

INEBRIA SYMPOSIUM ON BRIEF INTERVENTION IN A RANGE OF SETTINGS

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Discussion to Dr Cheryl Cherpitel
presentation on Brief interventions in

the A&E Department

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RECOMMENDATIONS FOR SCREENING AT THE A&E DEPARTMENT by the KBS Workshop Team (2003)

1. Screening should cover the **full spectrum of drinkers** (from hazardous to dependent drinkers).

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2. Screening for at-risk drinking or alcohol problems should be **a routine procedure at A&E departments**, especially in the care of **injured patients**.

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3. Biological tests, questionnaires and self-report can be



RECOMMENDATIONS (cont.)

4. The **ideal screening questionnaire** has to be:

Accurate, short, easy to learn and to administer, and stable across different circumstances.

*A screening test never should be confrontational, but motivational; moreover, it should **enable the intervention**.*

5. Screening and assessment should be always **linked to intervention**, be it "on the spot" or with a worked-out referral.

6. Trials on the efficacy of screening should also take into account the counselling out-comes, screening and intervention **belonging to the same protocol**.



RECOMMENDATIONS (cont.)

7. **Confidentiality** should be guaranteed when screening and intervening. This should be compatible with reporting to medical registers.

8. **Medical curricula** should include knowledge and training on screening and patient's education.

9. **Results** of screening and intervention in A&E settings should be **spread** among surgeons so that screening might be generalised at trauma and emergency hospitals.



BI STUDIES ARE NOT EASY TO COMPARE...

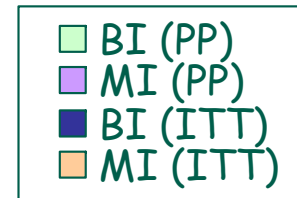
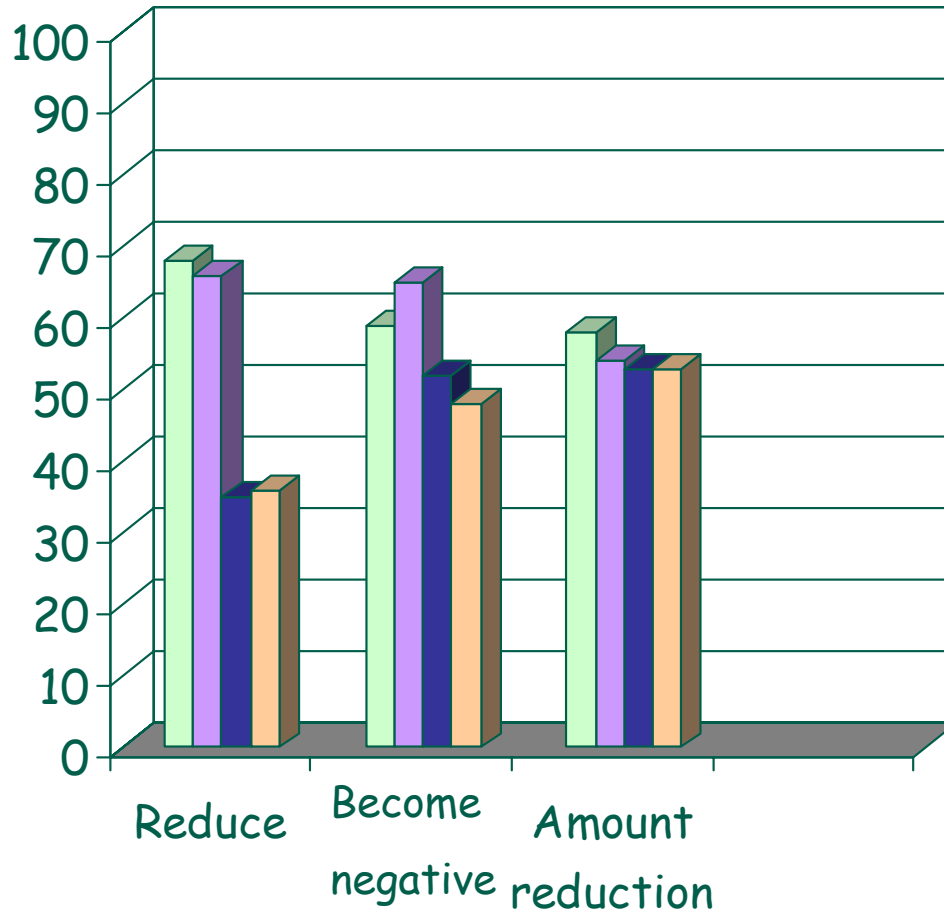
DIFFERENCES CONCERNING

