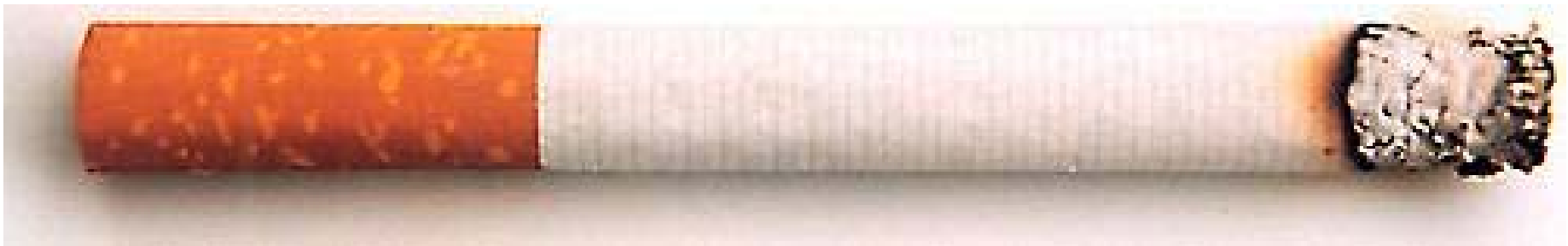


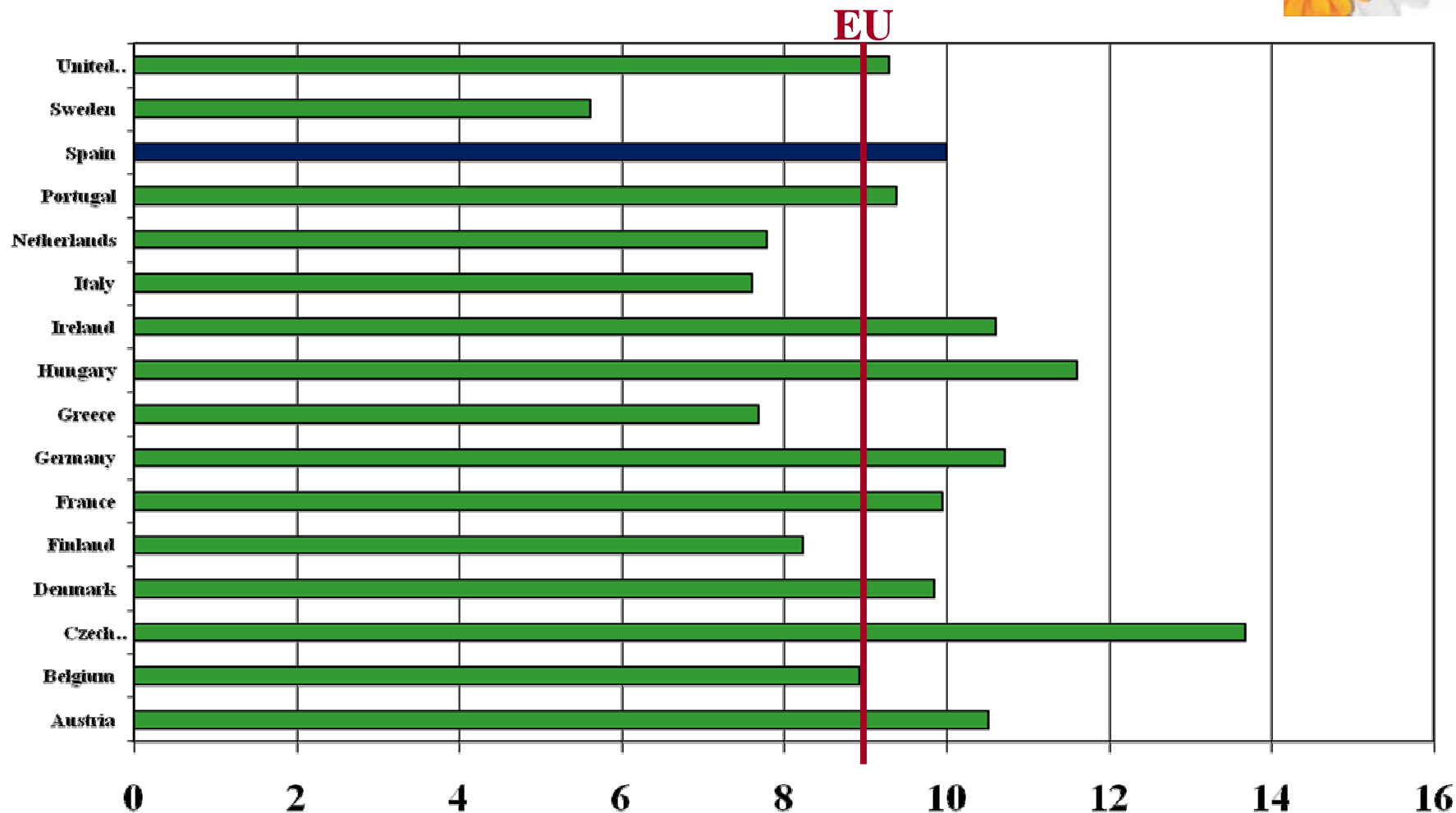
BRIEF INTERVENTION IN HOSPITALIZED PATIENTS FOR TOBACCO CESSATION OR ALCOHOL RISK CONSUMPTION

