

Brief intervention for risky alcohol consumption in a sexual health clinic

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Research Team

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Background

- **Patients of sexual health clinics have higher prevalence of risky alcohol consumption than in general practice**
(Catalan 1988, Baguley 2002, Cook 2005)
- **Unsafe drinking predisposes to risky sexual practice**
- **Also clusters of risky behaviours may occur**

Only one study of brief intervention

- n=302
- 32% drinking at risk
(Paddington Alcohol Test)
- Of these:
 - 93% accepted written advice
 - 31% accepted appointment for an alcohol worker
 - Only 1 patient attended

(Crawford, 2004)

**On-the-spot intervention is
more likely to be achievable**

Aims

- **A pilot study of:**
 - **Feasibility & acceptability of screening and brief intervention for alcohol problems by a nurse in a sexual health clinic**
 - **Effectiveness of brief intervention**

Methods (1)

- **2 RNs trained in screening & brief intervention (Drink-less)**
- **Screening**
 - with AUDIT via a handheld computer
 - all patients aged ≥ 16 years who were waiting to be seen
 - 2 sexual health clinics
 - 4-5 sessions per week over 9-months

Eligibility for trial

- Those with AUDIT score ≥ 8 or AUDIT-3 ≥ 3 were asked to participate

AUDIT-C & AUDIT-3

- **Frequency of drinking**
- **Quantity of alcohol**
- **Frequency of 6+ drinks**
 - **If drinking 6+ drinks at least weekly, were included**

Randomisation & intervention

- **Randomised to Control or Intervention by pre-coded numbers**
- **Intervention group received Drink-less brief intervention, including self-help booklet with drinking diary**
 - **Based on WHO validated methods**

3 month follow-up

- **Research assistant blind to intervention status**
- **Telephone interview including AUDIT**
- **(Control group also given intervention at follow-up)**

Results

Number screened

- 599 approached for screening
- 519 agreed (87%)
- 511 (85%) completed screening

Risky drinkers detected

- 40% (n=204) scored ≥ 8 on AUDIT
 - 22% scored 8-12
 - 18% scored ≥ 13
- Further 12 eligible as 3+ on AUDIT-3
- =216 eligible