- ✓ Target population
- ✓ Inclusion criteria
- ✓ Screening methods
- ✓ Type of intervention
- ✓ Type of control
- ✓ Sample size
- ✓ Length of the follow-up period
- ✓ Follow-up rate
- ✓ Outcome criteria



PATIENTS WHO REDUCE CONSUMPTION & BECOME AUDIT-C NEGATIVE AT MONTH 12: AMOUNT OF REDUCTION

(IBAT Study, Rodríguez-Martos et al.)



$P > 0.05$

*Results in percentages

Per protocol

Per intention to treat

PP N=57
ITT N=85

PP N=34
ITT N=46

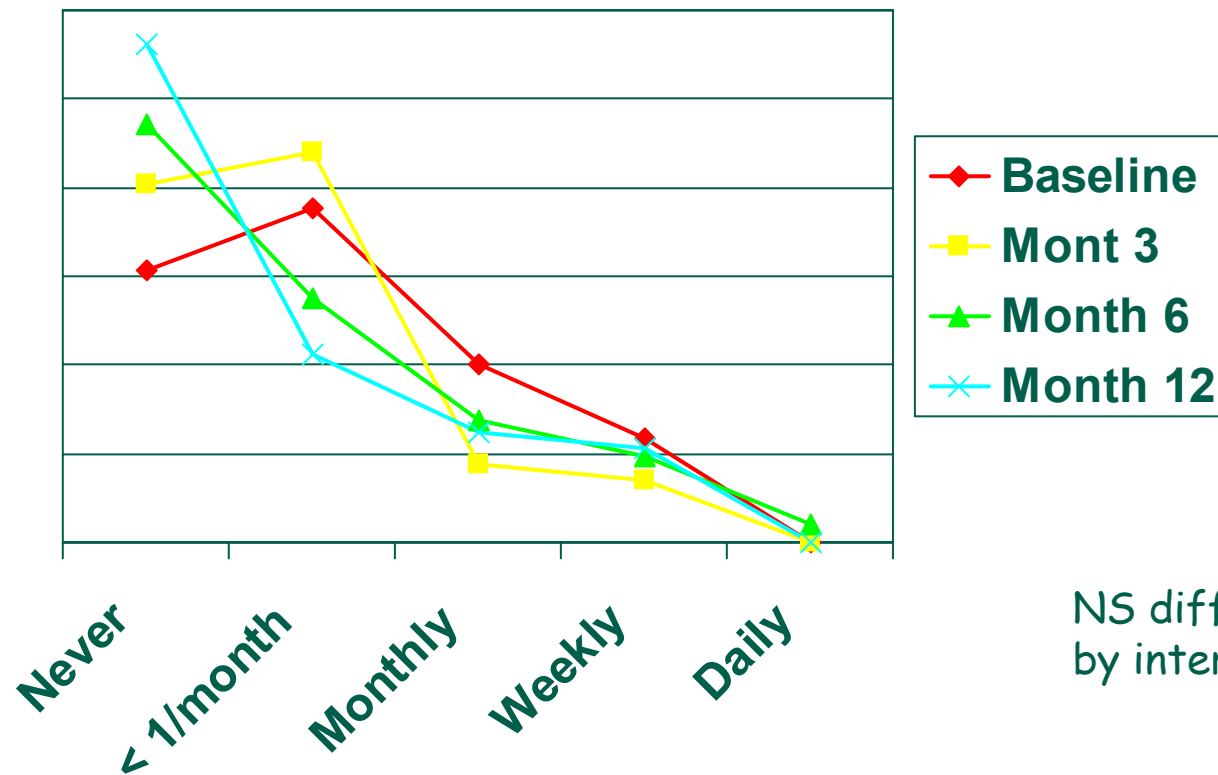
PP N= 38
ITT N= 40



Evolution of AUDIT item 3 after intervention

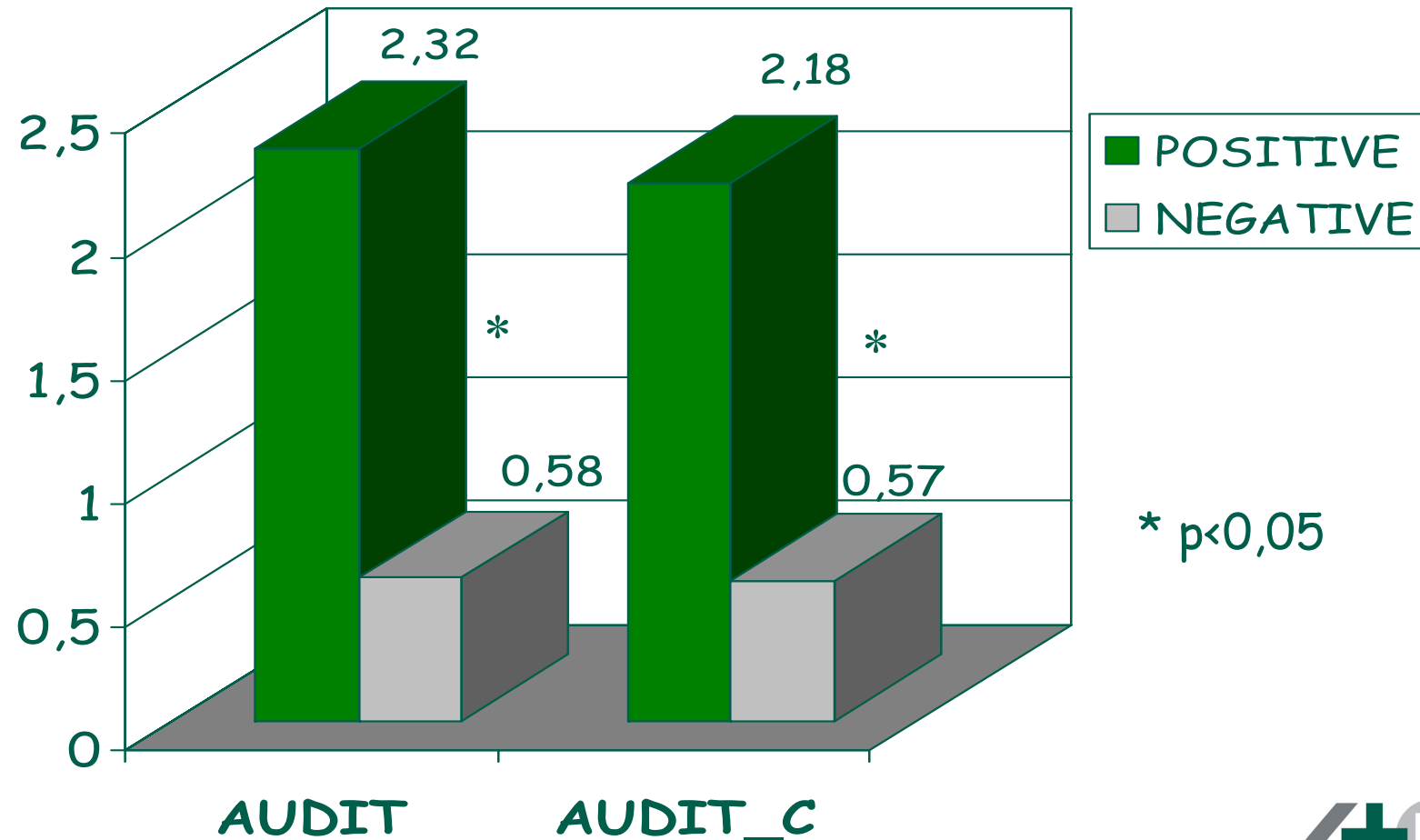
How often do you have six or more drinks on one occasion?

(IBAT Study, Rodríguez-Martos et al.)