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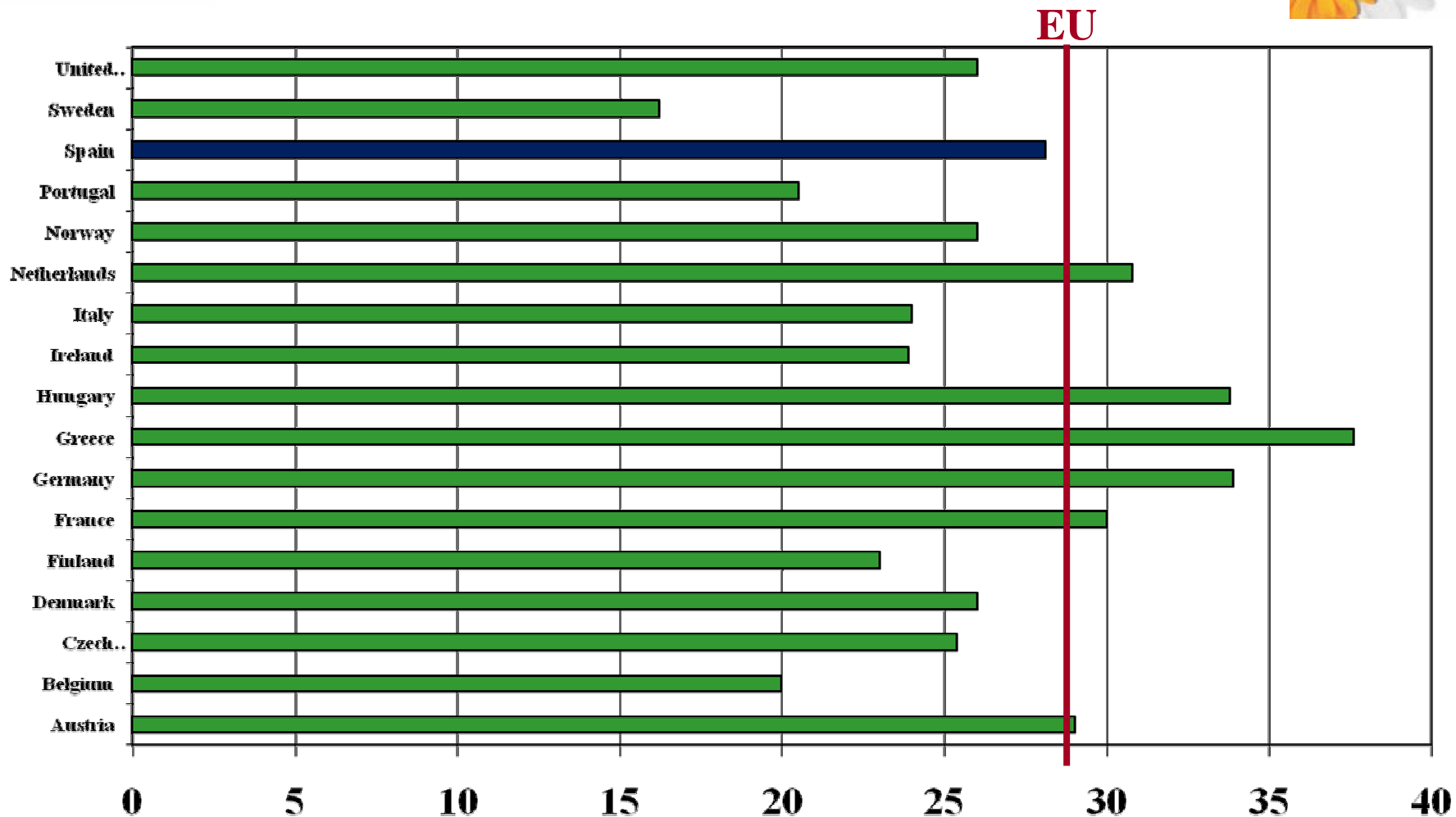
Alcohol consumption in Europe