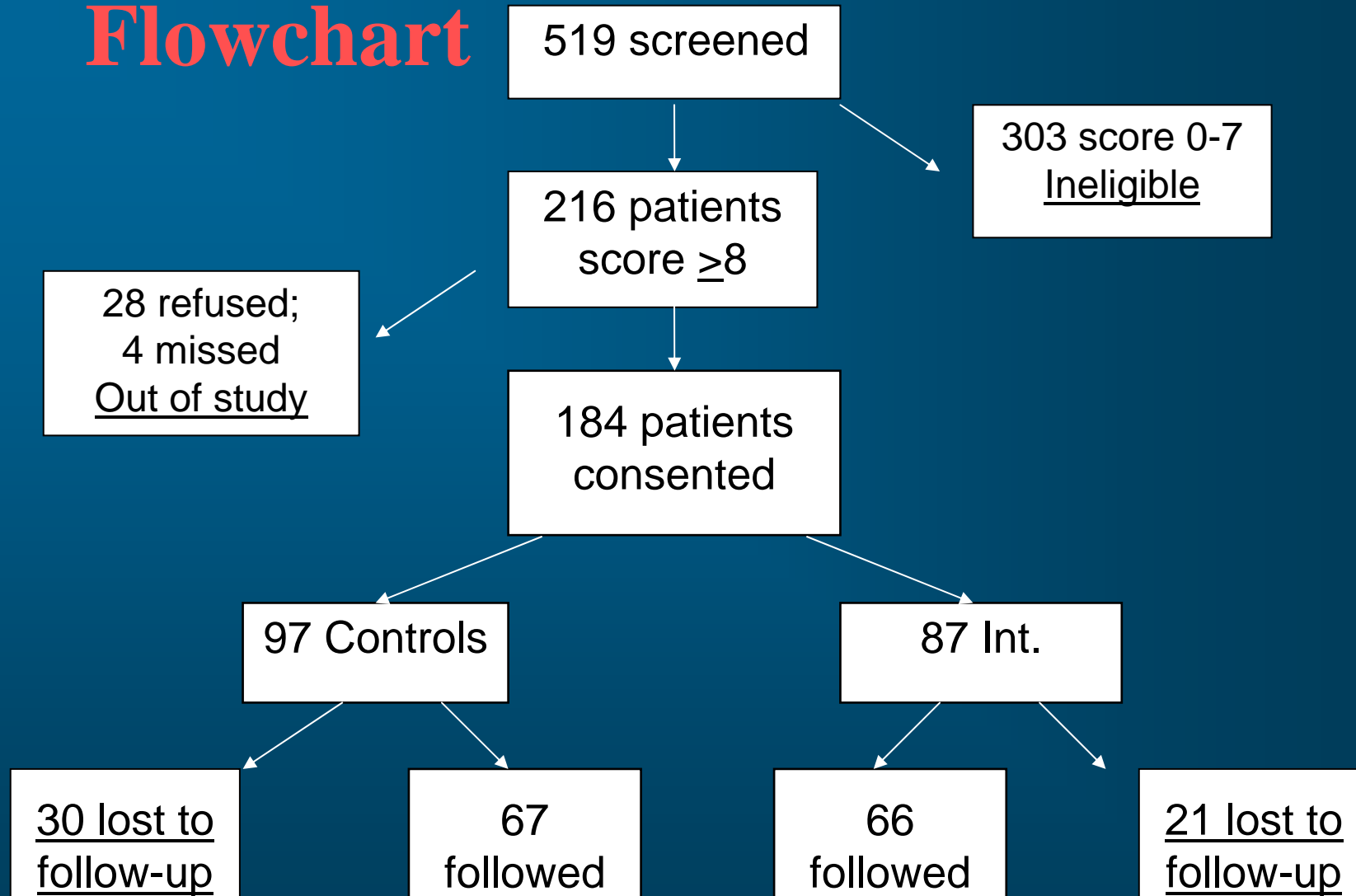
Recruitment to trial

- 28 refused; 4 were missed
- 184 (85% of eligible) entered trial
- 75% male; aged 16-61; mean 32 (sd 8.9), mode 24-25
 - 87 Intervention group
 - 97 Control group
 - No difference in AUDIT between groups