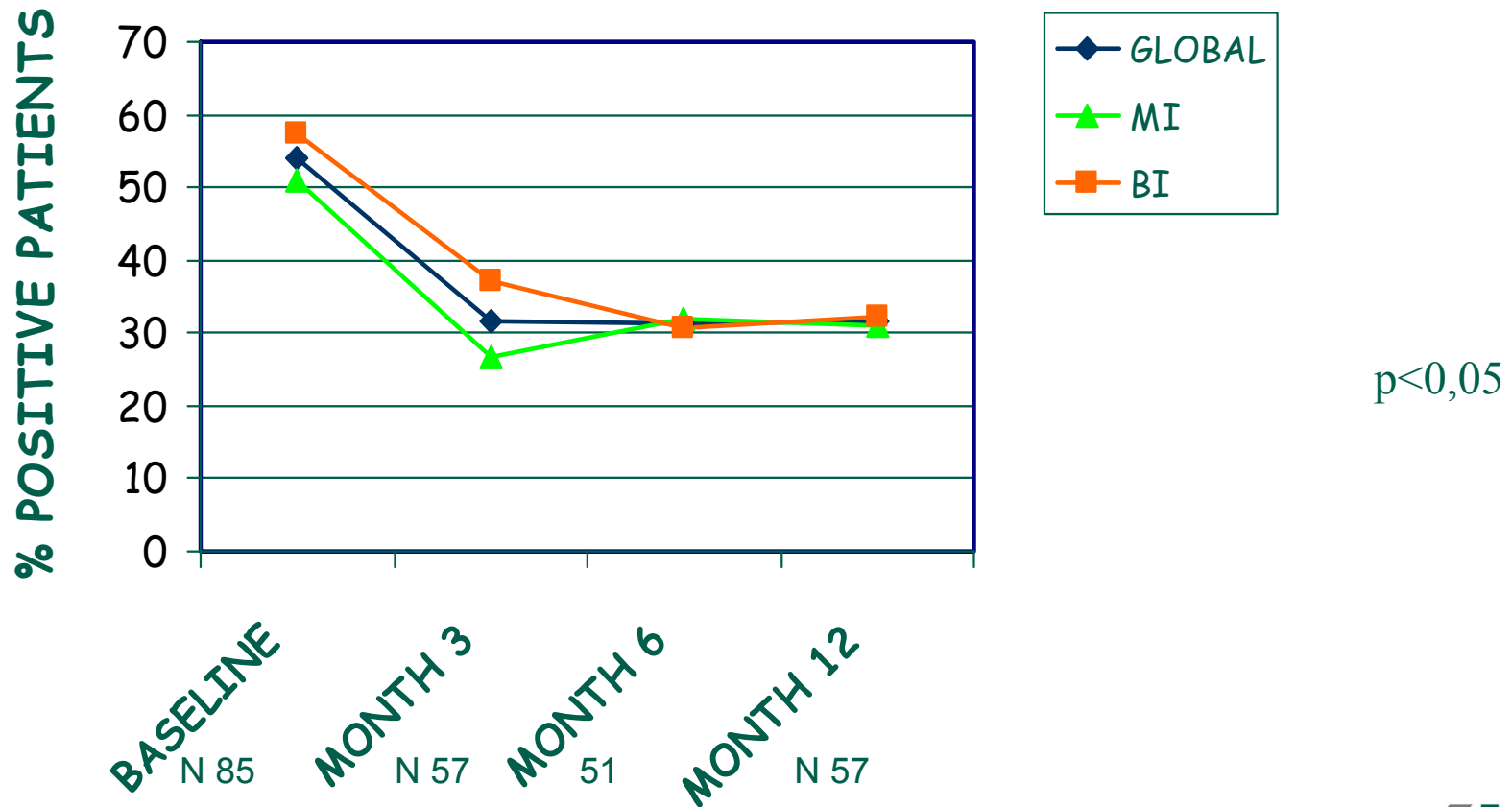


AMOUNT OF CHANGE AT MONTH 12 BY BASELINE AUDIT AND AUDIT-C SCORE (N=57)

