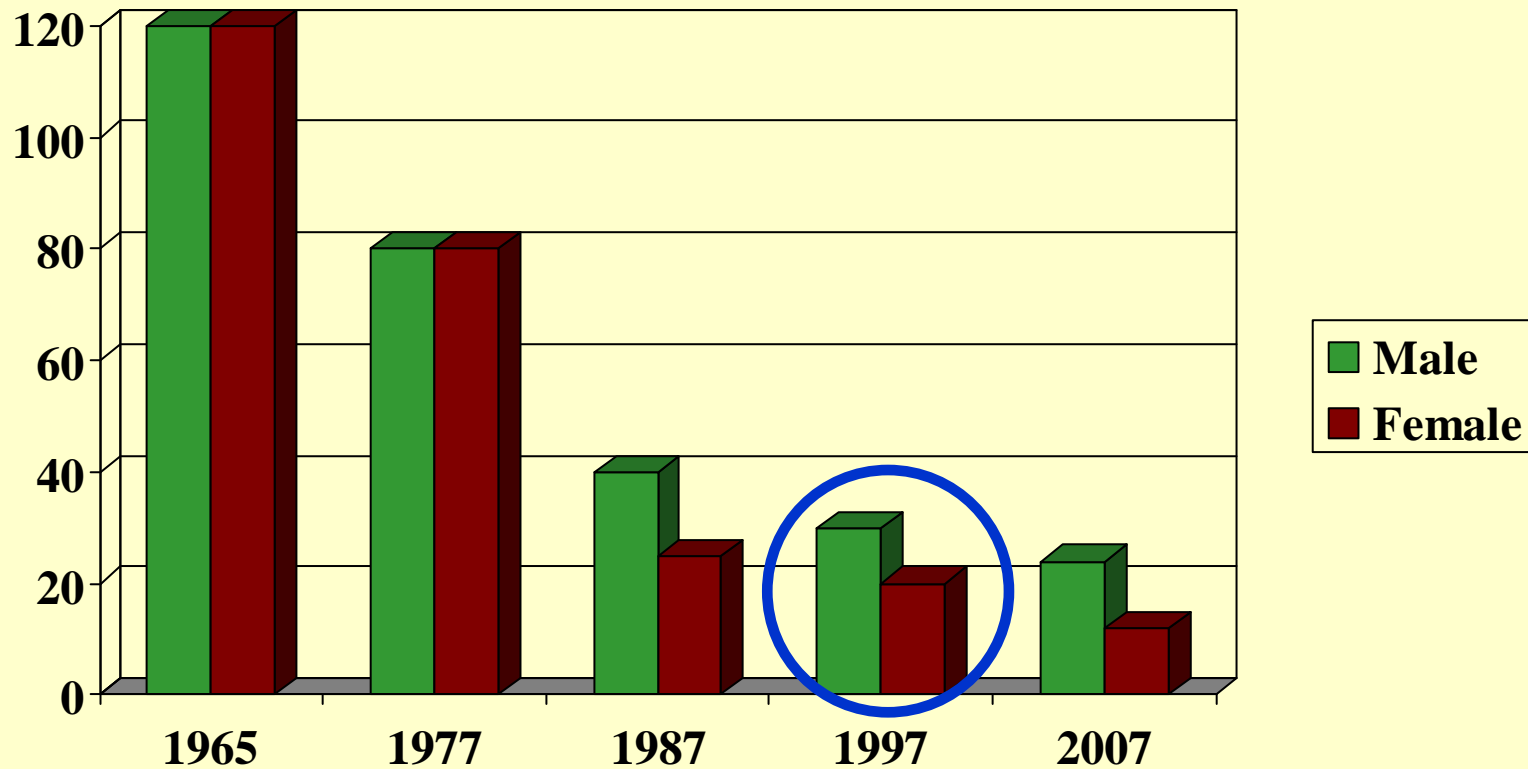
At-risk drinking ?