3 month follow-up

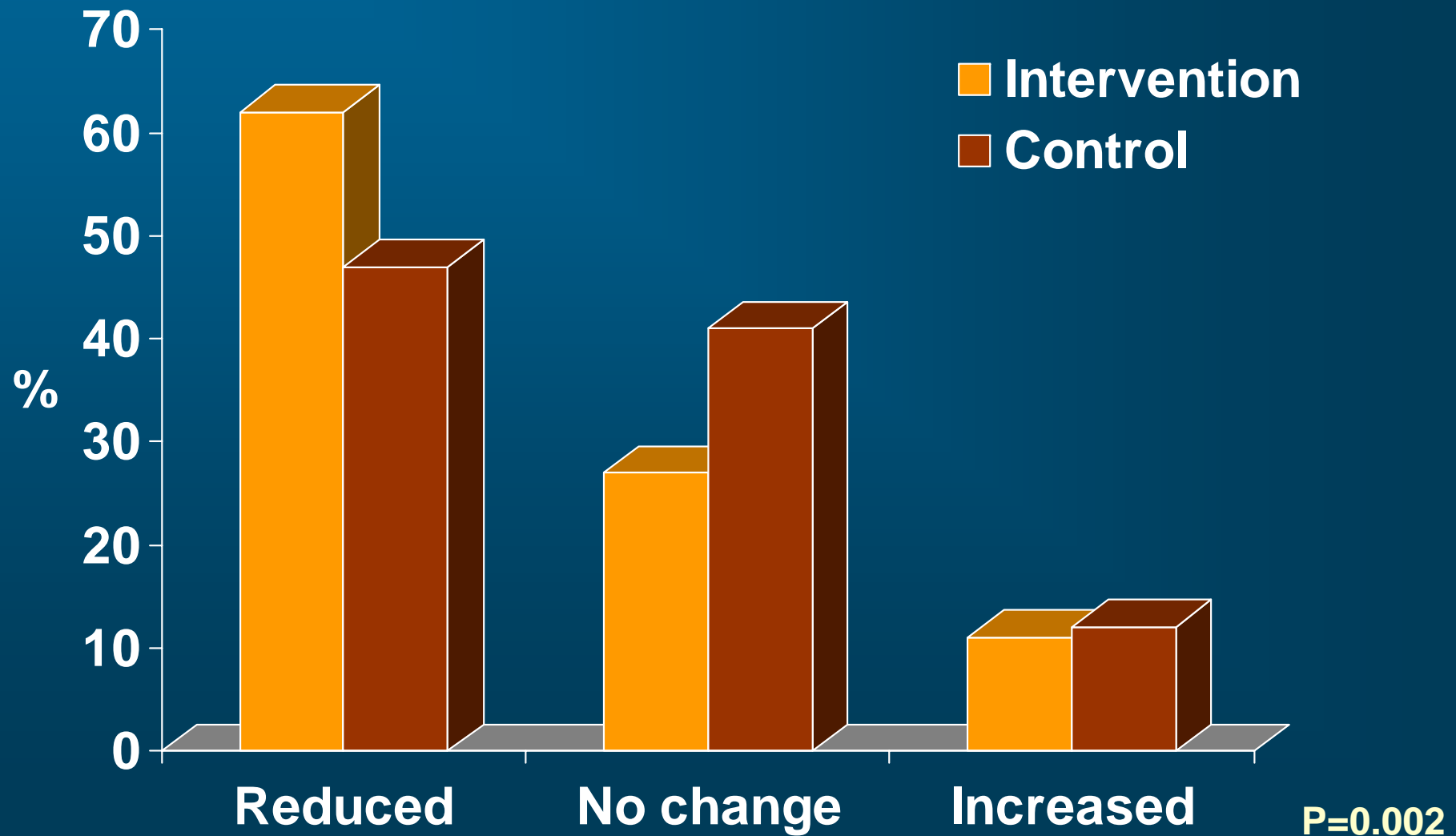
- **133 (72% of those randomised) completed follow-up**

