

# Gender differences in brief intervention in the health care in Sweden

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# Background

- Brief intervention, BI, is effective for reducing heavy drinking (Babor & Grant 1992, Ballesteros et al 2004)
- Increasing attention to BI in Sweden e.g. as illustrated by The Risk Drinking project: a project where health care professionals receive training in brief interventions aimed at addressing alcohol use by patients.
- Several signs of increasing alcohol consumption among women in Sweden



## Aim

To examine gender differences in the prevalence of brief intervention for alcohol problems in the health care in Sweden.

More specifically, to analyse differences in the extent male and female risk drinkers get questions about drinking habits while meeting a physician



## Previous research

The previous research about gender differences in BI in the health care is contradictory:

- An American study including patients with problematic alcohol use found that the male patients get counselling to a higher extent than women (Roeloffs et al., 2001)
- A Swedish vignette study showed that physicians were less likely to advice excessive male drinkers to stop drinking than female with an excessive drinking (Geirsson et al. , 2009)

# Data from the Monitoring survey, SoRAD

Monthly telephone survey 2006 - 2009 in Sweden

17 800 women and 13 000 men aged 16-80 years  
who had been meeting a physician in the health care  
at least one during the last 12 month.

Indicator of brief intervention based on following  
question: " Did your physician ask you about your  
alcohol habits?"

## Alcohol measures

Self reported consumption last 30 days

litres 100 % alcohol

the quantity and frequency scale (QF)



Risk consumption is calculated on this data

Women >15 gr/day Men >24 gr/day

(Source: SNIPH)

Alcohol-related problems last 12 month

Hangover, Quarrel, Fighting, Economy, Accidents  
and Passenger in car with a drunk driver

**Asked about alcohol habits by a physician, %, by risk consumers and not risky consumers. Women (n=17 851) and men (n=13 095).**

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	Women (n=1 630)	Men (n=1 875)	Sign
Risk consumers			
Asked by a physician	13	17	***
	Women (n=16 221)	Men (n=11 220)	Sign
Non-risky consumers			
Asked by a physician	10	15	***
Sign risk consumers – not risk consumers	**	**	

\*\*\*p<0,001 \*\*p<0,01

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## Asked about alcohol habits in relation to number of alcohol-related problems for risk consumers , %, (n=3 505)

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	Women	Men	Sign
Problems	(n=1 630)	(n=1 875)	
0	9	16	**
1-2	13	19	**
3-4	21	18	
5-6	56	31	(*)

\*\*p<0,01 (\*) p<0,10

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## Summary

- Male risk drinkers are asked about alcohol habits more often than women with risk consumption. Even male non-risky drinkers get the question more often than the female non-risky drinkers.
- Alcohol-related problems important factor both for women and men to be asked about alcohol habits: Male risk consumers get BI more often with less than three problems, but with several problems the differences change direction: Women with a lot of problems get the question more often than men.

## Limitations

- Self reported data (non-response, underreporting)
- Only one definition of risk drinking is used
- Rough indicator of brief intervention – to be asked can mean many different things

## Conclusions

Gender difference exists, but why? Do women conceal problems to a higher extent or is the stigma stronger for risk drinking women?

→ More research needed

**Thank you  
for your attention!**

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## Risk consumption and alcohol-related problems, %

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	Women (n=17 851)	Men (n=12 995)
Risk consumption	9	14
Alcohol-related problems		
0	83	75
1-2	16	23
3-4	1	1
5-6	0,1	0,2
>0	17	25

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**Logistic regression to be asked about alcohol habits by a physician. OR, control for age, education and daily smoking. Women and men.**

	OR
Sex (ref Woman)	1.55
Risk consumption	1.15
No of Alcohol-related problems (ref 0-2 problems)	
3-4 problems	1.26
5-6 problems	2.40
Occupational status (Ref Working)	
Unemployed/sickleave/early retired	1.26
Pensioner 65+	0.77

**Get an advice to cut down your consumption between  
people who got a question about their alcohol habits**

	Women (n=1 776)	Men (n=1 938)	Sign
Risk drinkers(n=531)	15	26	**
Not risk drinkers(n=3 183)	4	7	***
Everybody (n=3 714)	5	10	***

## Other findings

### Important components to get a question about alcohol habits

- Women: Unemployed/sickleave/early retired and daily smoking.
- Men: Risk consumption and daily smoking.



## Gender differences to get brief intervention in relation to number of alcohol related problems, %

	Risk consumers			Not risk consumers		
	Women	Men	Sign	Women	Men	Sign
Probl	(n=1 630)	(n=1 875)		(n=16 221)	(n=11 120)	
0	9	16	***	9	14	***
1-2	13	19	**	11	15	***
3-4	21	18		18	19	
5-6	56	31	(*)	0	27	(*)

$\chi^2$ -test Sign level \*\*\* $p < 0,001$  \*\* $p < 0,01$  (\* $p < 0,10$ )

# References



- Babor, T.F. & Grant, M. (1992) *Project on Identification and Management of Alcohol-Related Problems, Report on Phase II: A Randomized Clinical Trial of Brief Interventions in Primary Care*. Geneva, Switzerland: WHO.
- Ballesteros, J., Gonzales-Pinto, A., Querejta, I. & Ariño, J. (2004) "Brief interventions for hazardous drinkers delivered in primary care are equally effective in men and women" *Addiction*, 99, 103-108.
- Geirsson, M., Hensing, G. & Spak, F. (2009). "Does Gender Matter? A Vignette Study of General Practitioners' Management Skills in Handling Patients with Alcohol-Related Problems. " *Alcohol & Alcoholism*. (44),6:620-625
- Roeloffs, C.A., Fink, A., Unützer, J., Tang, L. & Wells, K.B. (2001), "Problematic Substance Use, Depressive Symptoms, and Gender in Primary Care" *Psychiatric Services* 52(9):1251-1253.