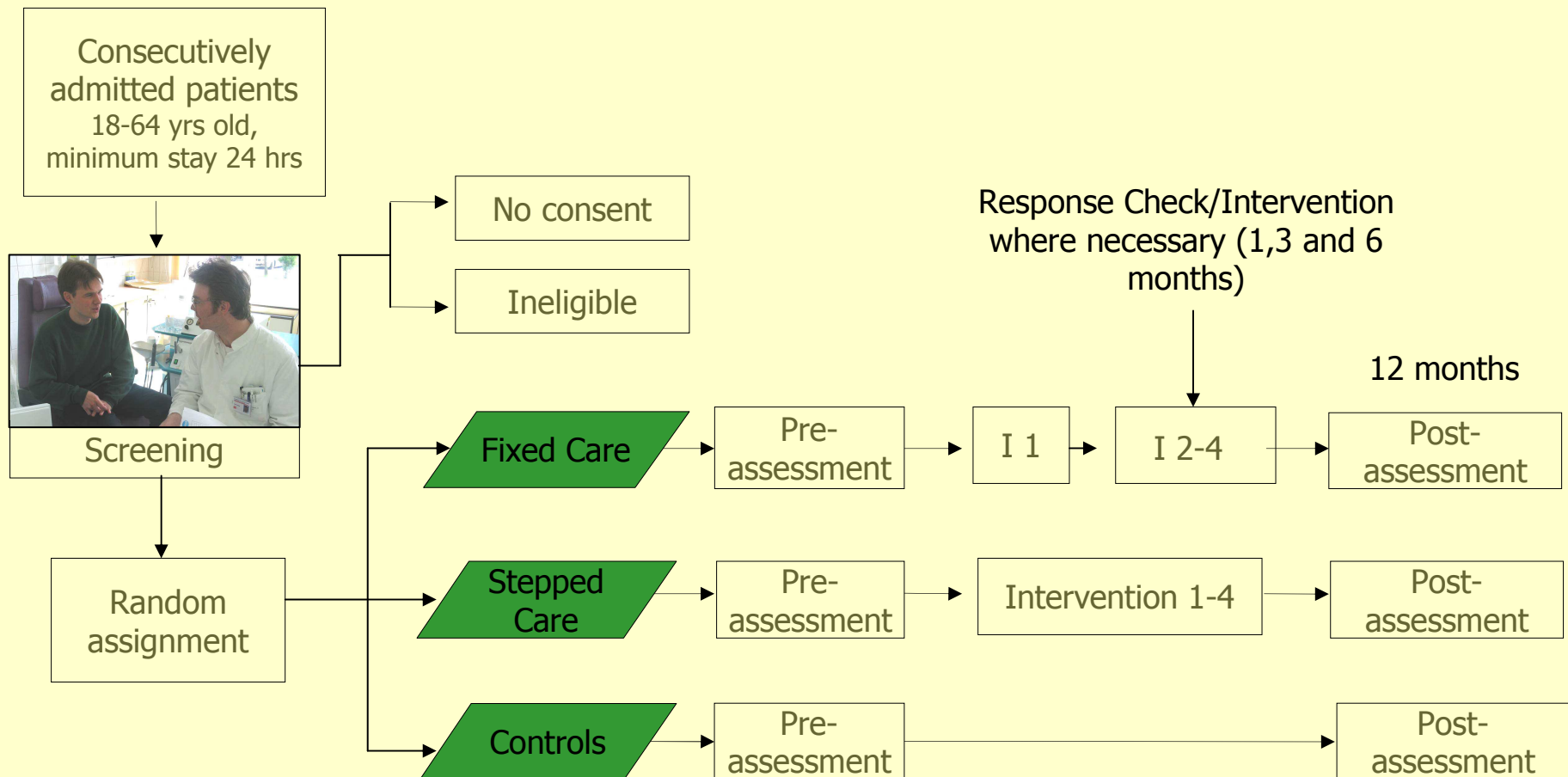
My Doctor said "Only 1 glass of alcohol a day". I can live with that.



Change in definitions of at-risk drinking (BMA)



