

Alcohol misuse in primary care

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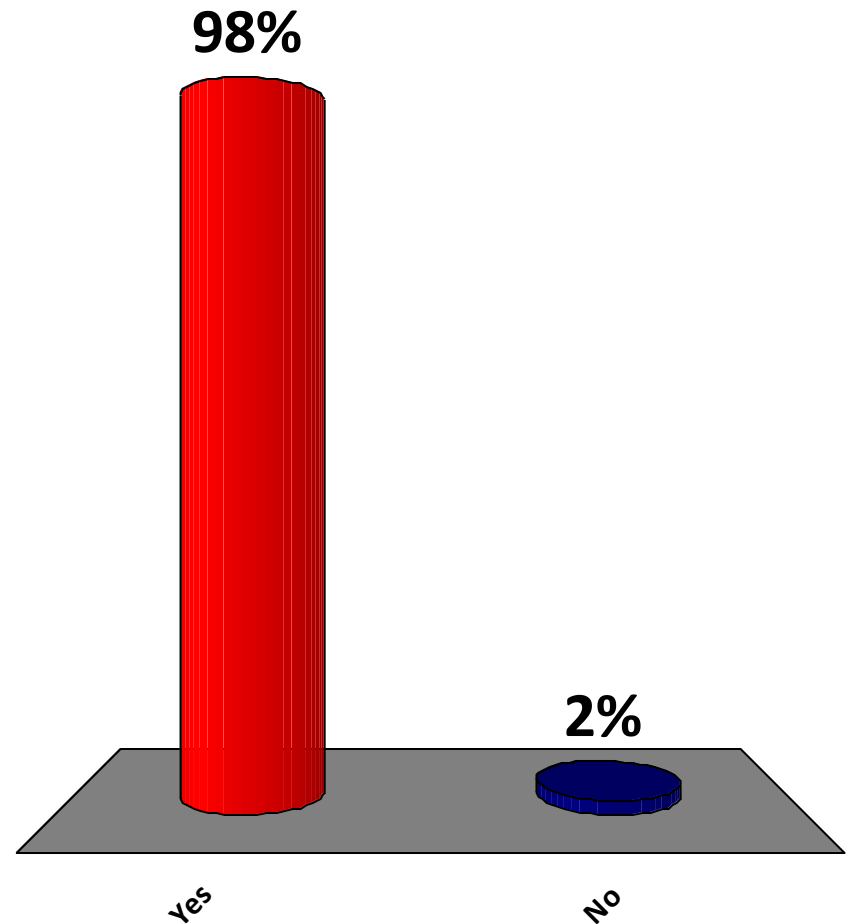
Have you talked about any of these conditions in the last week?

- Hypertension
- Obesity
- Dyspepsia/reflux
- Heart disease
- Depression
- Headache
- Osteoporosis
- Falls
- STIs
- Accidental injury
- Domestic abuse

Have you talked about any of these conditions in the last week?

