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General introduction

BACKGROUND OF THE STUDY

Drinking above safe health limits is common among patients attending a hospital outpatient clinic with prevalence rates from 10-20% for men and 1-7% for women.¹ The consumption of more than 14 units a week for women and 21 units a week for men can lead to a multitude of medical, psychological and social problems and alcohol dependency. We define frequent drinking that goes along with medical, psychological or social problems as problem drinking.² Problem drinkers make more use of health care services than the general population and cause high costs for the society.³

Often problem drinking remains unnoticed unless patients come to a medical specialist with severe alcohol related disorders such as liver cirrhosis, pancreatitis or reflux esophagitis. Because management of these chronic alcohol related problems is often unsatisfactory, medical specialists are often pessimistic about helping patients with an excessive alcohol use.

Various studies, mainly performed in the primary care setting, have demonstrated that early stage problem drinkers identified by screening reduce alcohol consumption after a brief alcohol intervention.⁴⁻¹⁰ Brief interventions are not a type of treatment but a category of interventions with general characteristics that give them conceptual coherence.¹¹ Most comprise assessment, advice, and counselling with educational elements and possibly the handing over of self-help manuals or other forms of written information. Professionals other than specialists in substance misuse may deliver the interventions, most of which are aimed at moderate or harm-free drinking as opposed to total abstinence. Brief interventions can be used both to influence drinking behaviour directly and to facilitate referral to more intensive treatment. In the medical setting these interventions are often opportunistic; patients with non-alcohol related problems are screened and problem drinkers are offered the intervention.

Brief interventions can not only reduce alcohol consumption but also reduce alcohol related problems,^{6,12,13} serum gamma glutamyltransferase,^{6,14,15} days of sickness,^{6,16} mortality,¹⁷ and they can lead to referral for more intensive treatment.^{6,13}

The most influential study on the effectiveness of brief alcohol interventions in the medical setting is the World Health Organisation randomised clinical trial of brief interventions in primary health care.¹⁸ This study showed that there was a significant effect of simple advice and brief counselling on reducing alcohol consumption, especially among males.

The question arises whether screening and brief alcohol intervention could be effective and useful in the routine practice of the hospital setting too.

Screening and brief alcohol intervention in the hospital setting

Although medical specialists can detect problem drinking easily if patients suffer from advanced physical complications of alcohol use, identification of the much larger group of problem drinkers with less advanced alcohol related complications such as hypertension, abdominal discomfort, sleeping disturbances, gastrointestinal upset and a variety of psychosocial problem is less easy.^{19,20} Screening of all incoming hospital patients on problem drinking could facilitate early recognition.

Not much is written about the effects of brief alcohol interventions in the hospital setting. Yet, the hospitals' outpatient clinics could be an useful setting for brief alcohol interventions. In the

Netherlands and most other European countries the hospitals including specialised somatic outpatient clinics only treat referred patients. This may lead to bias towards patients with more severe conditions and diseases than in primary care, and enables medical specialists to use stronger arguments when the conditions and diseases may be related to alcohol. The severity of patients' conditions and disorders combined with the awareness that they are alcohol related might enlarge patient's motivation to change. Moreover many patients regard medical specialists in the hospital setting with more authority than the providers of primary health care.

Brief alcohol interventions in medical practice

Evidence that brief interventions among drinkers above health limits *can* work does not mean they *do* actually work in practice.²¹ The integration of regular alcohol screening and interventions into everyday practice is subject to debate. This debate flared up after Beich and colleagues published the negative experiences and sceptical opinions of general practitioners who had to screen problem drinking and tried to provide brief interventions.²²

A relevant point raised in the debate concerns the distinction between the effect of brief alcohol interventions measured under optimal conditions and the effects of brief alcohol interventions under the real-world conditions of routine care. Although trials performed under optimum conditions provided relevant evidence for their effectiveness, trials performed under real-world circumstances in the primary care setting showed less obvious beneficial effects for brief interventions.²³⁻²⁵ So, if we would like to study the effectiveness of a brief alcohol intervention among hospital patients carefully, also the application of this intervention in the routine hospital practice should be taken into account.