Study design



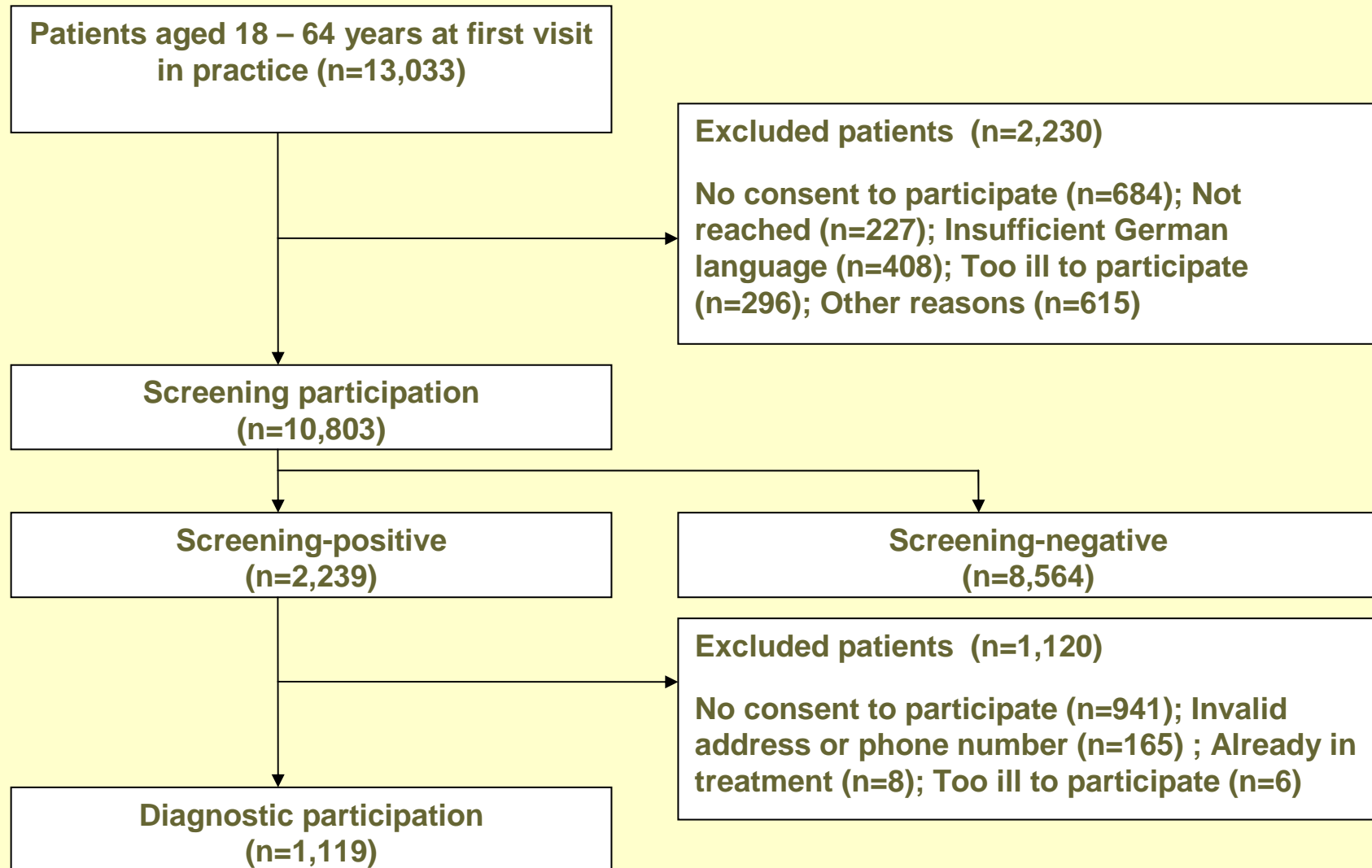
Procedure

- GP patients between 18 and 64 Years
 - Alcohol dependence
 - Alcohol abuse
 - At-risk consumption according to BMA
 - Binge drinking only (at least 2xMonth/>80/60 gr.Alc.)
- 81 GPs in Luebeck + surroundings + 4 GPs in Kiel
- Cut-off AUDIT ≥ 5 , LAST = 2
- In-depth diagnostic with M-CIDI
- Exclusion criteria: already abstinent, in treatment, terminal illness, homelessness, no telephone, language problems