A. Yes

B. No

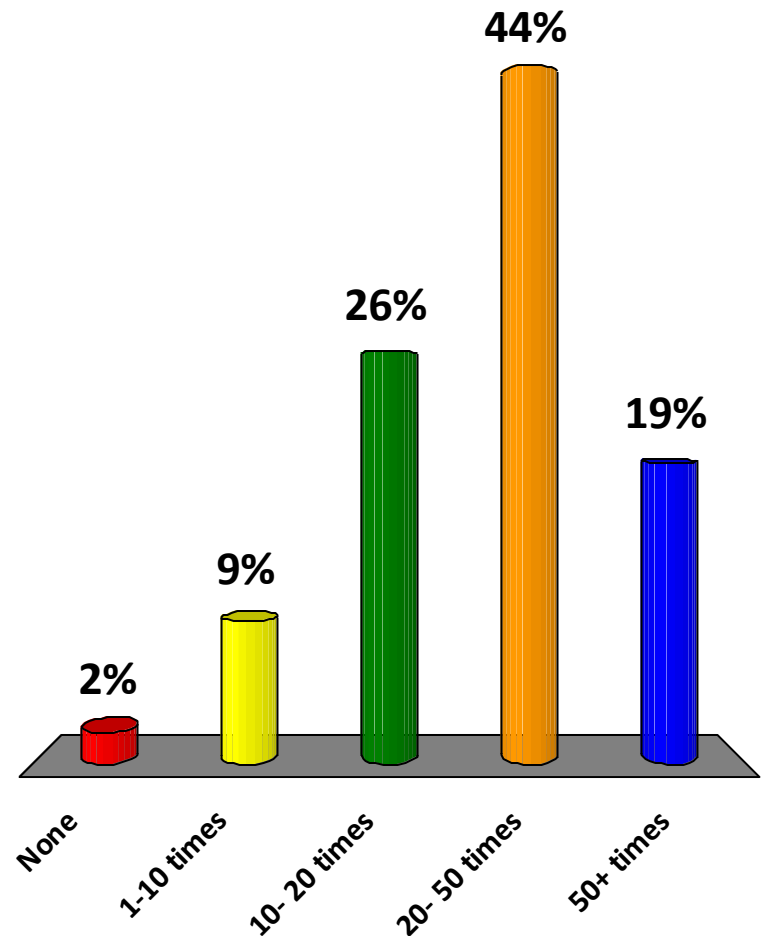


How many times altogether have you discussed these conditions in the last week?

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- Heart disease
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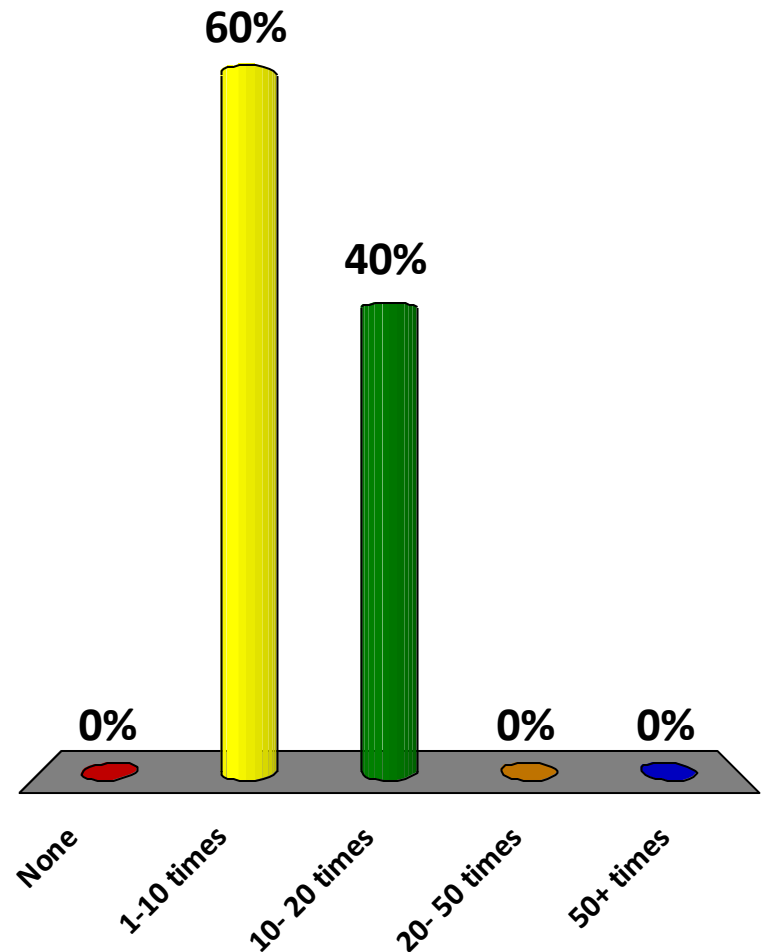
How many times altogether have you discussed those conditions in the last week?

