Knowledge, attitudes and management of alcohol problems in general practice in rural South Africa

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ALCOHOL USE IN RURAL PHC BY SEX: PERCENT

AUDIT Score	Men (n=188)	Women (n=412)
Abstainers (0)	46.6	79.4
Low-risk drinkers (1-7)	16.1	9.9
High-risk drinkers (8-19)	28.2	10.4
Probable alcohol dependence (20+)	9.2	0.3

Primary health care (rural) South Africa

Integration of SBI in primary care

•Public clinics: Nurse PHC practitioners

•Private General Practitioners

→factors:
-education and training
-diagnostic and management skills
-role security
-therapeutic commitment
-supportive work environment

Sample

- 61 GPs (83.6% male and 16.4% female)

- (50% response rate, list in 2 districts),

- mean (SD) age of 41 (10.9) years

- mean number years general practice of 9.4 (8.6) years;

- 45% practiced in a mixed urban/rural practice, 38% in a rural and 17% in an urban-based surgery

Questionnaire (WHO Brief Intervention Study Group)

-Postgraduate education and training (<> 4 hours)

-Attitudes alcohol issues (e.g. perceived effectiveness of BI)

-Alcohol related practice behaviour (e.g. alcohol pts managed)

-Diagnostic & management skills (2 case vignettes)

-Supportive work environment (e.g. availability of SBI materials)

-Role security and therapeutic commitment
(Alcohol and Alcohol Problems Perception
 Questionnaire)

Practice characteristics

77% worked in solo practice 23% in a group practice

65% work six days, 31% seven days and 6% five days a week

54% see on average more than 150 general practice patients,   21% 101-150 a week

16% estimated clinical time would be
 preventive in nature (range 1-40%)

GPs rating lifestyle behaviours as important or very important

Behaviour	%
1. Not smoking	100
2. Exercise regularly	100
3. Responsible use of prescription drugs	100
4. Not using illicit drugs	96.7
5. Reducing stress	93.4
6. Avoiding excess calories	90.2
7. Not drinking alcohol at all	90.2
8. Drinking alcohol moderately	62.3

As part of preventive check-up educate/advise on lifestyle

77% would all or most of the time and
23% some of the time

If the patient doesn't ask about alcohol

5% of doctors rarely or never,
46% some times,
46% most of the time and
3% all the time would ask about alcohol.

Importance of alcohol health promotion

Importance of following behaviour in promoting health of average person (%)				
	Very important	Important	Somewhat important	Unimportant
Drinking alcohol moderately	24.6	37.7	13.1	24.6
Not drinking alcohol at all	72.1	18.0	6.6	3.3
To which extent do you obtain information on				
	Always	As indicated	Occasionally	Rarely/never
Drinking alcohol moderately	16.4	55.7	16.4	11.5
Not drinking alcohol at all	44.3	32.8	19.7	3.3

Alcohol-related training and education

57.6% none or less than 4 hours and
42.4% had 4 and more hours

Some commented

<time SBI undergraduate
>time SBI postgraduate training like the MMED
(Family Medicine)

Attitudes

Alcohol-related CME←→

> prepared to counsel patients on
   reducing alcohol consumption
=importance of moderation in alcohol consumption
   to promote good health
=effectiveness (current or potential) at
   reducing alcohol consumption

Practice behaviour

27% never managed alcohol patients in past year
34% 1-6 patients
39% 7 and more patients

>Alcohol-related CME

>number of patients managed past year
>the number of blood tests ->concern about alcohol

Management skills

Case B (dependent) >severe than Case A (excessive drinker)

>concerned that Case B should stop drinking alcohol

>confident help alleviate Case B's drinking problem compared with Case A

Reported actions relating to Cases A (excessive drinker) and B (dependent drinker) (in percent)

	Case A	Case B	McNemar χ^2
Initial action: Record consumption and			*Eta*
Take no further action	14.8	10.2	.48
Advise patient to cut back	77.0	44.1	.34***
Advise patient to abstain	47.5	79.7	.04***
Further actions			
Continue to establish if alcohol is the problem	93.4	83.1	.24
Indicate alcohol is related to problems	90.2	88.5	.30
Order blood and liver enzyme tests	88.5	89.5	.39
Ask patient to return for discussion about alcohol	88.5	66.1	.29**
Refer on to outside/specialist agency for help	39.0	79.7	.03***

***p<.001, **p<.01, *p<.05

>Alcohol-related CME

For Case A (excessive drinker)
>ask further questions about alcohol
>order blood and liver enzyme tests

For Case B (dependent drinker)
>ask further questions about alcohol
>indicate alcohol was related to patient's problems
>order physiological tests
>refer to a specialist

Mean ratings of GPs on self-perception categories

	Hazardous or harmful use	Dependent or severe problem
Role adequacy	5.54	5.54
Role legitimacy	5.79	5.90
Motivation	4.52	4.66
Task specific self-esteem	4.86	5.11
Work satisfaction	4.06	3.95

Drinking thresholds to be advised (standard units per week) in percent

	Male patient	Female patient
Could not state	29.5	21.3
Above threshold (24 men/16 women/week)	6.6	5.4
Lower than threshold	63.9	73.3
Mean	6.4	4.4

Work environment

47% scored high supportive work environment
31% Role security
46% Therapeutically committed.