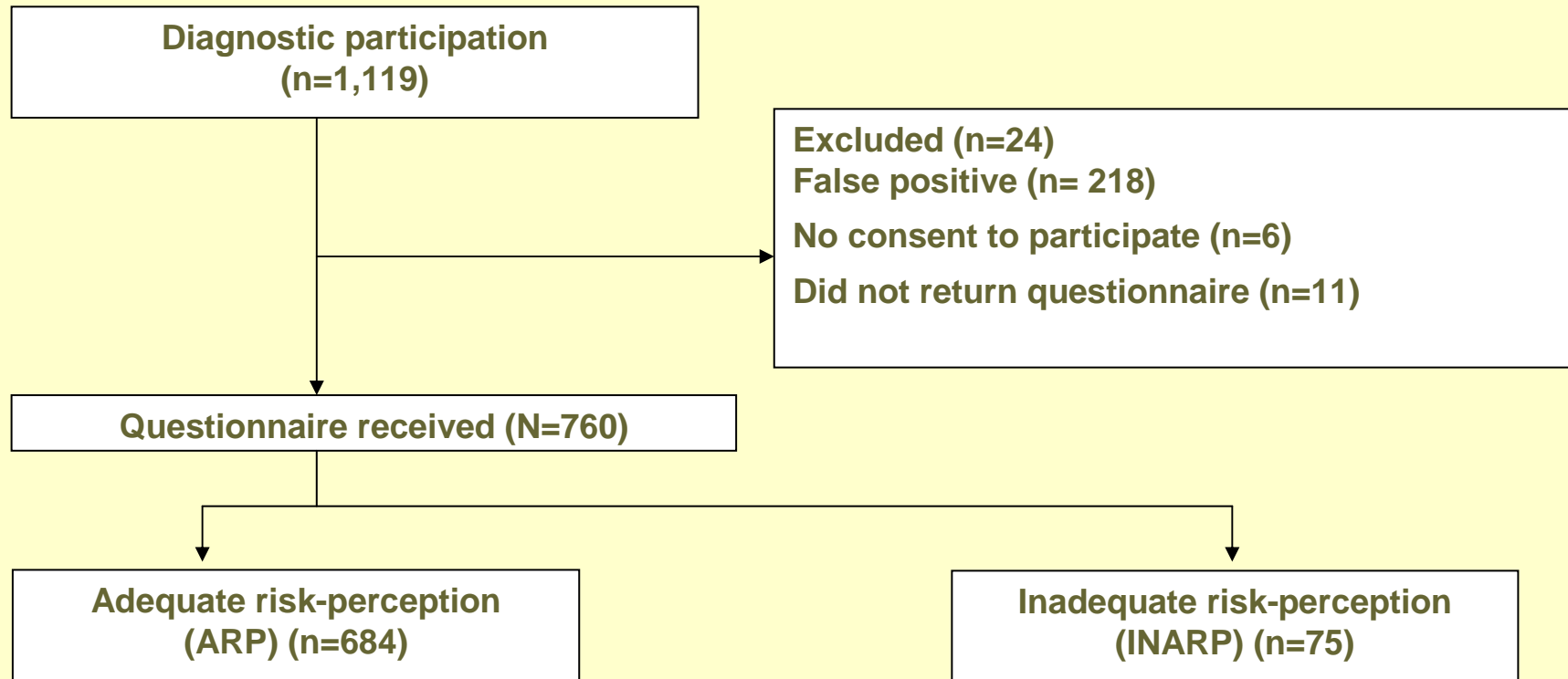
Procedure

- „Key question“ (in questionnaire): „How many alcoholic beverages do you estimate can be consumed on average per day without adverse health consequences?“
 - Answer format ranging from „No beverage“ to „more than 6 drinks“
- Dichotomisation of the appropriateness of risk perception according to gender at the time of the study (women up to 2 drinks „adequate“, males up to 3 drinks „adequate“)