- A. None
- B. 1-10 times
- C. 10- 20 times
- D. 20- 50 times
- E. 50+ times



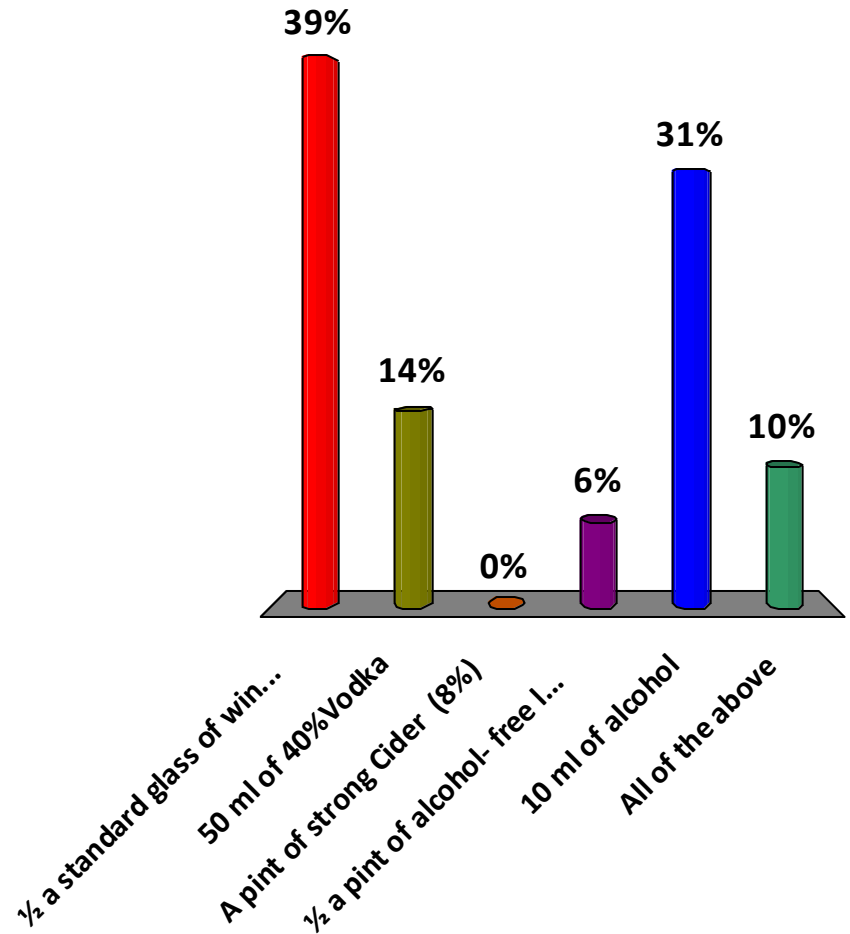
How often did you talk about alcohol in the last week?

- A. None
- B. 1-10 times
- C. 10- 20 times
- D. 20- 50 times
- E. 50+ times



What is a Unit of Alcohol?

- A. $\frac{1}{2}$ a standard glass of wine (12%)
- B. 50 ml of 40%Vodka
- C. A pint of strong Cider (8%)
- D. $\frac{1}{2}$ a pint of alcohol-free larger
- E. 10 ml of alcohol
- F. All of the above





Some definitions

- Hazardous drinking:

Some definitions

- Hazardous drinking:
- Regular consumption of **5 units (men)** or **3 units (women)** or more of alcohol **daily** (SIGN guidelines)
- A drinking pattern that puts the drinker at increased risk of harm

Some definitions

- Harmful drinking

Some definitions

- Harmful drinking
- International Classification of Diseases (ICD-10): a pattern of drinking that causes damage to **physical** or **mental health**.
- The diagnosis requires that actual damage should have been caused to the mental or physical health of the user.