Flowchart

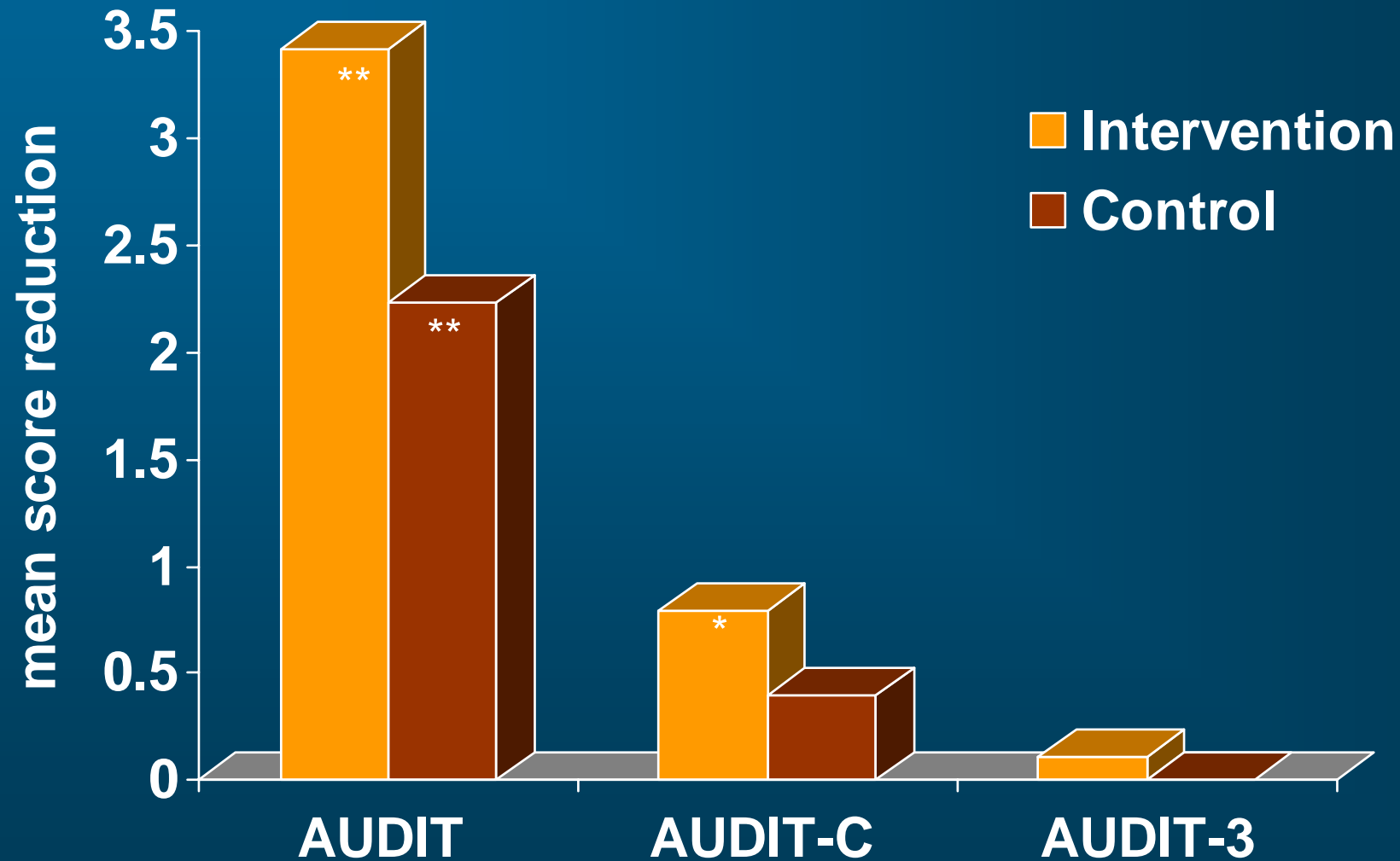


Changes in drinking

Perceived change in drinking



Mean reduction in scores



No significant difference between groups

Client acceptability

- **Intervention group:**
 - 94% remembered receiving advice
 - 70% reported it was acceptable to get such advice from a nurse

Staff attitudes

- **Anonymous survey after the study**
- **71% reported the nurse's presence did not impact greatly on routine**
- **All clinicians thought it important to know about patients' alcohol use**

Staff attitudes (cont.)

- **Doctors, nurses and counsellors all appropriate staff to provide advice on alcohol in the sexual health clinic**

Limitations

pilot study

Categorical responses to AUDIT/AUDIT-C

- **Drinking frequency:**
Never, \leq monthly, 2-4x monthly, 4+ per week
- **Quantity**
1-2; 3-4; 5-6; 7-9; 10+ sds
- **Frequency of 6+ drinks:**
Never, <monthly, monthly, weekly, daily or almost daily

AUDIT/AUDIT-C as a follow-up tool

- **Five response categories too “blunt”
to detect relatively small changes**
 - **Need a continuous measure**
- **12 month time frame for AUDIT,
makes less appropriate for short
follow-ups**
- **AUDIT C seems suitable for follow-up**

Limitations (cont.)

- Both groups improved markedly; 30% no longer risky drinkers
- Despite Christmas/New Year occurring between baseline and follow-up
 - ?Regression to the mean
 - Social desirability
 - Intervention effect of screening

Barriers overcome (1)

- **Space pressures**
 - Some screening and interventions conducted outside for privacy
- **Periodic staff resistance**
 - Meetings with clinic staff
 - Progress reports
 - Christmas present to clinic

Barriers overcome (2)

- **High mobility among young patients**
 - **mobile phones used**
 - **Skype saved costs on mobile & long distance calls**
- **Calls often after hours**

Encouraging observations

- **Vast majority liked handheld computer**
 - only 1 (aged >70) could not read screen
- **Patient interest:**
 - all wanted to know baseline score
 - Many interested to know if score changed

Conclusions (1)

- **High prevalence of risky drinking in sexual health clinic clients**
- **Computer screening and nurse brief intervention feasible & acceptable**
- **Ideally incorporated into first visit**
- **Effectiveness needs further study, using sensitive measures of change**

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