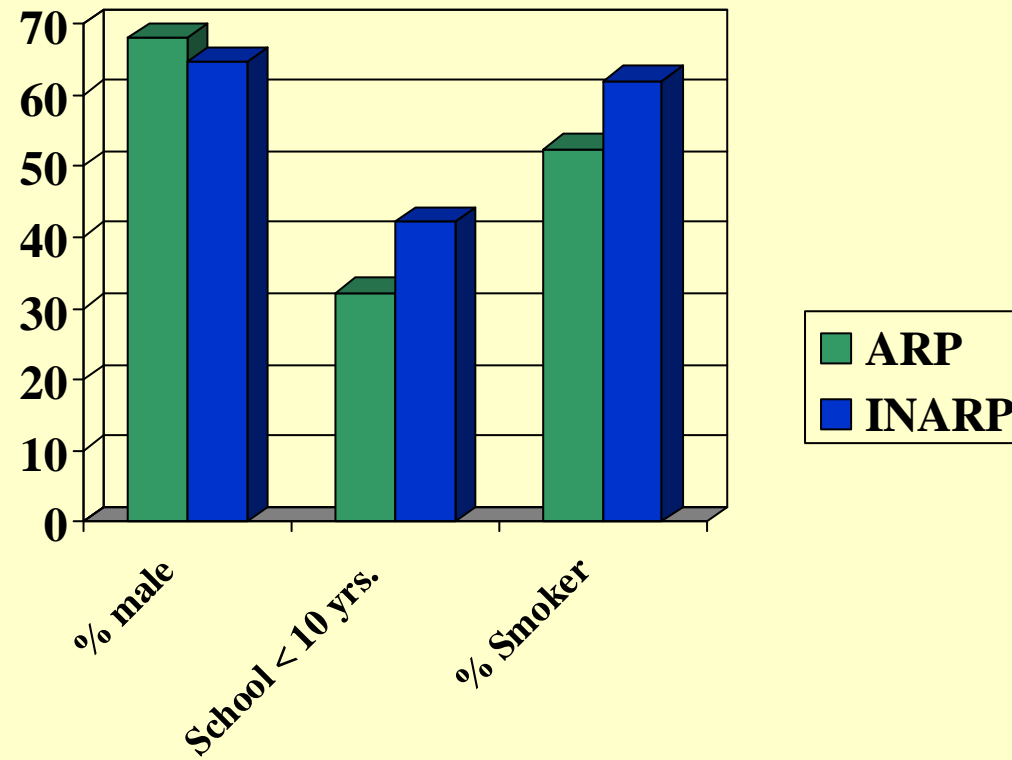
Recruitment



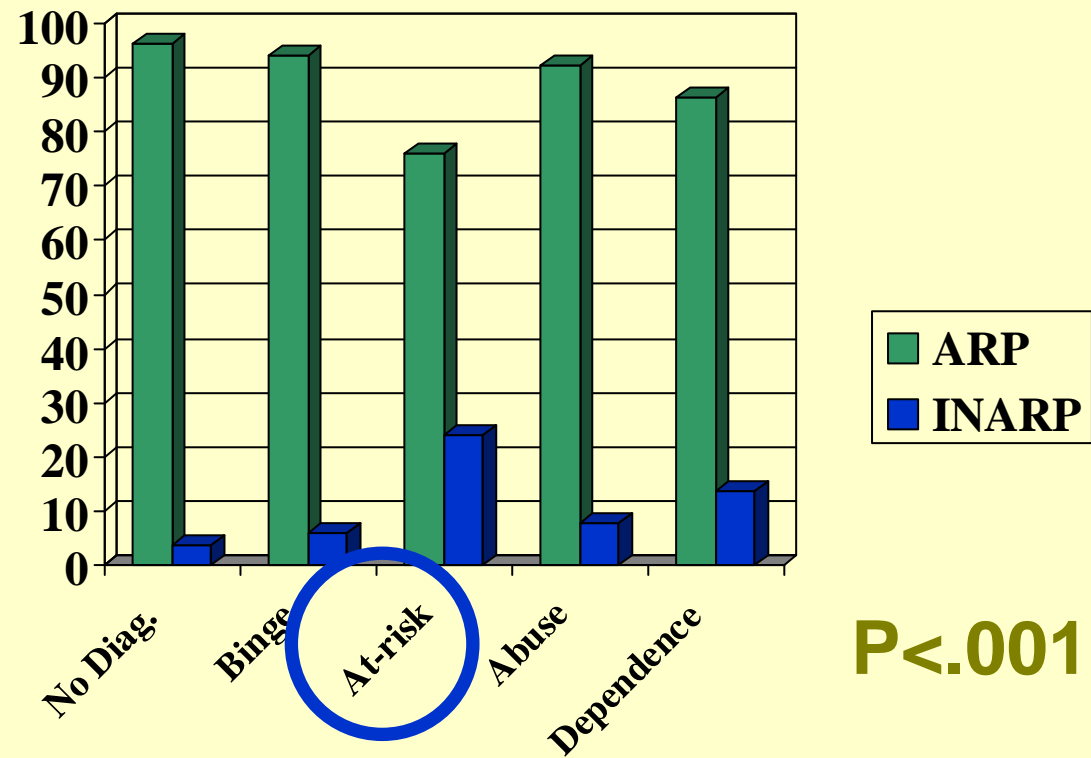
Recruitment