Some definitions

- Dependent drinking

Some definitions

- Dependent drinking
- A cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that previously had greater value

Dependent drinking

- if **three or more** of the following have been present together at some time during the previous year:
- a strong desire or sense of **compulsion** to take alcohol
- difficulty in controlling drinking in terms of its onset, termination or level of use
- a **physiological withdrawal state** when drinking has ceased or been reduced (eg tremor, sweating, rapid heart rate, anxiety, insomnia, or less commonly seizures, disorientation or hallucinations) or drinking to relieve or avoid withdrawal symptoms
- evidence of **tolerance**, such that increased doses of alcohol are required in order to achieve effects originally produced by lower doses (clear examples of this are found in drinkers who may take daily doses sufficient to incapacitate or kill non-tolerant users)
- progressive **neglect of alternative pleasures** or interests because of drinking and increased amount of time necessary to obtain or take alcohol or to recover from its effects (salience of drinking)
- persisting with alcohol **use despite awareness of overtly harmful consequences**, such as harm to the liver, depressive mood states consequent to periods of heavy drinking, or alcohol related impairment of cognitive functioning.

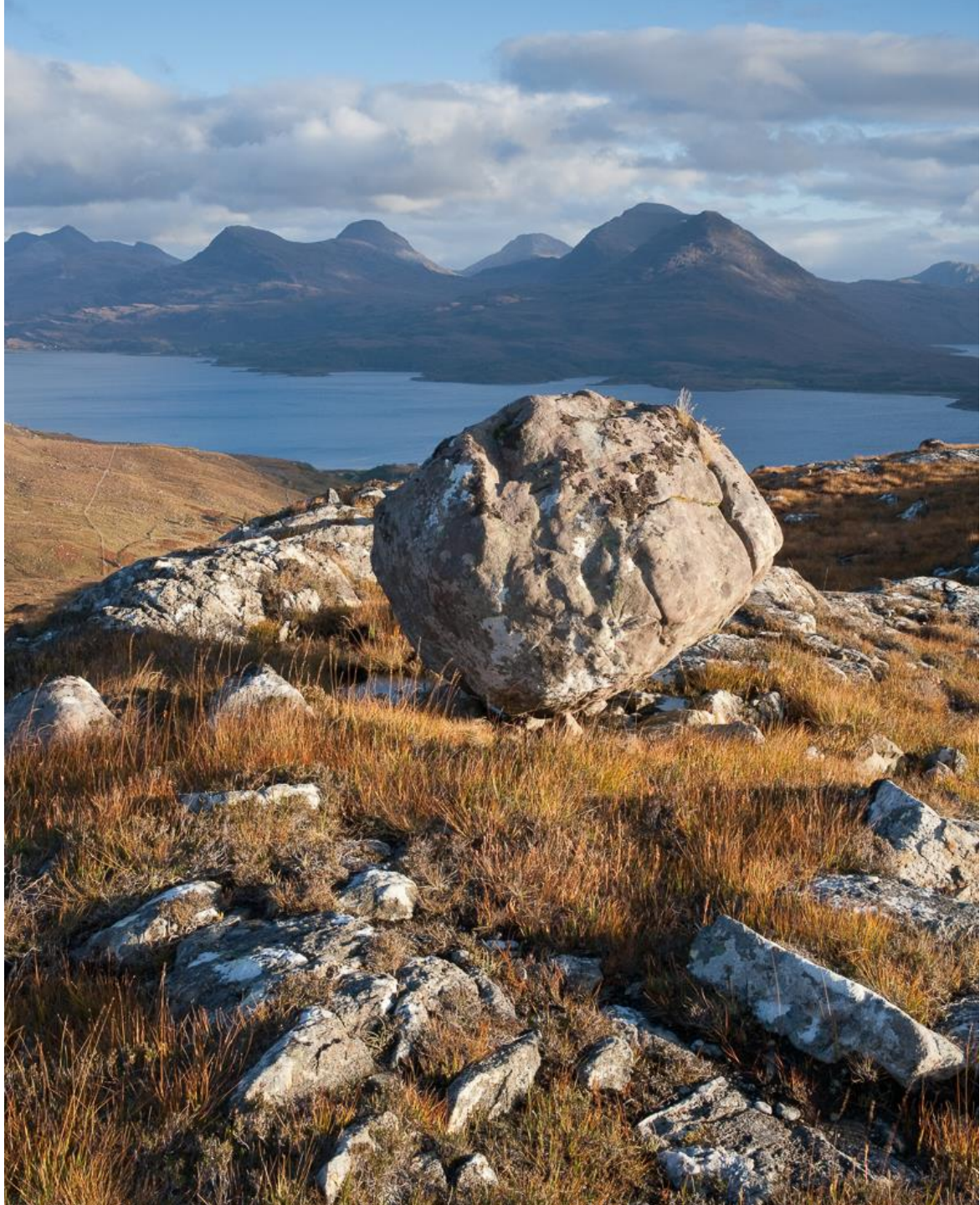
How big a problem is alcohol?

