



# Impact of training health-care professionals in assessment and brief intervention of risky drinking in hospitalized patients

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# Presentation Outline

- Background
- Objective
- Methods
- Results
- Conclusions



# Objective

To evaluate changes in perceived knowledge, attitudes and actions in health care professionals, after offering a short training session in assessment and brief intervention for risky drinking.



# Background

- Alcohol-related death and disability account for even greater costs to life and longevity than those caused by tobacco use, according to the global burden of disease study sponsored by the World Health Organization (WHO) and the World Bank (WHO 2006) C1
- 26% of patients not primarily hospitalized for alcohol-related reasons show risky drinking (Watson 1999) C2
- Selected groups like patients with diabetes, hypertension or young men with cardio pathology, prevalence can be much higher Fleming 2004, Lykourous 2001) C3
- The majority of alcohol related problems remains undetected in hospitalized patients (Lappalainen2005)
- Lack of knowledge (and time) are mentioned to be the most important reasons for non intervening by medical staff (Aalto 2001) C5

C4

#### Diapositiva 4

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- C1** consulted 19/10/06 [http://www3.who.int/whosis/alcohol/alcohol\\_about\\_us.cfm?](http://www3.who.int/whosis/alcohol/alcohol_about_us.cfm?)  
CSC; 19/10/2006
- C2** Watson HE; Problem drinkers in acute care settings: validation of an assessment instrument; Int J Nurs Stud 1999 Oct. 36(5); 415-23  
CSC; 19/10/2006
- C3** Lykourous L et al: detecting alcohol-related problems among general hospital patients with heart disease; Psychother Psychosom 2001 Jan-Feb. 70(1); 25-9
- Fleming M et al: The efficacy of a brief alcohol intervention combined with % CDT feedback in patients being treated for type 2 diabetes and/or hypertension; J Stud Alcohol 2004 Sep. 65 (5); 631-7  
CSC; 19/10/2006
- C4** Lappalainen R et al: cutting down substance abuse – present state and visions among surgeons and nurses; Addictive Behaviors; 2005 June. 30(5); 1013-8  
CSC; 19/10/2006
- C5** Aalto M et al: Primary health care nurses' and physicians attitude, knowledge and beliefs regarding brief intervention for heavy drinkers; Addiction 2001. 6; 305-11  
CSC; 19/10/2006



# Methods

## Subjects

### 1. In-patients from 4 hospital wards:

Psychiatry, Pneumology, Cardiology and Internal Medicine:

-Basal evaluation: **118** in-patients recruited  
61.8% men / 38.2,1% women - mean age = 66.1;  
SD=17.7

-Final evaluation: other **122** in-patients recruited  
55.7% men / 44.3% women - mean age = 62.0;  
SD = 19.6



# Methods (cont'd)

## Subjects (cont'd)

2. Health care professionals from the same 4 hospital wards:

- Basal evaluation: 38 health care professionals
- Final evaluation: the same professionals were re-interviewed (with 4 drop-outs), for a final *N* of 34.



# Methods (cont'd)

## Instruments

### ***PATIENTS - self-administered questionnaire***

Personal data

3 AUDIT-C Questions

Received 5 A's from professionals

Received other advices or detailed information ?

Willingness to reduce consumption actively, in the past or in the future ?

Knowledge about WHO alcohol consumption advices





# Method's (cont'd)

## Instruments (cont'd)

### **PROFESSIONALS** - *self-administered questionnaire*

- Personal data
- Implementing 5 A'S in three situations:
  - When patients suffer from alcohol related problems, are asking questions about it, or for the all other situations
- Perceived knowledge about pharmacological and psychological skills; importance of intervention, perceived satisfaction
- Reasons of non-intervention
- Types of intervention in case of risky drinking or ARP
- 3 AUDIT-C questions



# Methods (cont'd)

## Training

### Content:

- Importance of assessing alcohol consumption and intervening in case of risky drinking and alcohol related problems.
- Definition of risky drinking and ARP
- Brief intervention: 5 A's
- Concrete advices for everyday situations



# Methods (cont'd)

## Training (cont'd)

WHO recommends: brief and systematic intervention described in 5 different steps (5 A's):

**ASK and record it**  
**ADVISE**  
**ASSESS**  
**ASSIST**  
**ARRANGE follow up**



# Method's (cont'd)

## Procedure (internal marketing)

- 1 Introducing the training project to the 4 Department's Chiefs by the Chief of the project, situating it as part of the national health care campaign "drink less" .
- 2 Information briefing with head doctors and head nurses of each hospital ward.
- 3 Information about the training session to the health care professionals through posters & mailing.
- 4 Giving CME credits to the participants.