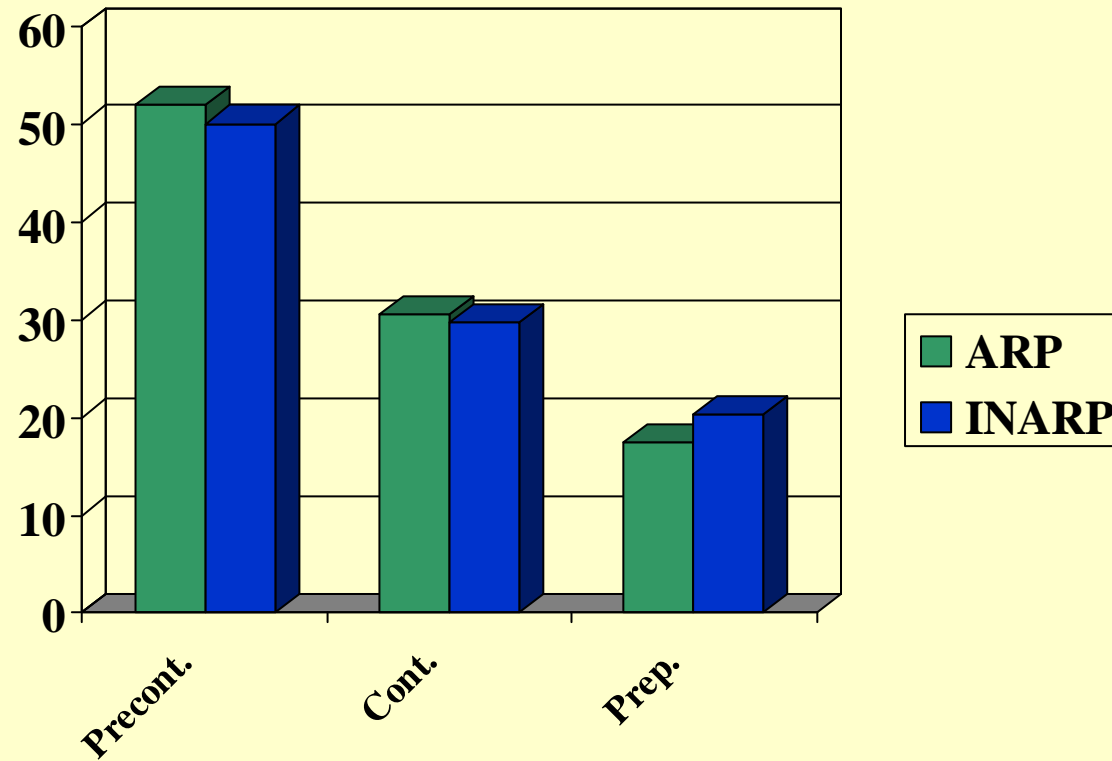
Results



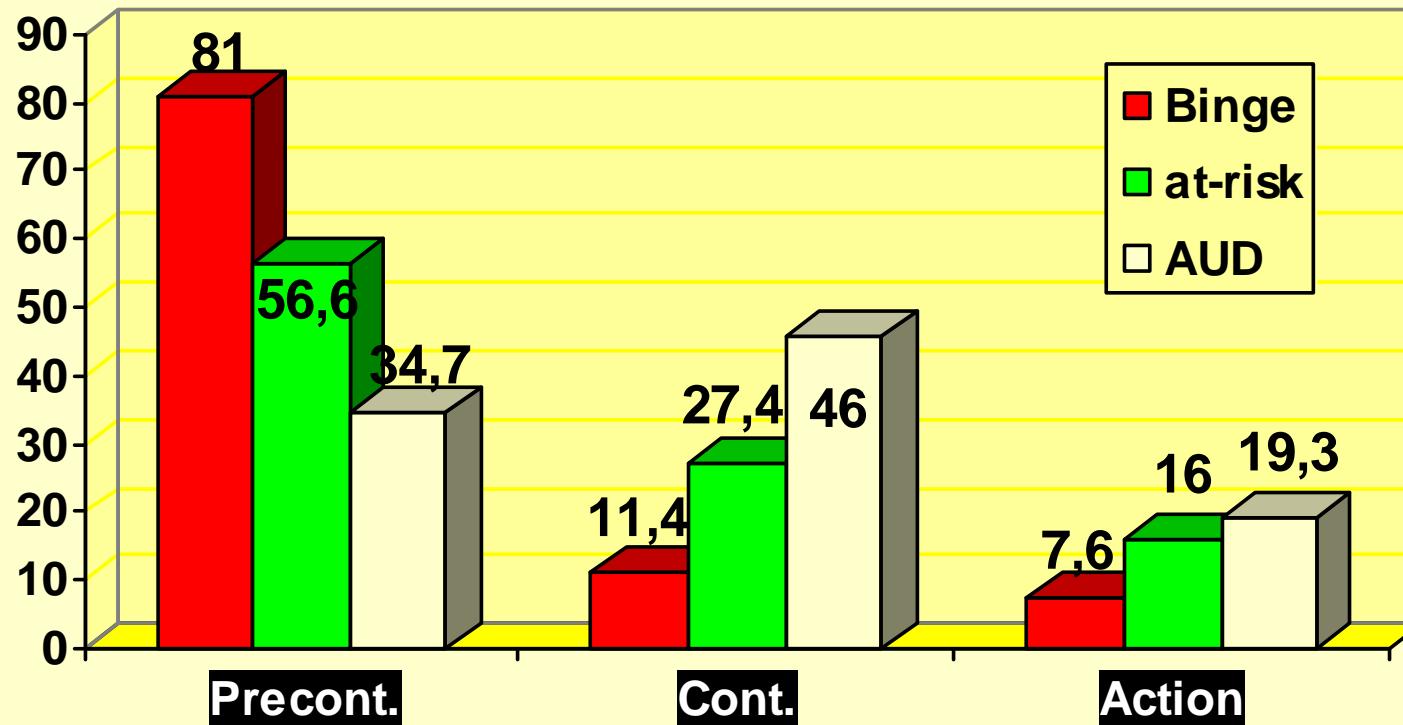
Results



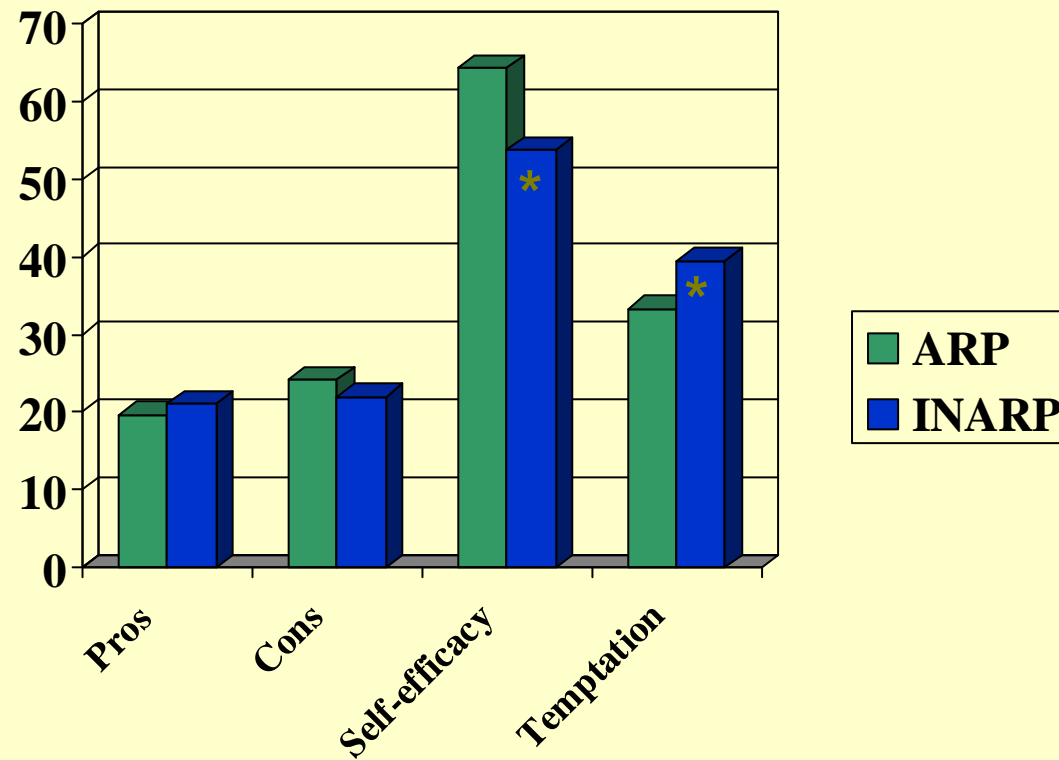