- Alcohol-related problems cost the NHS **£3.5 billion** in 2012
- 15,500 people died of alcohol-related causes in 2010
- Alcohol accounts for 10% of British disease burden, as measured by lost DALYs (disability-adjusted life years). Smoking accounts for 15%

How big a problem is alcohol?

Do we see these patients?

- 1 in every 5 patients seeing a GP drink to hazardous or harmful levels (33% of men, 16% of women)
- Problem drinkers attend GPs twice as often as average
- 1,200,000 acute and secondary care admissions in 2011-2 (doubled in a decade)
- 70% of A&E attendances on weekend nights
- 47 dependent drinkers and 295 hazardous/harmful drinkers per average GP



How do you tell how bad someone's drinking is?

- AUDIT-C – useful for screening for drink problems
- AUDIT – qualifies problematic drinking and can guide treatment

AUDIT-C

- How often do you have a drink containing alcohol?
 - 0: Never
 - 1: Monthly or less
 - 2: 2 - 4 times per month
 - 3: 2 - 3 times per week
 - 4: 4+ times per week

- How many units of alcohol do you drink on a typical day when you are drinking?
 - 0: 1 - 2
 - 1: 3 - 4
 - 2: 5 - 6
 - 3: 7 - 9
 - 4: 10+

- How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?
 - 0: Never
 - 1: Less than monthly
 - 2: Monthly
 - 3: Weekly
 - 4: Daily or almost daily

- **SCORE**
- **Scoring:** A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

AUDIT

- How often during the last year have you found that you were not able to stop drinking once you had started?
 - 0: Never
 - 1: Less than monthly
 - 2: Monthly
 - 3: Weekly
 - 4: Daily or almost daily

- How often during the last year have you failed to do what was normally expected from you because of your drinking?
 - 0: Never
 - 1: Less than monthly
 - 2: Monthly
 - 3: Weekly
 - 4: Daily or almost daily

- How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
 - 0: Never
 - 1: Less than monthly
 - 2: Monthly
 - 3: Weekly
 - 4: Daily or almost daily