Liters of pure alcohol per inhabitant & per year

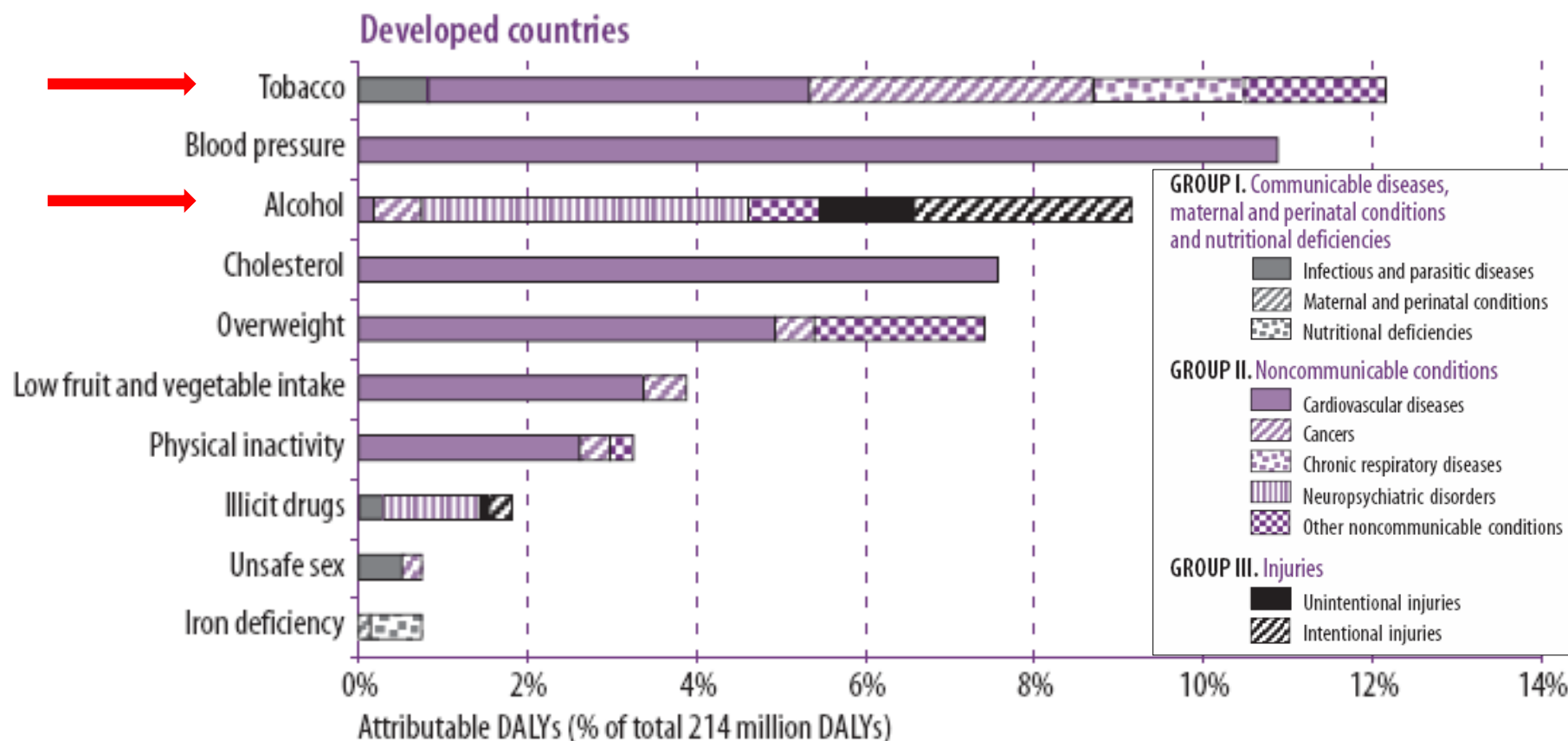
Health for all Database, WHO, 2006.

