



Attitude towards and experiences of screening-procedures to identify alcohol-related disorders in patients of general practitioners

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Introduction

- One of the basic requirements in early intervention procedures of alcohol related disorders in general practices is the implementation of screening measures. One main barrier for general practitioners (GP) to intervene is the fear of embarrassing or even losing patients when screening is conducted routinely.
- Studies measuring alcohol status in patients of GPs reveal participation rates between 27% (Wallace et al., 1988) and 97% (Kaner et al., 2001). To date, no data concerning the acceptance of such procedures are available. Research in that field of screening measures by patients is therefore necessary.
- Standardized items were used to analyse how patients of general practices experience and evaluate the implementation of screening measures.

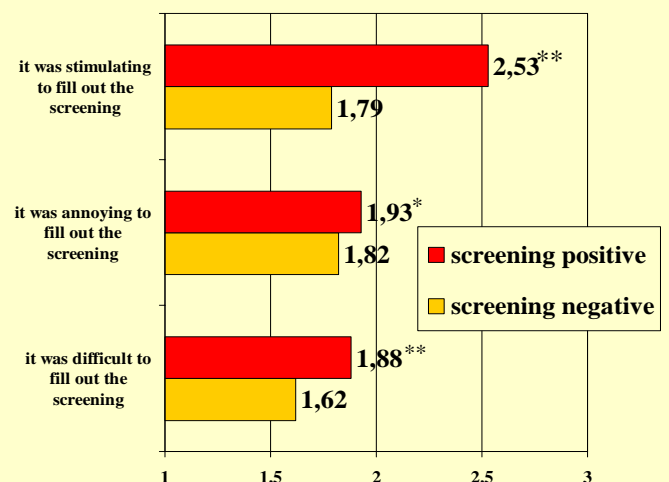
Methods

- Data analysed are part of the project „Stepped Interventions for Problem drinkers“ (SIP), in which 10,803 GP patients were screened via a standardized questionnaire. Screening for alcohol related disorders/problematic drinking were done using the AUDIT (Alcohol Use Disorder Identification-Test) and the LAST (Luebeck Alcohol dependence and –abuse-Screening-Test).
- One random part of the patients (N=2604) were administered a second questionnaire to examine the acceptance of the screening measure. Patients rated their experience of the screening and their attitude towards early interventions with 5-point Likert-scales.

Results

- There is an overall positive acceptance of the screening by the patients (e.g. „it was fun“: M=3.12; „it was interesting“: M=3.08; „it was difficult“: M=1.64; scale ranging from 1=„I do not agree at all“ to 5=„I totally agree“).
- For the acceptance of early interventions, analyses reveal a differentiation within the following subgroups: screening-positive (AUDIT \geq 5 or LAST \geq 2) in comparison to screening-negative patients, who evaluate it more negatively to fill out the screening.

Graphic 1: Significant differences in the acceptance of the screening (**=p<0.001, *=p<0.1)



- Women evaluate the screening as less fun (M=3.00 vs. M=3.25; **), less interesting (M=2.99 vs. M=3.19; **) and as less stimulating to think about habits (M=1.73 vs. M=2.1; **); as less difficult (M=1.59 vs. M=1.70; *) and less annoying (M=1.72 vs. M=1.88; *) than men (**=p<0.001, *=p<0.05).
- The attitude towards possible GP interventions concerning the alcohol consumption of the patients proved to be positive on a 5-point Likert scale ranging from 1=inadequate to 5=adequate: 1. questions of the GP about alcohol consumption M=4.43; 2. additional informations about alcohol M=4.26; 3. counseling for alcohol consumption M=4.27.
- Positive screened patients rated the counseling by the GP as more adequate than negative screened patients (M=4.51 vs. M=4.27; p=.007)

Discussion and Conclusions:

- The results of this analysis reveal an overall positive acceptance of routine screening measures, the evaluation differs within subgroups.
- Given the high acceptance, findings might be appealing to general practitioners to reconsider their scepticism towards routinely screening.