Readiness to change RCQ



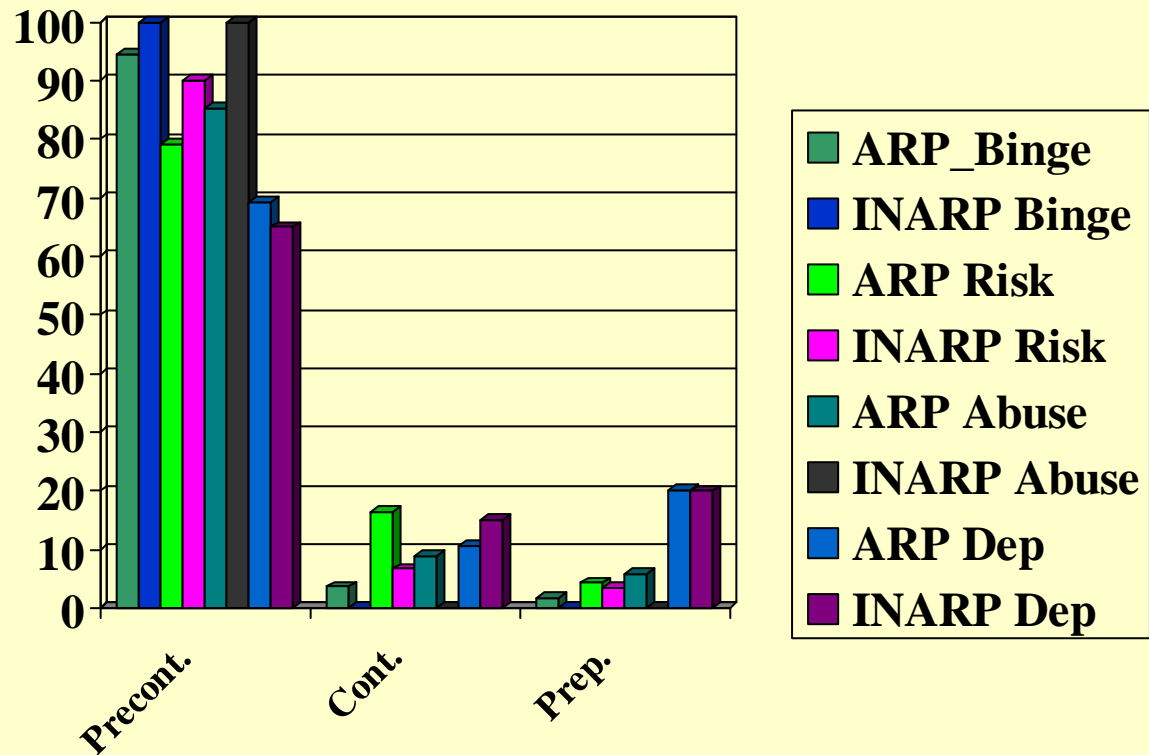
Stages of Change according to diagnostic group