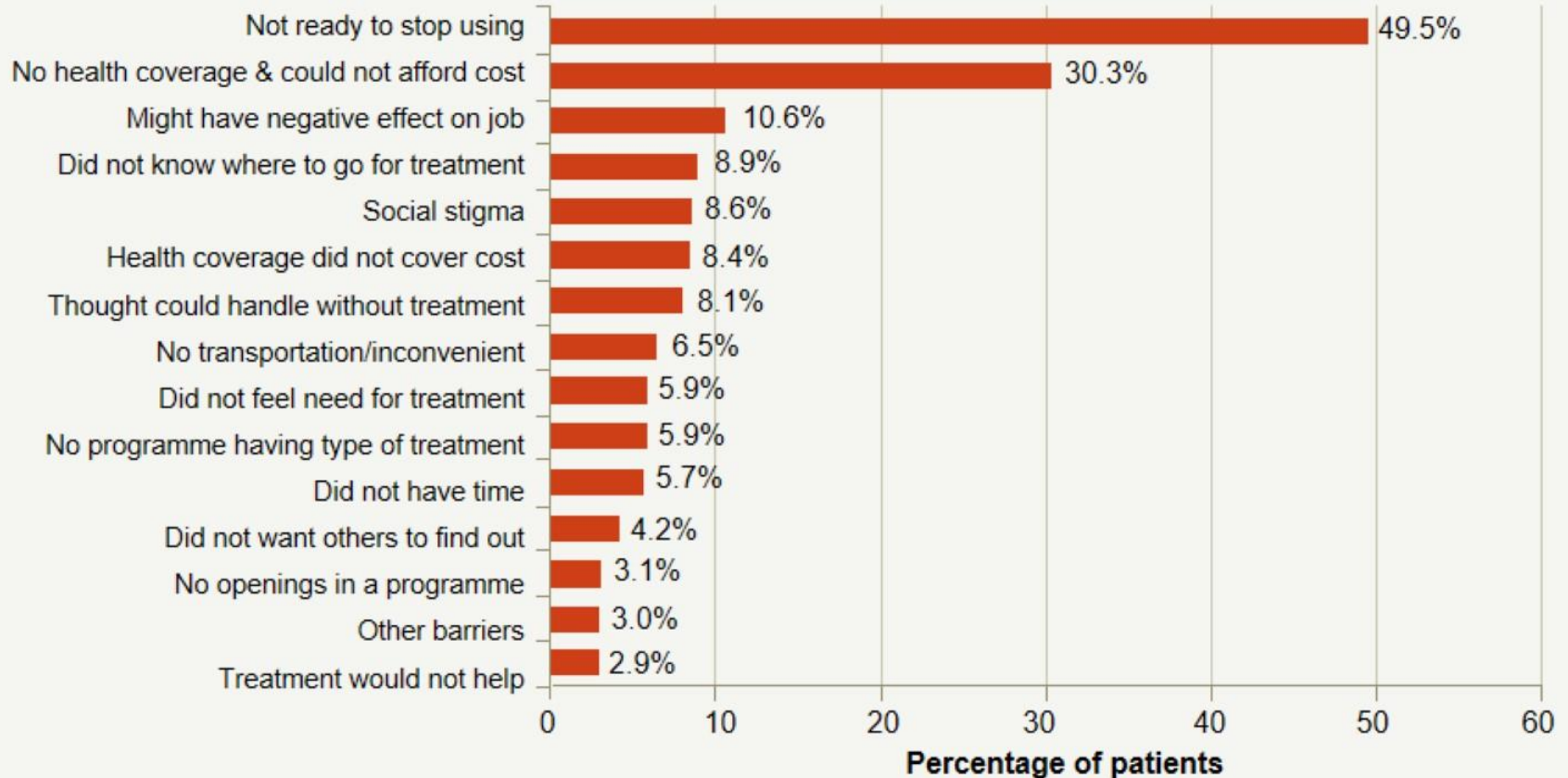
AUDIT continued

- How often during the last year have you had a feeling of guilt or remorse after drinking?
 - 0: Never
 - 1: Less than monthly
 - 2: Monthly
 - 3: Weekly
 - 4: Daily or almost daily
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 - 0: Never
 - 1: Less than monthly
 - 2: Monthly
 - 3: Weekly
 - 4: Daily or almost daily
- Have you or somebody else been injured as a result of your drinking?
 - 0: No
 - 2: Yes, but not in the last year
 - 4: Yes, during the last year
- Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?
 - 0: No
 - 2: Yes, but not in the last year
 - 4: Yes, during the last year
- **Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

Can we do anything about drink problems?