>No alcohol patients
  >Therapeutic commitment
  =Role security
  =Supportive work environment

GPs indicating agreement with disincentives intervention alcohol problems

84%: Doctors are <u>not trained</u> in counselling for reducing alcohol consumption

74%: <u>Government health policies</u> in general do not support doctors who want to practice preventative medicine

74%: Doctors themselves may have <u>alcohol problems</u>

72%: Doctors believe that patients would <u>resent being asked</u> about their alcohol consumption

69%: The government health scheme does <u>not reimburse</u> doctors for time spent on preventive medicine

68%: Private health insurance does <u>not reimburse</u> patients for alcohol counselling by doctors in general practice

Incentives

90%: Public health education campaigns in general made society more concerned about alcohol

88%: Patients requested health advice about alcohol consumption

88%: Training in early intervention for alcohol was recognised for continuing medical education credits

81%: Training programmes for early intervention for alcohol were available

79%: Early intervention for alcohol was proven to be successful

Conclusion

Provision of education
Therapeutic commitment
Health policy (pay SBI)

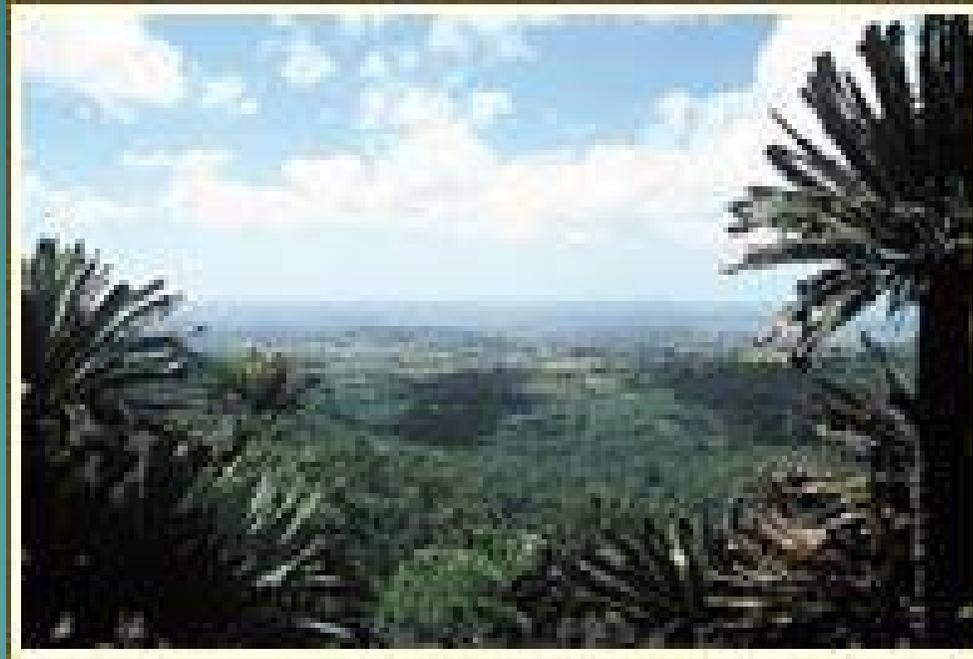>GP alcohol involvement (of now 60% <7pts/yr)
>Better SBI management

Thank You !

Table: Alcohol use

	Total	Men	Women
	Col%	Col%	Col%
Abstainers (0)	68.4	55.4	80.7
Low-risk drinkers (1-7)	15.3	18.5	12.1
High-risk drinkers (8-19)	11.0	22.2	5.0
Probable alcohol dependence (20+)	3.3	4.8	1.4
Mean (SD) total AUDIT score	3.0 (6.2)	4.5 (6.9)	1.7 (4.9)

Hospital physicians attitude → lifestyle interventions

- 91.2% health education was not a waste of time or effort

- 90% felt that they should interfere with the personal lifestyles of their patients.

- 43% believed that they would not have enough time to practice health education (Peltzer & Marincowitz, 2001).