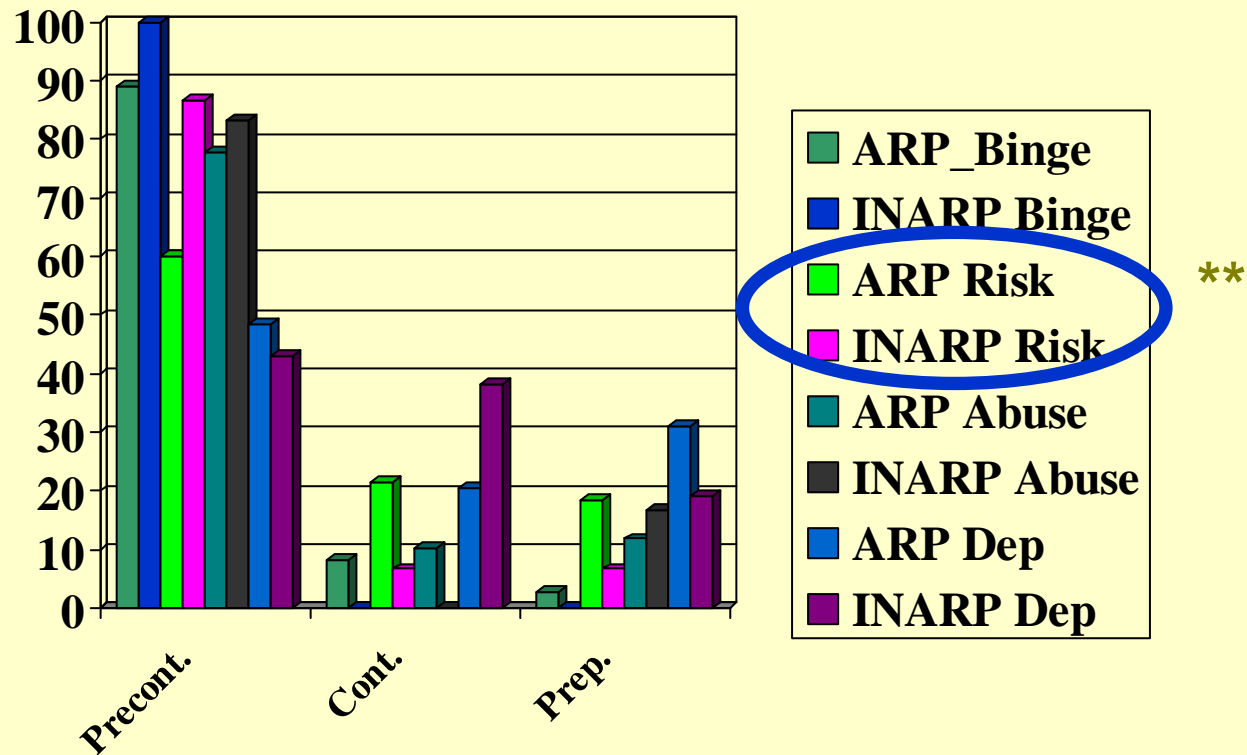
Results



Motivation to abstain



Motivation to reduce alcohol intake



Conclusions

- Inappropriate risk perception of drinking levels are an influential factor of readiness to change in GP patients with risky drinking patterns
- Efficacy of minimal interventions (e.g., simple advice, brochures) might partially be explained by reduction of dissonance
- Subjective parameters should be assessed routinely for estimating intervention effects in studies on SBI
- Research concerning risk perception in binge drinkers appear useful given the low readiness to change in this group.

Thank you for listening!

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