# Method's (cont'd)

## Procedure

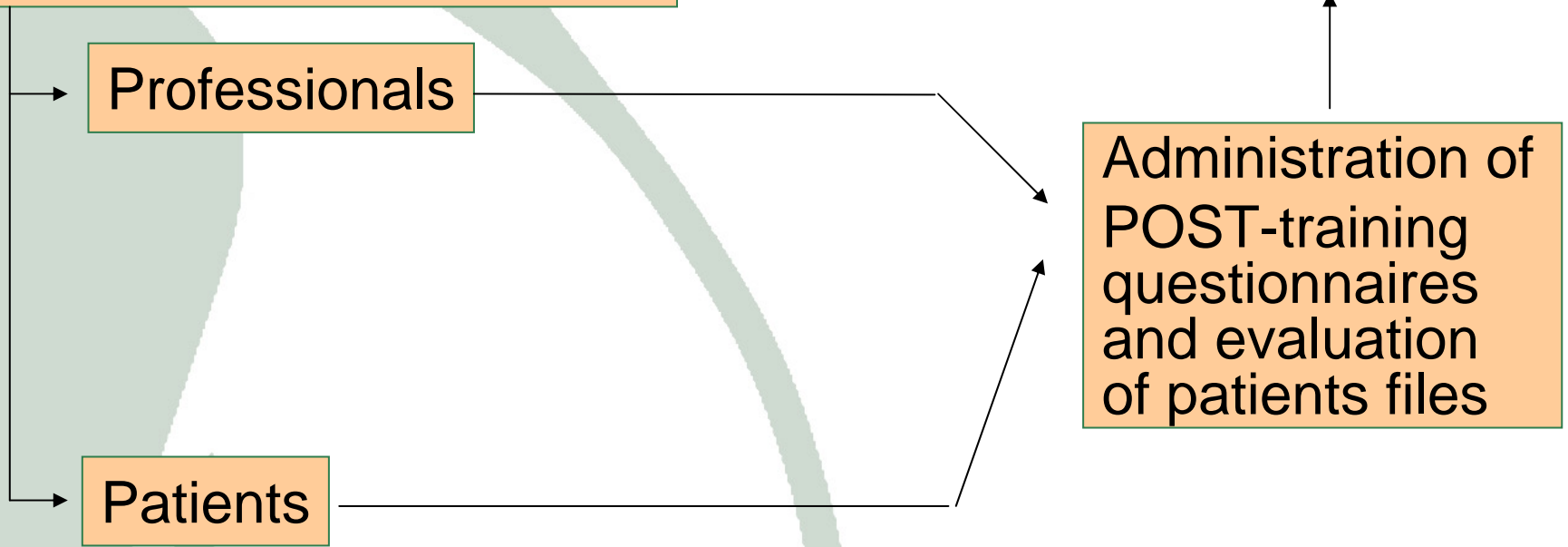
Administration of base-line questionnaires and evaluation of patients files

Professionals

Patients

Evaluation of changes

Administration of POST-training questionnaires and evaluation of patients files





# Results

**BASELINE RESULTS**



# Results: Patients

## Drinking Patterns

- **18.3%** of all the in-patients were **risky drinkers**.

