

**Alcohol related education and counselling  
skills influence the limit of risky drinking.  
A Swedish national survey.**

Magnus Geirsson

Fredrik Spak

The Sahlgrenska Academy at Göteborg University

Department of Socialmedicine, Sweden

Marica Holmqvist

Per Nielsen

Department of Health and Society, Linköping University, Sweden

# Introduction

- 1992-1996, alcohol accounted for 3.5% of deaths in Sweden in all ages, 25% of those aged below 50 years. In the year 2004 it had increased by 12% from 2000.
- 2002 the total cost of alcohol consumption was estimated to 2 800 SEK per person over the age of 15 years or 1% of the gross domestic product
- 2002 the alcohol consumption led to a loss of 28 000 life-years, as well as nearly 800 000 visits in the medical care system
- Alcohol-related morbidity had increased by 16% in the year 2006 compared with 1998

# Question

- Little is known about the level of alcohol consumption that general practitioners (GP) and districts nurses (DN) view as the upper limit of low risky drinking
- It is not adequately known how GPs and DNs opinion about risky drinking is related to self-perceived knowledge in counselling patients with risky drinking
- It is neither adequately known how the amount of post-graduation education is related to how these groups handle risky drinking patients

# Methods

- As a part of a Swedish national-based survey, an anonymous questionnaire was mailed to 3845 GP and 5677 DN who had the authority to issue prescription, between November 2005 and February 2006
- Key research question:  
“There are several alternatives about what can be considered to be the upper limit for non-risky weekly alcohol consumption. When you advice a patient if he/she should cut down on the alcohol consumption – which consumption level do you state as the upper limit for low-risk drinking for a patient who is otherwise healthy?”

# Methods

- The response options were provided as the number of standard drinks (12 gram) per week, with separate replies for men and (non-pregnant) women
- There was also a “do not know” option
- For the DN the response category “I do not give advice about alcohol consumption” was also provided

# Results

- For the purposes of this study, responses from 1807 GP and 3219 DN were analysed. The response rates were 47% and 57%, respectively
- The average age of the respondents was 52.9 years (SD = 7.2) for GP and 51.4 years (SD = 7.7) for the DN

# The upper level of low risk drinking limit before giving advice to cut down

- For the GP the limit was 7.8 standard drinks (CI 7.6-8.1) per week for male patients and 5.3 standard drinks (CI 5.1-5.5) for female patients
- For the DN, the limit was 7.0 standard drinks (CI 6.7-7.3) for male patients and 4.7 standard drinks (CI 4.6-5.0) for female patients

# The upper level of low risk drinking limit before giving advice to cut down, cont.

- 22 percent of the respondents did not know the answer to the question
- More than half of the DNs, 1738 (54%), stated that they did not give advice about alcohol consumption



Distribution of the respondents' reported upper limit for low-risk alcohol consumption per week before providing advice to cut down (percentages and number)

	Male patient			Female patient		
	Low limit ≤ 9 drinks	Moderate limit 10-14 drinks	High limit ≥ 15 drinks	Low limit ≤ 6 drinks	Moderate limit 7-9 drinks	High limit ≥ 10 drinks
GPs	63.0 (863)	29.8 (402)	6.4 (86)	64.8 (870)	26.5 (355)	8.8 (117)
Nurses	67.0 (518)	30.0 (232)	3.0 (23)	64.5 (514)	31.7 (253)	3.8 (30)

The respondents' post-graduate education in handling risky drinking in relation to recommended upper limits for low-risk alcohol consumption (number of drinks per week)

Post-graduate education in handling risky drinking	GPs		Nurses	
	Male patient	Female patient	Male patient	Female patient
None	6.9 (503)	4.7 (500)	6.4 (332)	4.4 (344)
Half day or shorter	8.0 (379)	5.5 (378)	6.9 (233)	4.7 (237)
1-2 days	8.8 (261)	5.9 (257)	7.5 (127)	5.0 (132)
3 days or more	8.6 (187)	5.8 (186)	8.7 (58)	5.9 (60)

# Counselling skills and low risk drinking

- The GP who stated that they are competent or very competent in counselling patients with risky drinking, suggested higher upper limits for risky drinking for both male and female patients, than those with lower competence:

8.2 versus 7.1 drinks for male patients

5.6 versus 4.9 drinks for female patients

- The DN counselling skills did not influence the suggested upper limits for risky drinking for neither male or female patients

# Knowledge about alcohol and health and alcohol intervention activity

- GP who agreed very much or to some extent with the statement that more knowledge about alcohol's influence on the health could facilitate increased alcohol intervention activity in PHC, set lower limits for low-risk drinking (7.3 for male patients, 4.9 for female patients) than those who agreed little or not at all with the statement (8.2 for male patients, 5.6 for female patients)
- There were no significant differences for the DN

# Conclusions

- GPs self-perceived knowledge in counselling patients with risky drinking and amount of post-graduated education in handling risky drinking influenced how GPs gave the patient advice to cut down
- It is noteworthy that those with the least education in this field recommended patients to cut down on drinking at lower levels than those having had more education