

Statens folkhälsoinstitut **RISKBRUKS**PROJEKTET


Successful intervention by shifting focus: from alcohol to patient agenda

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Family physicians

Sid 1

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1. GP office - the perfect arena for an impact



- 80 % of the population meets their GP within 2 yrs
- 20 million visits at GP or nurse annually
- >15 % are risk drinkers

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2. Brief Intervention is effective – NNT:

- **128** patients medicated for hypertension 5 years avoids one heart disease
- **10** risk drinking patients Brief Intervented makes one abstinent or non-risk-drinking

Ref: Behandling av alkohol- och narkotikaproblem. SBU rapport 156. 2001.

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3. SBI has been a success in:

- Occupational health care
- Ante natal health care
- BI in "primary care" (Cochrane, Kaner et.al.)

But – why not screening in a GP setting?

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Experience no 1 (Denmark)

- "The program needed considerable resources, and it interrupted the natural course of consultations and was inflexible".

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.

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Experience no 2 (Sweden)

- "Our conclusion is that we shall not engage in this type of general alcohol screening"
- "Instead we should ask about alcohol habits in another way, in a relevant context"

Christensen M et al. Erfarenheter från AUDIT screening vid vårdcentralerna Ankaret och Själevad vecka 20 år 2009. Rapport 2009. Landstinget i Västernorrland.

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www.fhi.se/riskbruksprojektet

What is Screening and BI?

How??

- Identifying hazardous alcohol use by asking a few simple questions (screening).
- Provide information on risks and advise with empathy, and motivate the person to reduce or stop alcohol consumption (BI).

How??

WHO-guideline:
 "SBI can often be delivered in the course of routine clinical practice without requiring significantly more time".

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The relevant context: Patient agenda versus "The doctor agenda"

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The patient centered approach:

- Focus on **patient agenda**. Link alcohol to current health issue (cause, contributive, treatment)
- Offer life style change as an alternative** to medication
- Focus on **variations** in individual sensitivity rather than alcohol amount
- Offer a short test:**

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Offer a test of individual susceptibility

"Do you want to do a test to find out whether alcohol is relevant for your health-problem?"

- Stop all or cut to half for 2-4 weeks
- Evaluate in next visit

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Circle of motivation: Meet the patient where she is

BEHAVIOURAL SUPPORT

KOGNITIVE SUPPORT

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fritt efter Proschaska och Di Clemente

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Alcohol and the GP patient:

- Hypertension
- Cardiac arrythmia
- Cardiomyopathy
- Diabetes
- Sleeping disorder
- Depression
- Anxiety
- Memory problems
- Recurrent infections
- Polyneuropathy
- Weakened potency
- Seborrhoic excema
- Rosacae
- Psoriasis
- Dioarroea
- Lumbago
- Myalgia
- Cancer

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Results presented at symposium:

- **5B:** Evaluation of primary health care providers change of alcohol preventive activity, skills and knowledge following 3 yrs of RDPs educational intervention programme.

Welcome!

We all have to find our way!