Daily smokers in Europe



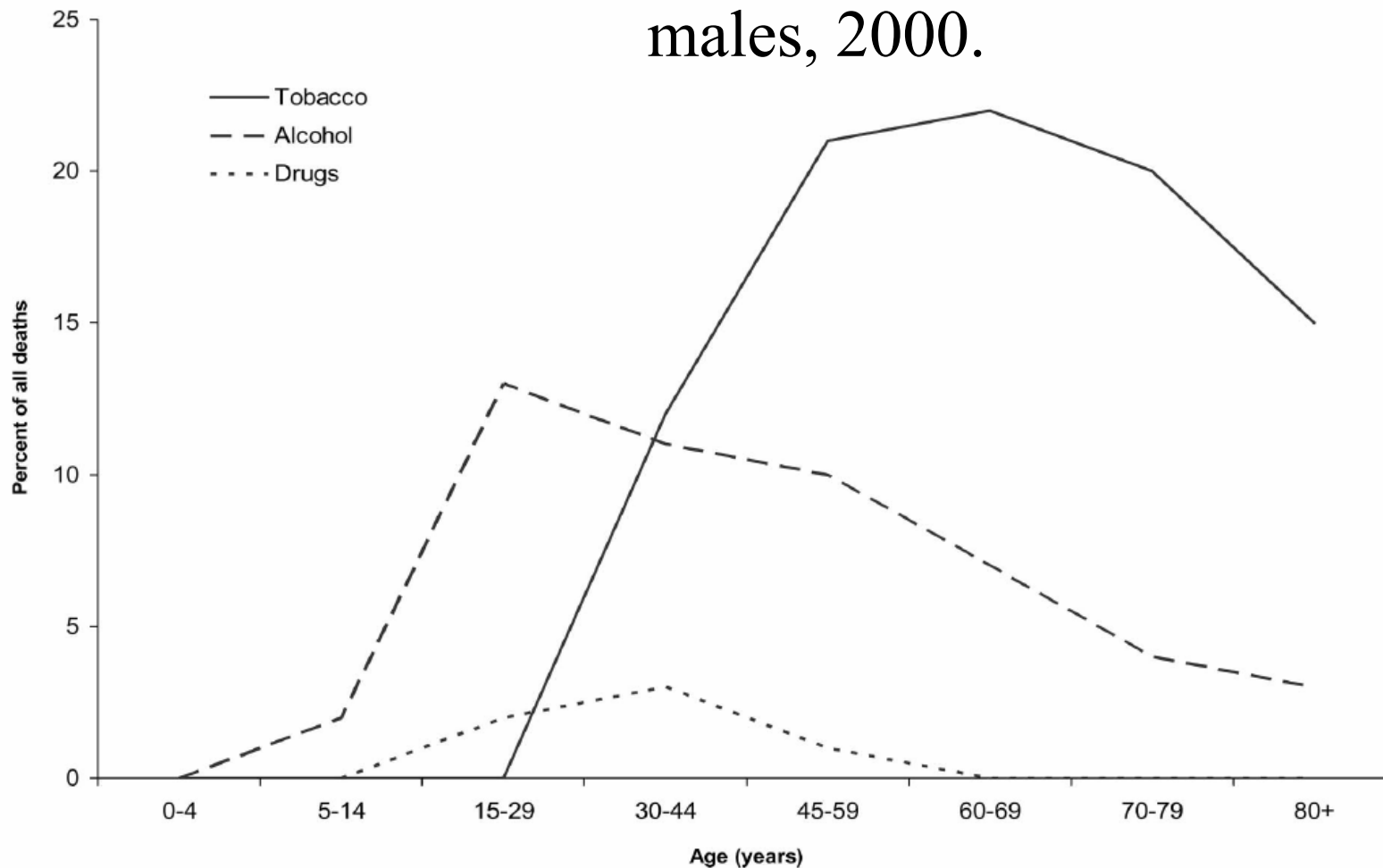
% of regular daily smokers in the population, age 15+