- **22.3%** of the **women scored** AUDIT-C 4 or more and

- **15.6%** of the **men scored** AUDIT-C 5 or more

The difference is non significant and might be due to a cultural drinking style

**42.1%** (51.% women; 35.5% men) indicate **total abstinence**



# Results: Patients

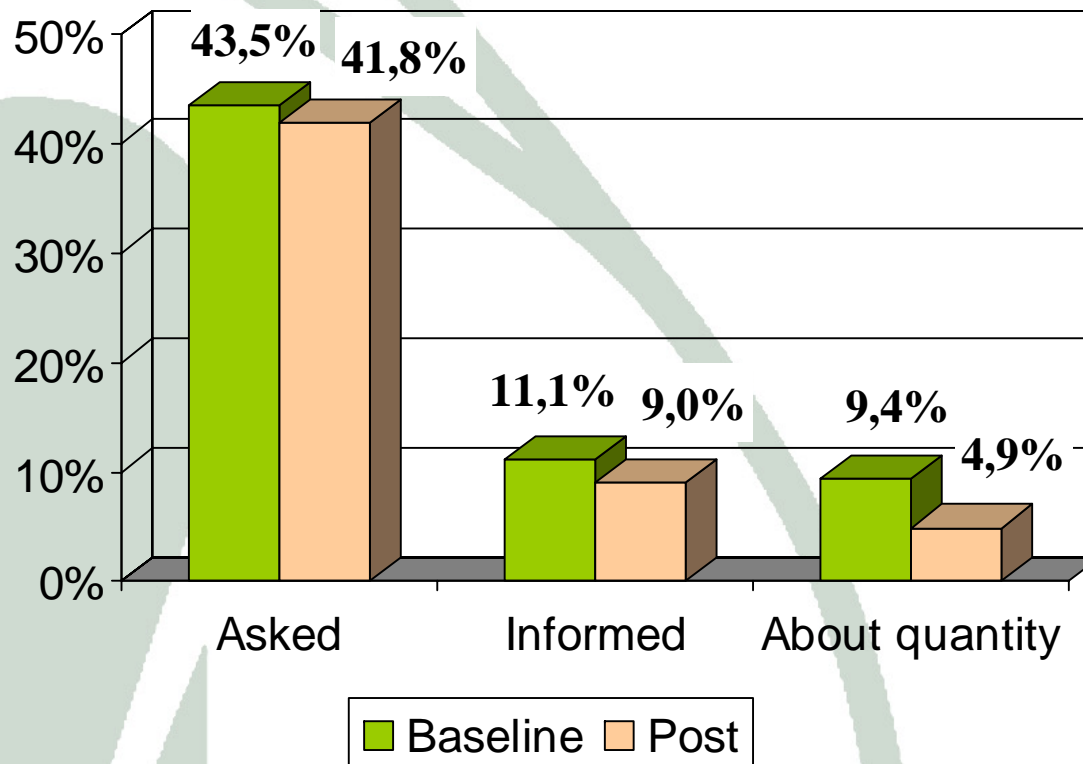
**1. PATIENTS**  
**Comparative results (baseline vs post)**





# Results (patients' report)

Do the patients say they have been asked and informed about their alcohol consumption? % answered YES:

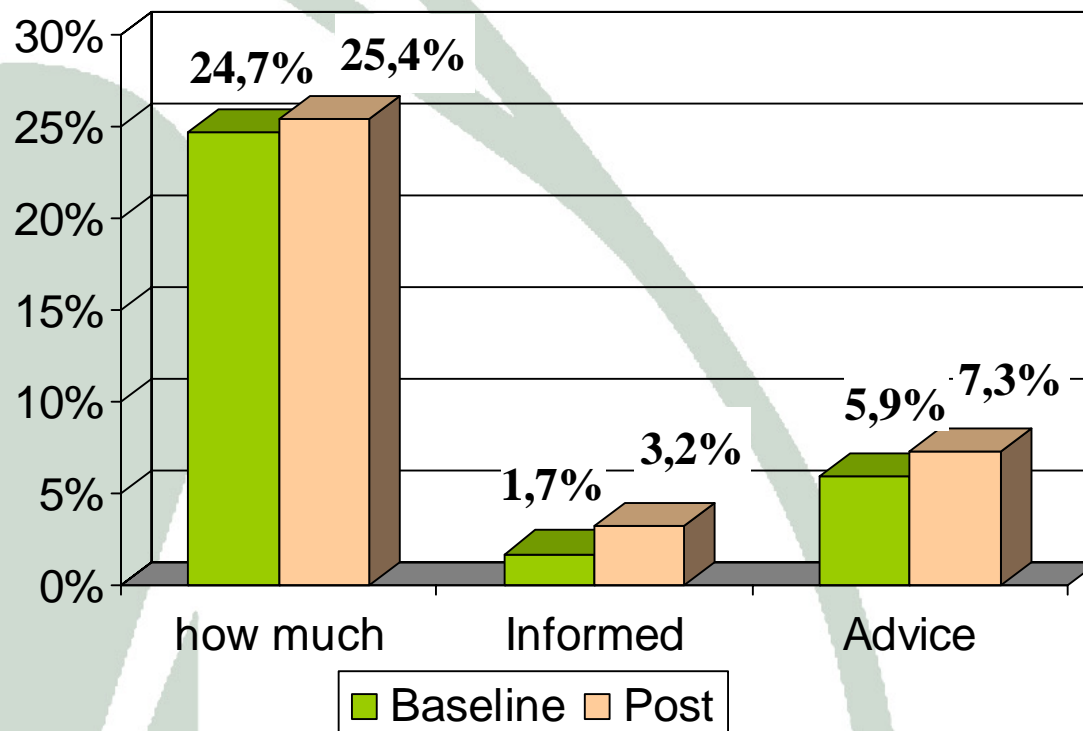


**No significant differences** were found before and after training



# Results (patients' report)

Do the patients say they have been asked how much they drink, if they received written material or given advices  
% answered YES:

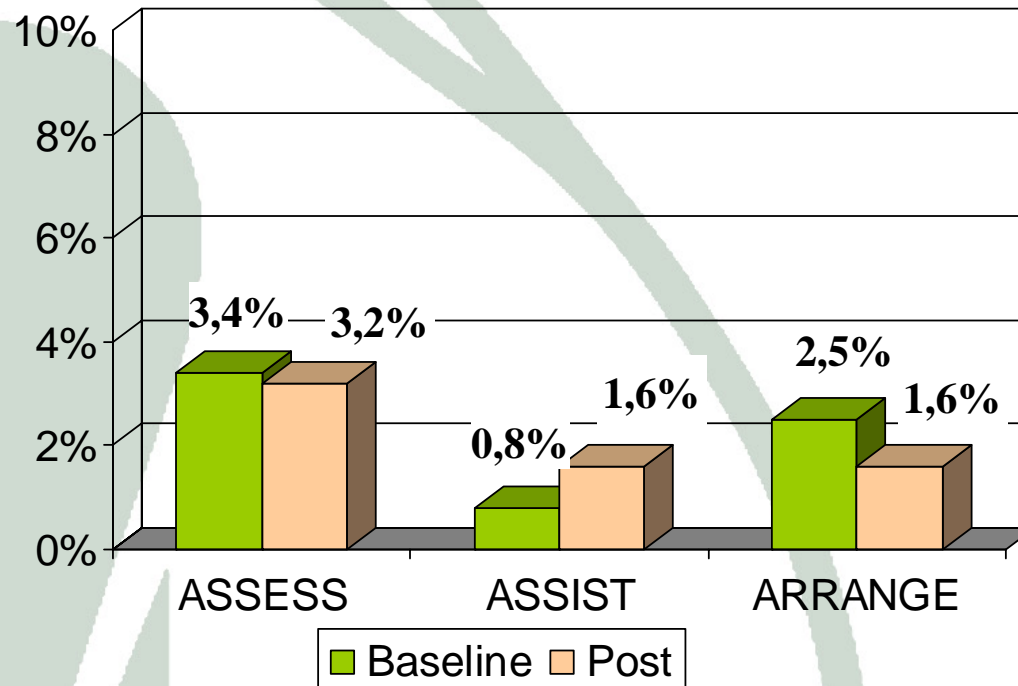


**No significant differences** were found before and after training



# Results (patients' report)

Do the patients say they have been asked if they wanted to reduce their consumption (ASSESS), if they got practical advices for that (ASSIST) or help for resolving the problem (ARRANGE)  
% answered YES:



**No significant differences** were found before and after training



# Results (patients' report)

How long did the professional talk to you about alcohol?

Duration of reported talk	Baseline	Post
Less than one minute	26.5%	33.6%
1 – 4 minutes	6.8%	2.5%
5 – 10 minutes	1.7%	0.8%
More than 10 minutes	1.7%	6.4%



# Results

## **2. HEALTH CARE PROFESSIONALS** **Comparative results (baseline vs post)**



# Results (Professionals' attendance)

Who could be reached by the training session? In the 4 wards the percentages of attendance were the following (without counting medical staff working night shifts) :

	Psychiatry	Pneumology	Cardiology	Internal Medicine
Nurses and aux.	71.4% (5/7)	57.1% (4/7)	60% (6/10)	58.3% (8/15)
Physicians & residents	66.6% (4/6)	0% (0/4)	83.3% (5/6)	55.5% (5/9)
<b>Total</b>	<b>69.2%</b> (9/13)	<b>36.3%</b> (4/11)	<b>68.7%</b> (11/16)	<b>54.1%</b> (13/24)



# Results (Professionals' report)

Perceived level of intervention before and after the training session. None of the differences reached significance level. Answered “always” or “often”:

ASK	BASELINE	POST
Patients with alc.-related pathology	56.2%	71.0%
Patients asking questions	63.9%	74.2%
Others	47.2%	35.7%



# Results (Professionals' report)

Perceived level of intervention before and after the training session. None of the differences reached significance level. Answered “always” or “often”:

Register	BASELINE	POST
Patients with alc.-related pathology	54.1%	60.0%
Patients asking questions	40.5%	50.0%
Others	36.1%	31.0%





# Results (Professionals' report)

Perceived level of intervention before and after the training session. None of the differences reached significance level. Answered “always” or “often”:

ADVISE	BASELINE	POST
Patients with alc.-related pathology	63.2%	76.7%
Patients asking questions	56.8%	69.7%
Others	45.7%	37.0%



# Results (Professionals' report)

Perceived level of intervention before and after the training session. None of the differences reached significance level. Answered “always” or “often”:

ASSESS	BASELINE	POST
Patients with alc.-related pathology	57.1%	64.5%
Patients asking questions	50.0%	54.8%
Others	37.5%	25.0%



# Results (Professionals' report)

Perceived frequency of intervention before and after the training session. None of the differences reached significance level. Answered “always” or “often”:

ASSIST	BASELINE	POST
Patients with alc.-related pathology	57.1%	56.7%
Patients asking questions	58.3%	54.8%
Others	36.4%	32.1%



# Results (Professionals' report)

Perceived level of psychological skills or pharmacological knowledge did not improve significantly after the training session. Answered “little” or “none”:

	BASELINE	POST
Psychological skills	75.0%	62.2%
Pharmacologic. knowledge	66.7%	63.6%



# Results (Professionals' report)

Perceived professional competence for counselling risky drinkers or alcoholics did not improve significantly (% answering “little” or “none”) . Perceived satisfaction did slightly rise (% answering rather, quite or very satisfied (p = .023) :

	BASELINE	POST
Prepared to intervene with risky drinkers	79.0%	60.2%
Prepared to intervene with alcohol dependents	81.6%	63.6%
Rather to very satisfied	80.6%	97.0%



# Results (Professionals' report)

## Why they say they don't intervene

- The ranking of the reasons given by professionals not to intervene remained the same after the training session, **but**
- Before there were 76.3% thinking they were not enough trained, after there remained 57.6% making the same statement (n.s. change).
- Invariably one third prefers to refer the patients to another centre for assessment and treatment.
- Other reasons mentioned by approximately 25% are expected negative reactions and opposition by patients
- Lack of time is mentioned by less than 10%
- After the training session, alcohol intervention is no longer seen as an intrusion in patients' private life (21.1% to 3.0%;  $p=.013$ )



# Results (Professionals' report)

## What they say they normally do

- Give a short advice (41.8%)
- Demand the intervention of an addiction specialist (38.8%)
- Advise to drink less (31.1%)
- Refer to the local addiction treatment center (19.4%)

No significant changes before/after the training session were observed



# Results (patients' discharge report)

## What they objectively do

The records in patients' discharge reports, written by physicians, improved significantly after the training session:

Record Status	BASELINE	POST	p
Specific mention of alcohol	17.8%	29.5%	.037
About toxics in general	56%	69.2%	.033





# Results (patients' discharge report)

## What they objectively know

Two questions about knowledge on alcohol risk consumption showed the following results before and after the training session (percentage giving the right answer):

	BASELINE	POST	p
Grams of alcohol per Standard Unit	34.2	77.4	<.000
WHO limits of consumption for men and women	7.8	29.0	.026

## SGTI:

O'Rourke M et al: Alcohol-related problems: emergency physicians' current practice and attitudes, The Journal of emergency Medicine , Vol. 30, No. 3, pp. 263-268. 2006

# Conclusions

## g unit is not enough

- Training is subjectively and objectively necessary: But it does not yet guarantee an implementation of what has been learned, although some significant changes can be obtained.
- Knowledge can be changed more easily than daily habits
- Attitudes seem to be the leading factor when it comes change of habits, yet, attitudes change slowly.



## Conclusions (cont'd)

Health care activity remains focused on treating pathologies. Preventive interventions get commonly forgotten and provoke resistance by medical staff.

Patients who drink to much but do not currently suffer any pathology related to alcohol generally don't receive intervention in alcohol reduction.

Although interventions are seen as very important, medical staff remains rather pessimistic about their possible effect.



# Conclusions

It is necessary:

View the patient's care in a more holistic perspective rather than just treating the specific condition in which each department is specialized.



## Conclusions (cont'd)

Further research should be undertaken to detect best ways how to encourage medical staff to intervene more often in assessment of alcohol consumption and brief intervention for risky drinkers and alcoholics, given the fact that most of the professionals say to feel satisfied by this type of work.

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