Drinking too much alcohol is only one of the risk behaviours that negatively influences patients' medical conditions. Other important risk behaviours such as smoking, poor physical activity and dietary habits are associated with diabetes mellitus and cardiovascular diseases.²⁶⁻²⁹ These risk behaviours can also be modified by brief interventions.^{30,31} Since hospital patients can have medical conditions related to different lifestyle behaviours, it seems worthwhile to implement a broader lifestyle intervention adapted to the type of history taking where medical specialist are accustomed to. In this broader intervention the alcohol intervention is one of the options.

AIMS AND OUTLINE OF THIS THESIS

The purpose of this study is to examine the effects of brief alcohol interventions among patients in the hospital setting. Two research questions are formulated:

1. Are brief interventions for problem drinking effective in the hospital setting?
2. How to optimise brief interventions for problem drinking in the hospital setting?

In Chapter 2 we present a systematic review of studies in the literature on the effectiveness of brief alcohol intervention for problem drinkers in the hospital setting (both in- and outpatients). We will

summarise the results of all controlled trials that evaluated an opportunistic brief intervention for problem drinking in a general hospital setting.

In Chapter 3 a description will be given of a brief psychological intervention for problem drinking which could fit well in the hospital setting: the Dutch Drinker's Check-Up (DVA). It is a brief motivational intervention performed by a psychologist. It is proven to be effective in reducing alcohol consumption in problem drinkers in other settings. The components of the DVA are described and illustrated by a case example

Chapter 4 presents the results of a randomised controlled trial to evaluate the effects of the DVA at an outpatient clinic for general internal medicine. Does the DVA reduce alcohol consumption and increases patients' readiness to change?

In chapter 5 three case studies from patients who suffered from somatic complaints related to excessive alcohol use are presented. It demonstrates how medical specialists in internal medicine deal with alcohol related problems. A short lifestyle intervention directed toward problematic alcohol use is described.

In Chapter 6 the brief alcohol intervention is part of a broader lifestyle intervention. This chapter presents a brief feedback intervention directed at more lifestyle behaviours by the medical specialist in internal medicine, which has been implemented into usual (hospital) practice. The effects were studied in patients with obvious lifestyle related somatic problems: outpatients with a high risk cardiovascular risk profile. The prevalence of risk behaviour, the implementation of the intervention and its short-term effects are presented.

In Chapter 7 we describe how brief interventions for problem drinking can be optimised among hospital outpatients. Our suggestions will be based on relevant literature and the findings of the different studies we performed.

Chapter 8 concludes this thesis with a discussion of our major findings. We try to give an answer to the two research questions formulated. The strengths and limitations of our studies are dealt with. Finally suggestions for the future are made.

REFERENCES

1. Persson J, Magnusson PH. Prevalence of excessive or problem drinkers among patients attending somatic outpatient clinics: a study of alcohol related medical care. *BMJ* 1987;295:467-72.
2. Cornel M, van Olst EJ, Willink AE, Hoeksema JCM, Bloemen JR, van der Laan JR. NHG-Standaard Problematisch alcoholgebruik [Guidelines of the Dutch college of General Practitioners Problematic alcohol use]. *Huisarts Wet* 1990;33:280-5.
3. Hoogendoorn D. Opnamen in ziekenhuizen vanwege overmatig gebruik van alcohol [Hospital admissions because of excessive use of alcohol]. *Ned Tijdschr Geneesk* 1983;127:1011-7.
4. Ballesteros J, Gonzalez-Pinto A, Querejeta I, Arino J. Brief interventions for hazardous drinkers delivered in primary care are equally effective in men and women. *Addiction* 2004;99:103-8.
5. Bien TH, Miller WR, Tonigan JS. Brief interventions for alcohol problems: a review. *Addiction* 1993;88:315-35.