Burden of disease attributable to alcohol and tobacco



The World Health Report, WHO, 2002.

Mortality over the life course attributable to alcohol, tobacco, and drugs among males, 2000.



Rhem et al, 2006

OBJECTIVES

- To compare the health care professionals' intervention on inpatients' smoking and alcohol consumption
- To compare the impact in professionals' behaviour of training interventions in alcohol and tobacco

METHODS



- Comparison between two studies with a similar design, but targeting two different substances: alcohol and tobacco
 - Inpatients of different hospital wards were assessed (substance consumption / abuse; brief intervention steps perceived; medical records) before and after a training intervention in professionals
 - Professionals of the same wards were trained in a single session and assessed about their intervention habits and their own consumption before and after training

METHODS (alcohol)



Patients' assessment (N=118):

- AUDIT-C: cut-off 4 for ♀ and 5 for ♂ resp.
- Have you been *asked* about your alcohol consumption, have you got *advice*, been asked if you want to reduce (*assess*), got concrete help (*assist*) and has the follow-up been *arranged*?
- Questions about former and actual wishes to reduce consumption

Methods (Patients)



Alcohol (n= 118)

- AUDIT-C: cut-off 4 for ♀ and 5 for ♂
- FIVE 'As': Have you been asked, adviced, assessed, assisted, arranged?
- Questions about former and actual alcohol consumption and wishes to reduce it.
- Audit of inpatient discharge files

Tobacco (n= 169)

- FIVE 'As': Have you been asked, adviced, assessed, assisted, arranged?
- Questions about actual smoking behaviour and actual and former wishes to quit.
- Audit of inpatient discharge files

Methods (Professionals)



Alcohol (n= 38)

- How often do you intervene with patients who drink too much? (Five As)
- Perceived knowledge of pharmacological treatment and psychological skills
- Reasons for not to intervene more often
- Satisfaction, knowledge and professional competence
- Own alcohol consumption

Tobacco (n= 66)

- How often do you intervene with patients who smoke? (Five As)
- Perceived knowledge of pharmacological treatment and psychological skills
- Own smoking behaviour

METHODS (alcohol)



Professionals' assessment (N=38):

- How often do you intervene with patients who drink too much (with alcohol related illness or without)
 - *Asking, giving advice, assessing, assisting, arranging follow up*
- Perceived knowledge of pharmacological treatment and psychological skills
- Reasons for not to intervene more often
- Felt satisfaction, knowledge and professional competence
- Own alcohol consumption

METHODS (tobacco)



Patients' assessment (N=169):

Have you been *asked* about your smoking status, been *advised* about quitting smoking, been asked if you want to quit (*assess*), got concrete help to quit (*assist*) and has the follow up been *arranged*?