- 2009 - <10% of drinkers had discussed their drinking with a health professional
- 6% of dependent drinkers receive treatment in a year
- An estimated 1.5million dependent drinkers are undiagnosed and untreated

Patients' barriers to seeking help



Reasons given for not receiving alcohol treatment in the past year by persons aged >12 who needed treatment and who perceived a need for it: 2009 to 2012

Physicians' barriers to diagnosing and treating alcohol dependent patients

Time

- Time constraints²
- Perception it is time-consuming^{1,2}

Lack of training

- Lack of role models³
- Curricular deficits in medical training^{2,3}

Lack of knowledge

- Limited knowledge of screening, diagnosis and management in primary care^{3,4}



Attitude

- Insecurity in dealing with a stigmatised disease⁴
- Reluctance to confront patients^{2,4}
- Perception that patients do not want to be asked about alcohol^{1,2,4}
- Personal / family experiences³

HCP=healthcare provider



Can we do anything about drink problems?

- Dependent drinkers – refer to specialist organisations
- Check FBC and LFT
- Prescribe **thiamine 100mg tds** and **vitamin B complex strong 2 tablets daily**
- History of drinking and detox attempts, domestic support, dietary state, co-morbidities
- Supported prescribing under shared care scheme

What about hazardous and harmful
drinkers?

Working with alcohol users in primary care



What about hazardous and harmful drinkers?

Screening

Patients unlikely to object to alcohol questions...

- as part of a routine examination such as
 - New patient check
 - Chronic disease management e.g. diabetes/CHD/hypertension/depression
 - Medication reviews
- opportunistically, e.g.
 - Before prescribing a medication that interacts with alcohol
 - In response to a direct request for help
 - Recent attendance at A&E
 - Request for emergency contraception

Brief interventions/behavioural change

- No standard definition
- Does not require specialist skills or referral
- Similar to supporting smoking cessation, weight loss and dietary changes (e.g. In diabetes)
- Ranges from a short conversation to a series of structured consultations
- Primarily done by primary care professionals

Brief interventions

- Some common features
 - Timely and opportunistic
 - Includes information and advice, including consideration of both positives and negatives of drinking behaviour
 - Relevant to that patient's health needs
 - Identifies specific solutions that work for that patient

Barriers to change

What's good about stopping drinking?

What's bad about continuing drinking?

What's bad about stopping drinking?

What's good about continuing drinking?

How effective are brief interventions?

- Very large body of international research over 30 years supporting IBA
- 56 controlled trials (Moyer et al., 2002) all have shown the value of IBA
- Cochrane Collaboration Review (Kaner et al., 2007) shows substantial evidence for IBA effectiveness
- NICE Public Health Guidance – PH 24: Alcohol-use disorders: preventing the development of hazardous and harmful drinking (2010) recommends all healthcare workers should deliver IBA
- SIPS research programme confirmed effectiveness of IBA in England (Kaner et al., 2013)

How effective are brief interventions?

- For every eight people who receive simple alcohol advice, one will reduce their drinking to within lower-risk levels (Moyer et al., 2002)
- Higher risk and increasing risk drinkers who receive brief advice are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention (Wilk et al, 1997)
- Brief advice can reduce weekly drinking by between 13% and 34%, resulting in 2.9 to 8.7 fewer mean drinks per week with a significant effect on risky alcohol use (Whitlock et al, 2004)
- A reduction from 50 units/week to 42 units/week will reduce the relative risk of alcohol-related conditions by some 14%, the attributable fractions by some 12%, and the absolute risk of lifetime alcohol-related death by some 20% (Anderson 2008)

Medical advice and support

“A 10 minute screening and talk with a doctor about problem drinking delivers almost as much bang for the buck to the health system as childhood immunisation and advice about taking aspirin to prevent stroke and heart attack ... but just 8.7% of problem drinkers report receiving such information.”¹