6. Freemantle N, Gill P, Godfrey C, Long A, Richards C, Sheldon TA, et al. Brief interventions and alcohol use. *Qual Health Care* 1993;2:267-73.
7. Kahan M, Wilson L, Becker L. Effectiveness of physician-based interventions with problem drinkers: a review. *CMAJ* 1995;152:851-9.
8. Moyer A, Finney JW, Swearingen CE, Vergun P. Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations. *Addiction* 2002;97:279-92.
9. Poikolainen K. Effectiveness of brief interventions to reduce alcohol intake in primary health care populations: a meta-analysis. *Prev Med* 1999;28:503-9.
10. Wilk AI, Jensen NM, Havighurst TC. Meta-analysis of randomized control trials addressing brief interventions in heavy alcohol drinkers. *J Gen Intern Med* 1997;12:274-83.
11. Heather N. Brief intervention strategies. In: Hester RK, Miller WR, editors. *Handbook of alcoholism treatment approaches: Effective alternatives*. Needham Heights, MA,US: Allyn & Bacon; 1995. p. 105-22.
12. Chick J, Lloyd G, Crombie E. Counselling problem drinkers in medical wards: a controlled study. *BMJ* 1985;290:965-7.
13. Elvy GA, Wells JE, Baird KA. Attempted referral as intervention for problem drinking in the general hospital. *Br J Addict* 1988;83:83-9.
14. Wallace P, Cutler S, Haines A. Randomised controlled trial of general practitioner intervention in patients with excessive alcohol consumption. *BMJ* 1988;297:663-8.
15. Maheswaran R, Beevers M, Beevers DG. Effectiveness of advice to reduce alcohol consumption in hypertensive patients. *Hypertension* 1992;19:79-84.
16. Persson J, Magnusson PH. Early intervention in patients with excessive consumption of alcohol: a controlled study. *Alcohol* 1989;6:403-8.
17. Cuijpers P, Riper H, Lemmers L. The effects on mortality of brief interventions for problem drinking: a meta-analysis. *Addiction* 2004;99:839-45.
18. Babor TF, Grant M, Acuda W, Burns FH, Campillo C, Del Boca FK, et al. A randomized clinical trial of brief interventions in primary care: summary of a WHO project. *Addiction* 1994;89:657-60.
19. Isaacson JH, Nielsen C, Urbanic R, Challengren E. Markers for Patients with Alcohol Problems in an Outpatient General Medicine Clinic. *Subst Abus* 1999;20:141-7.
20. O'Connor PG. The General Internist. *Alcohol Res Health* 1994;18:110-6.
21. Heather N. Effectiveness of brief interventions proved beyond reasonable doubt. *Addiction* 2002;97:293-4.
22. Beich A, Gannik D, Malterud K. Screening and brief intervention for excessive alcohol use: qualitative interview study of the experiences of general practitioners. *BMJ* 2002;325:870-2.
23. Aalto M. Prevalence and brief intervention of heavy drinking in primary health care [dissertation]. Tampere, Finland: University of Tampere; 2001.
24. Heather N, Campion PD, Neville RG, Maccabe D. Evaluation of a controlled drinking minimal intervention for problem drinkers in general practice (the DRAMS scheme). *J R Coll Gen Pract* 1987;37:358-63.
25. Richmond R, Heather N, Wodak A, Kehoe L, Webster I. Controlled evaluation of a general practice-based brief intervention for excessive drinking. *Addiction* 1995;90:119-32.
26. Dietary recommendations for people with diabetes: an update for the 1990s. Nutrition Subcommittee of the British Diabetic Association's Professional Advisory Committee. *Diabet Med* 1992;9:189-202.

27. A cross-national trial of brief interventions with heavy drinkers. WHO Brief Intervention Study Group. *Am J Public Health* 1996;86:948-55.
28. Diabetes mellitus and exercise. American Diabetes Association. *Diabetes Care* 1997;20:1908-12.
29. Joint British recommendations on prevention of coronary heart disease in clinical practice: summary. British Cardiac Society, British Hyperlipidaemia Association, British Hypertension Society, British Diabetic Association. *BMJ* 2000;320:705-8.
30. Glasgow RE, La Chance PA, Toobert DJ, Brown J, Hampson SE, Riddle MC. Long-term effects and costs of brief behavioural dietary intervention for patients with diabetes delivered from the medical office. *Patient Educ Couns* 1997;32:175-84.
31. Steptoe A, Kerry S, Rink E, Hilton S. The impact of behavioral counseling on stage of change in fat intake, physical activity, and cigarette smoking in adults at increased risk of coronary heart disease. *Am J Public Health* 2001;91:265-9.