Questions about actual smoking behaviour and actual and former wishes to quit.

METHODS (tobacco)



Professionals' assessment (N=66):

How often do you intervene with patients who smoke? (with smoking related illness or without)

- Asking, giving advice, assessing, assisting, arranging follow up

Perceived knowledge of pharmacological treatment and psychological skills

Own smoking behaviour

RESULTS

Professionals' demographical data

	Tobacco (n=66)	Alcohol (n=38)
Men	15.6%	21.1%
Women	84.4%	78.9%
Mean age	38.6 (\pm 11.1)	37.6 (\pm 11.0)
Nursing staff	48.5%	50%
Medical staff	33.3%	36.8%
Other staff	18.2%	13.2%

RESULTS (Patients)

Brief Intervention Step	Tobacco (n=169)	Alcohol (n=118)	p†
ASK	30,8 %	43,6 %	0,026
ADVICE*	21,9 %	50,0 %	0,056
ASSESS*	25,0 %	28,6 %	1,000
ASSIST*	6,3 %	4,5 %	1,000
ARRANGE*	3,1 %	13,6 %	0,217
Register	72,9 %	56,0 %	0,002

*Includes only patients who said YES to the question: Have you been asked...

† Chi square

RESULTS (Professionals)



Clinical Behaviour (before training)		Tobacco	Alcohol	p†
ASK	With pathology	70,3 %	52,6 %	0,194
	without pathology	39,7%	47,2 %	0,501
ADVICE	With pathology	75,4 %	63,2 %	0,967
	without pathology	31,1 %	45,7 %	0,122
ASSESS	With pathology	43,1 %	57,1 %	0,088
	without pathology	17,2 %	37,5 %	0,000
ASSIST	With pathology	24,6 %	57,1 %	0,000
	without pathology	10,9 %	36,4 %	0,000
REGISTER	With pathology	53,1 %	54,1 %	0,971
	without pathology	38,1 %	36,1 %	0,738

†Mann-Whitney Test

RESULTS (professionals)

