

# SUBJECTIVE WELL-BEING, MORBIDITY AND CONSUMPTION OF HEALTH SERVICES BY HAZARDOUS, HARMFUL AND HEAVY DRINKERS



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## AIM

The aim of this work was to investigate subjective well-being, morbidity and healthcare needs of persons with hazardous, harmful and problematic alcohol consumption.

## METHODS

Data from a questionnaire-based survey performed on a representative sample of 2,221 persons (of these, 51.4% were men) aged 18 to 39 (average age 29.9, s.d. 5.8) were used for the analysis. Alcohol misuse was assessed through the AUDIT screening questionnaire, and categorization into 4 groups with critical scores of 8, 16 and 20 was applied to the analysis [Figure 1]. The questionnaire focussed on the respondents' drinking habits and health and their demographic, social, and psychological background and circumstances.

## RESULTS

The respondents' subjective assessment of their physical and mental health was very different in the different AUDIT score categories. Over one-quarter of the respondents falling in the category of harmful or problem drinkers rated their physical and/or mental well-being as poor or very poor [Figure 2]. In comparison to low risk alcohol users, heavy (high risk) drinkers sought special help for emotional problems more frequently (3.1% vs. 21.3%;  $p < 0.01$ ) [Table 1]; visited their doctors more frequently during the past year (3.1 vs. 4.8;  $p < 0.05$ ); had more episodes of illness (1.4 vs. 6.8;  $p < 0.01$ ), reported more days of sick leave (10.4 vs. 27.6;  $p < 0.01$ ); and were hospitalized more frequently (6.9% vs. 18.7%;  $p < 0.01$ ) [Table 2].

TABLE 1

Percentage of persons looking for professional help because of somatic and mental health problems in the last year by level of risk

Last 12 months (%)	Low	Hazardous	Harmful	High	Significance
Somatic health problems	45.2	45.8	47.3	54.7	$X^2 = 12.64$ n.s.
Mental health problems	3.1	5.4	3.3	21.3	$X^2 = 61.6$ $P < 0.001$

TABLE 2

Mean number of medical examinations, episodes of illness and days of sick leave by level of risk

Last 12 months	Low	Hazardous	Harmful	High	Significance
Medical examinations (mean)	3.14	2.46	3.08	4.77	$F = 8.74$ $P < 0.001$
Episodes of illness (mean)	1.35	1.32	1.49	6.81	$F = 11.32$ $P < 0.001$
Days of sick leave (mean)	10.36	9.64	13.79	27.61	$F = 15.94$ $P < 0.001$
Hospital admissions (%)	6.9	5.9	15.4	18.7	$X^2 = 24.2$ $P < 0.001$

FIGURE 1

Level of risk defined by score in AUDIT (low, hazardous, harmful and high) and respective per capita consumption in litres of pure alcohol per year

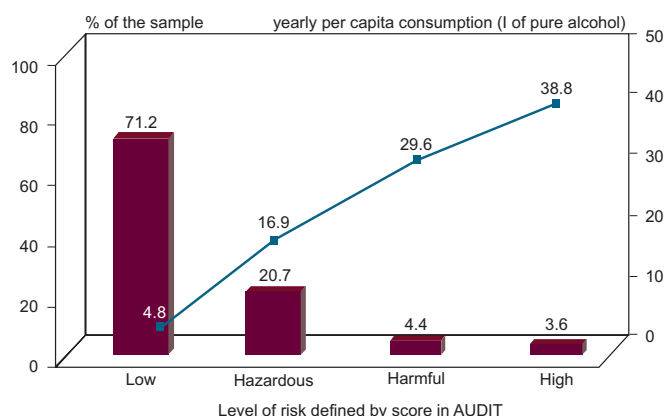
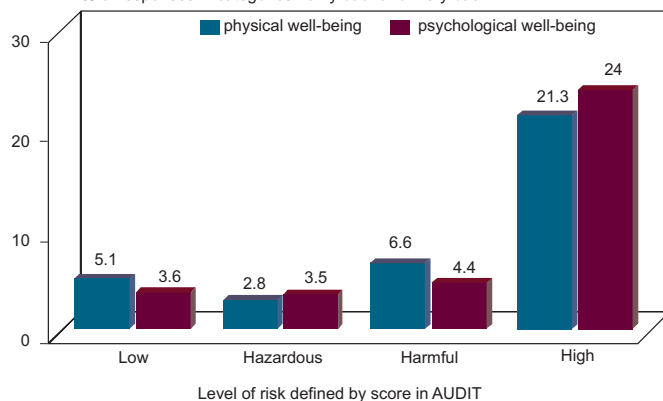


FIGURE 2

Subjective physical and psychological well-being by level of risk  
% of responses in categories "fairly bad" and "very bad"



## CONCLUSIONS

The results bear out the link between hazardous, harmful and heavy alcohol consumption on the one hand and the drinkers' perception of their health status and use of medical/healthcare services on the other hand. The modification of inappropriate consumption patterns through a short intervention by a general practitioner can lead to health improvement and reduction of the drinkers' healthcare costs, which are borne by the whole society.

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