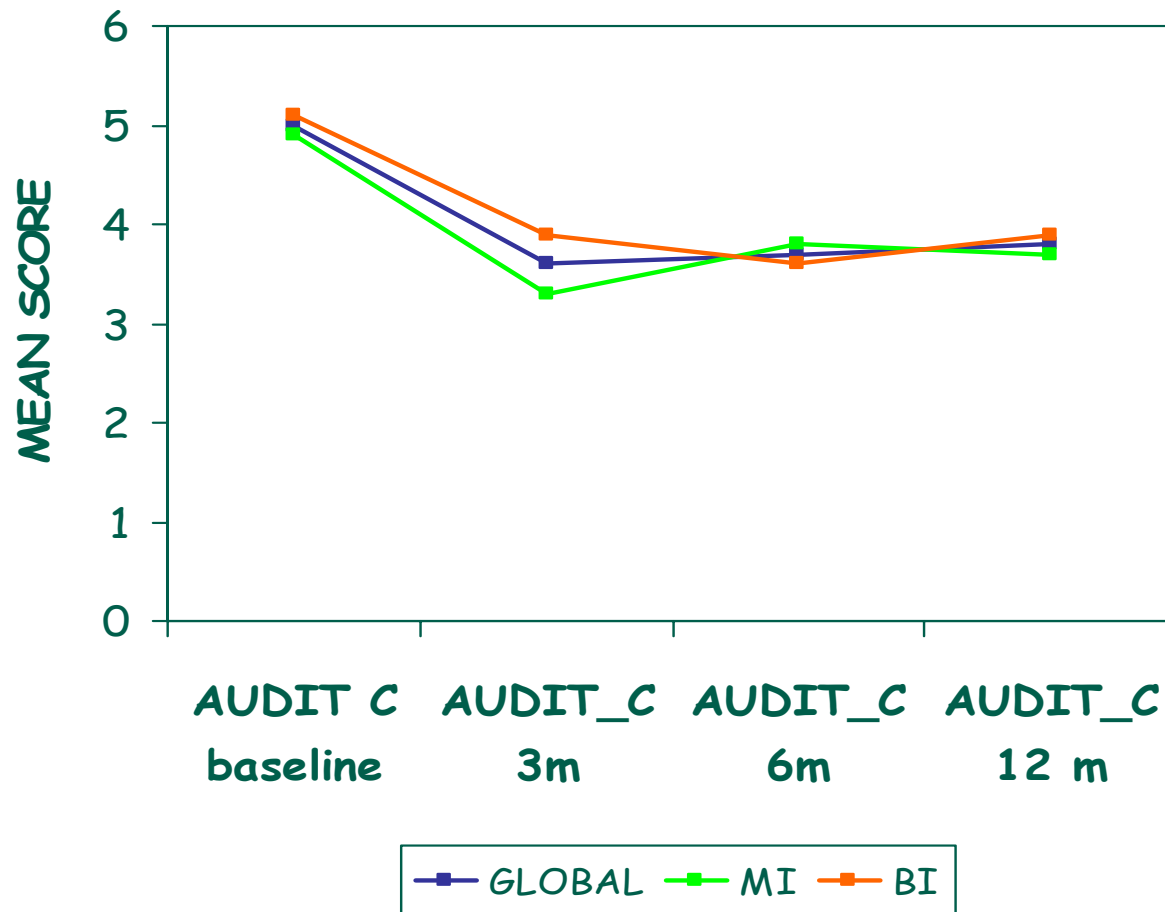
(IBAT Study, Rodríguez-Martos et al.)



TREND OF THE PERCENTAGE OF AUDIT-C POSITIVE PATIENTS (IBAT Study, Rodríguez-Martos et al.)



EVOLUTION OF AUDIT-C SCORE IN PATIENTS Fw-up AT MONTH 3,6, & 12 (N=45) (IBAT Study, Rodríguez-Martos et al.)



$P_{\text{global}}(\text{baseline}-3\text{m}) < 0.001$
 $P_{\text{global}}(\text{baseline}-6\text{m}) < 0.001$
 $P_{\text{global}}(\text{baseline}-12\text{ m}) < 0.05$
 $PMI(\text{baseline}-3\text{m}) < 0.05$
 $PMI(\text{baseline}-6\text{m}) < 0.05$
 $PMI(\text{baseline}-12\text{m}) < 0.05$
 $PBI(\text{baseline}-3\text{m}) < 0.05$
 $PBI(\text{baseline}-6\text{m}) < 0.001$
 $PBI(\text{baseline}-12\text{ m}) p < 0.05$



"The window of opportunity is not
wide open"... Yet

(Dill et al., 2004)