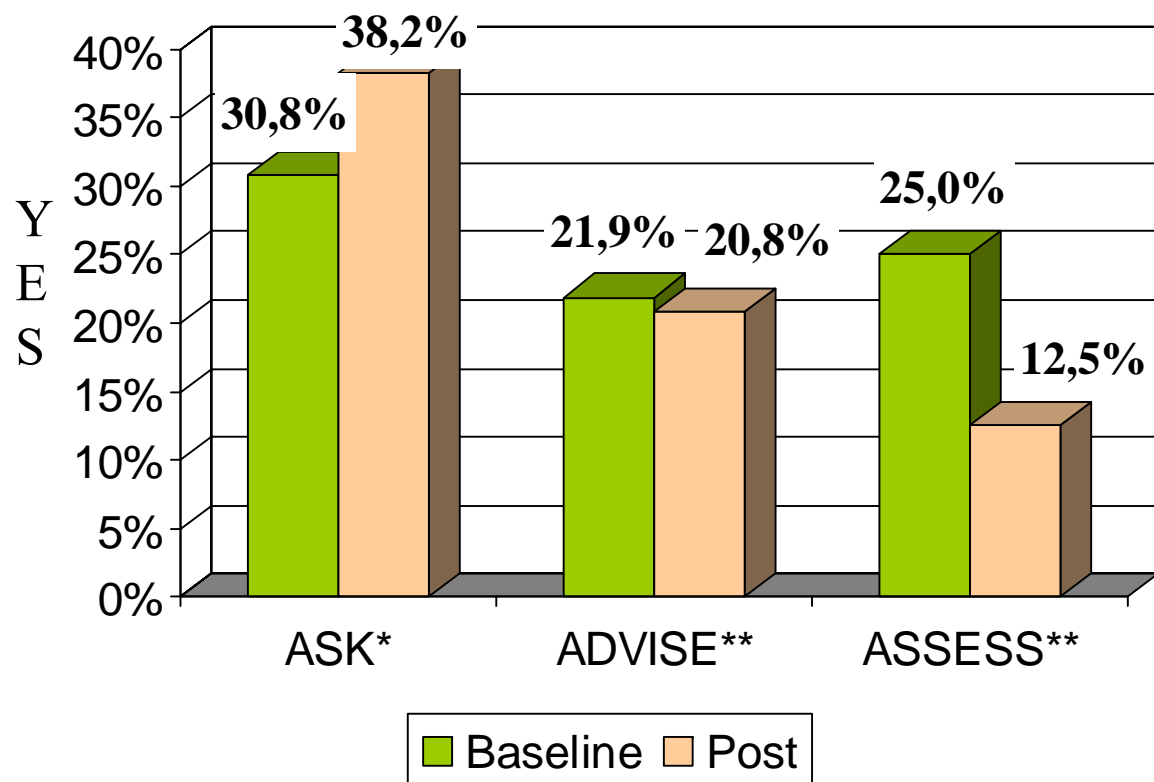
ALCOHOL – sufficient / great perceived knowledge	Base line	Post	p
Psychological skills	25.5%	36.4%	NS
Pharmacological treatment	33.3%	35.2%	NS

TOBACCO – sufficient / great perceived knowledge	Base line	Post	p
Psychological skills	25,8%	49.2%	0.006
Pharmacological treatment	28,8%	55.9%	0.002

Alcohol risk consumption drinkers: 8.5% (general population:9.5%)

Smokers: 24.6% (general population:29.3%)

Changes in professionals behaviour (tobacco)



No significant differences were found in ASK, ADVISE and ASSESS before and after training

* n=all patients

** n=smokers

Results (patient's discharge report)



No significant differences were found regarding the record of the smoking status in the patient's discharge report:

Record status	Baseline	POST
YES	73,4%	65,9%

No significant differences were found regarding the record of any advise or arrangement of follow-up in the patient's discharge report:

Record advise/follow up	Baseline	POST
YES	0%	1'9%

Changes in professionals behaviour (alcohol)

	BASELINE	POST	p
Grams of alcohol per standard unit	34.2	77.4	<.001
WHO limits of consumption for men and women	7.8	29.0	.026
Specific mention of alcohol in patients' discharge reports	17.8%	29.5%	.037
General mention of toxics in patient's discharge reports	56.0%	69.2%	.033

Drinking and smoking habits among professionals

	Health professionals	General population
risky drinkers (n=118)	8,5%	9,5%
Smokers (n=166)	24,6%	29,3%

CONCLUSIONS



- Before and after training, health professionals hardly intervene in patients with alcohol or tobacco consumption (with or without a related illness)
- If they do, they prefer to detect or offer help for alcohol risk consumption.
- Training seems to have a subjective higher impact on tobacco treatment knowledge

CONCLUSIONS



- Brief training modifies clinical behaviour concerning alcohol but not concerning tobacco
- The fact that health professionals are important as a role model does not seem to influence positively their own substance consumption.
- It is necessary to advance in more effective training and sensibilization strategies for health professionals.

Next steps

New trial going on:

- Simultaneous training in alcohol and tobacco
- Targeted to nurses
- Single intervention versus single intervention plus coaching group