



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

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26th October 2006 - Lisbon



Presentation Outline

- Background
- Objective
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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

- C1** consulted 19/10/06 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**



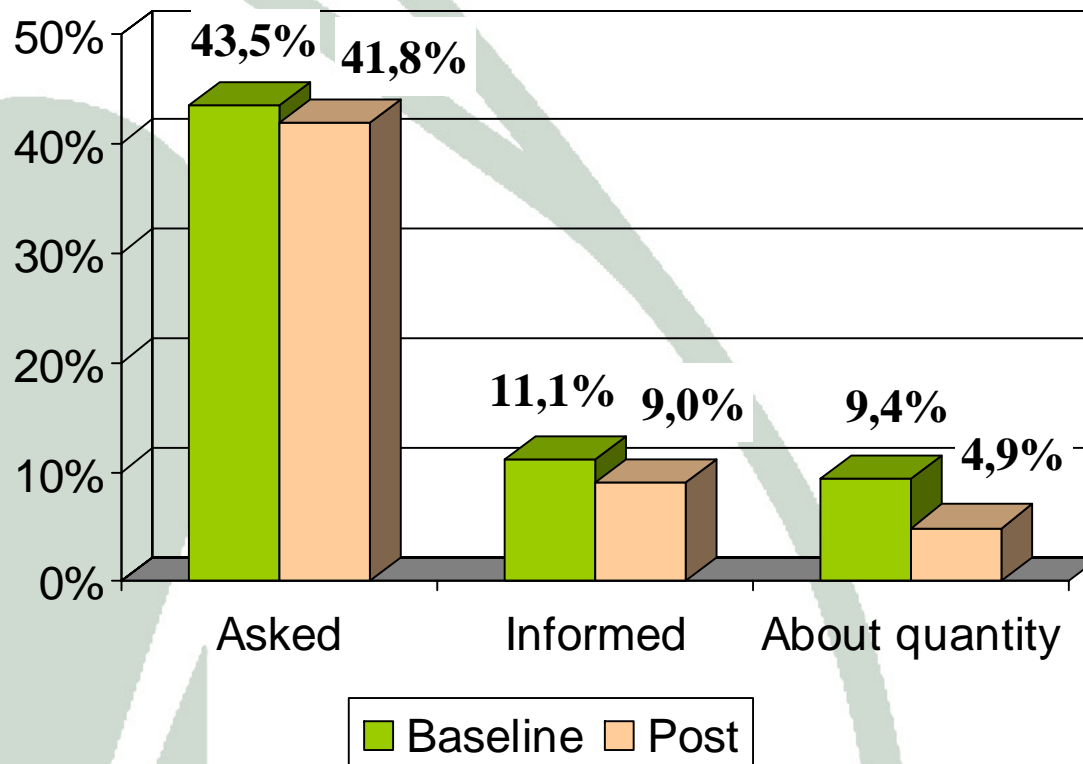
Results: Patients

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:

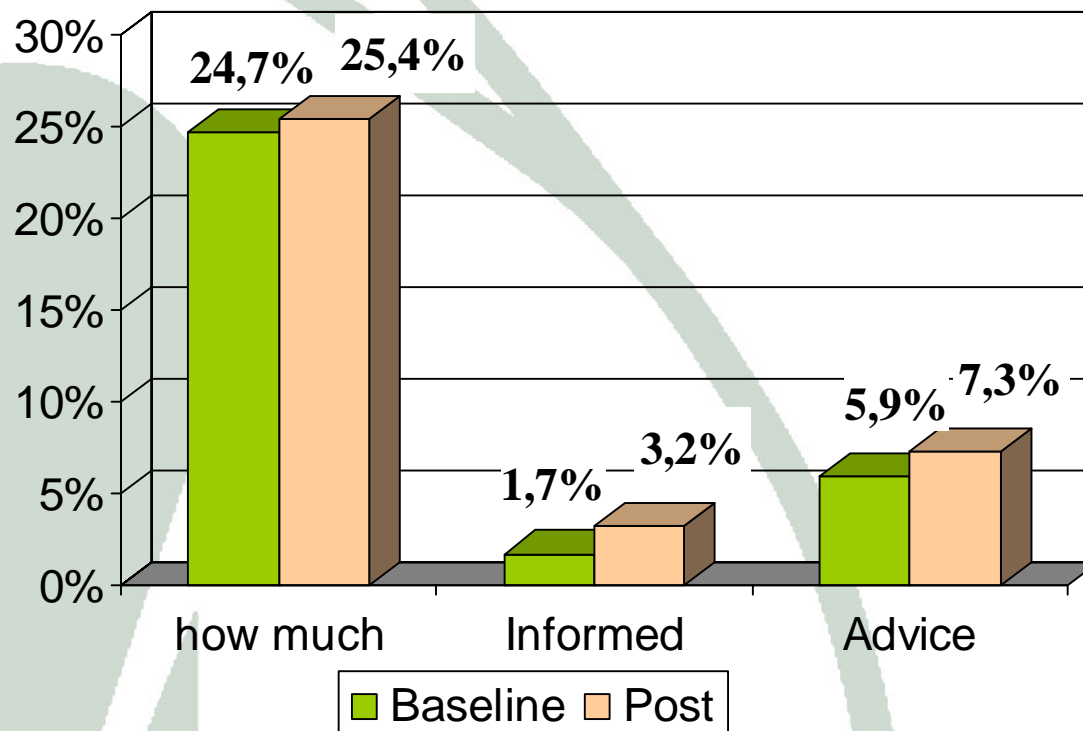


No significant differences were found before and after training



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:

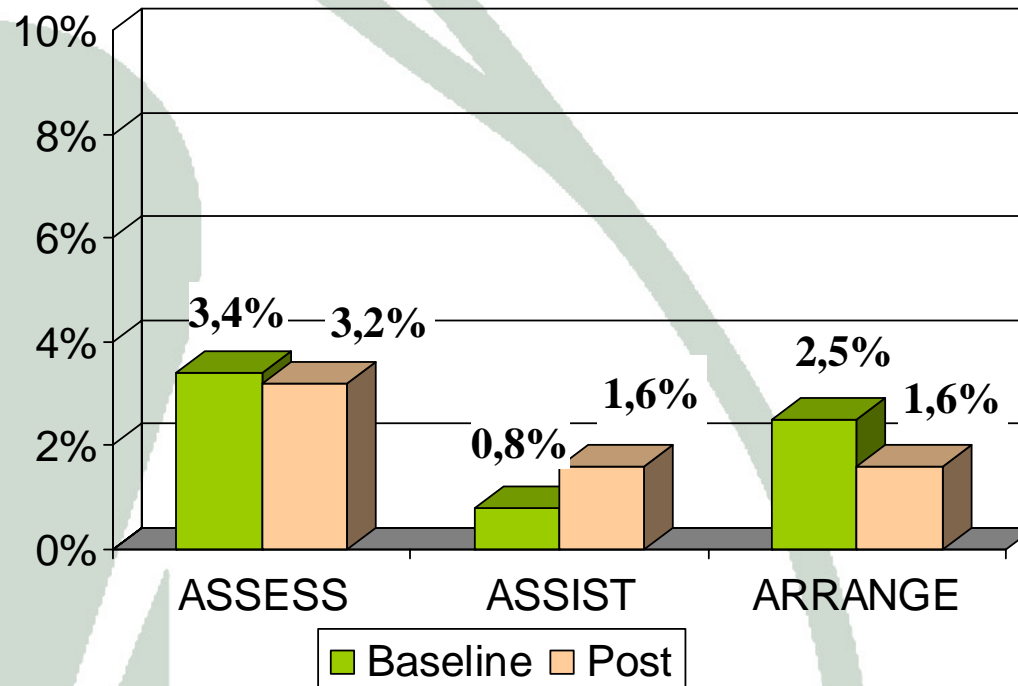


No significant differences were found before and after training



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) |
| Total | 69.2% (9/13) | 36.3% (4/11) | 68.7% (11/16) | 54.1% (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

Training 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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