THE HIDDEN ALCOHOLIC IN GENERAL PRACTICE pdf

1: Effectiveness of brief alcohol interventions in primary care populations | Cochrane

Studies of alcohol dependence in general practice have either been of the agency report type, where the general practitioner is used as the only source of the information (Hore et al.), or as.

A more detailed analysis of the previous studies highhghts their pitfalls and shortcomings. These results are compared with previous findings, posite International Diagnostic Interview CIDI , which allow and general epidemiologicalimplicationsof this study are discussed. However, the methodological differ- dence had visited their GP during the last year at least ences will certainly not account for all differences of the once. A meta-analysid2 of 31 empirical studies in general prac- The aim of the present study was to establish reliable and tices or general outpatient clinics revealed prevalence rates representative epidemiological data about alcohol depen- for alcoholism between 1. The central strategies for Generally, these studies report data about prevalence i. A representative sample of GPs from different city dis- about incidence i. A sample of consecutive patients in each general prac- riod of time, for example, during the last year are rare tice covering several days of the week. Sensitive, but brief screening instruments as a first step zyxwvutsrqpon gradually developing disorders, such as alcohol abuse or in case finding to obtain high participation rates. In-depth diagnostic interview as a second step for From the Department of Psychiatiy, Medical University of Luebeck, validating the diagnoses. In Germany, the outpatient primaty health care system rests mainly on Copyright 0 by The Research Society on Alcoholism. Representativity of Recruited GPs Table 2. Refusals diagnostic interview 15 1. Diagnostic interview completed There are also othcr spccialist practices such as for internal Sex: If a GP was not willing to participatc in our study, we attempted to motivate the GP on the ncxt rank number and so on. However, diffcrcnccs hctwecn thcsc two groups wcre statistically not significant [i. Differences between the two groups regarding other socio- In cach of the 12 participating gcncral practiccs, 80 consecutive pa- demographic variables can easily be explained by general characteristics of ticnts agcd 14 to 75 years wcre screened for alcohol problems bctween people visiting GPs. The higher proportion of female patients in April and February s during morning as well as afternoon ses- the sample is an almost regular finding of studies in general prac- sions and during all working days of the week Monday to Friday. The higher proportion of consulting room c. The differences in marital status are probably due to the exclusion of The first group of patients i. The exclusion of thc small group of paticnts visited at homc below the age of 75 years may have Icd to a slight underrcpresentation of more disabled or seriously ill pa- ticnts. The number of days nccdcd to recruit those 80 patients ranged from 2 to 11 days, dcpending on thc opening hours, turnover, and age structure of the paticnts in the diffcrent practices. Procedure and Instruments The screening and diagnostic procedure is illustrated in Fig. As well-known self-administered screening instruments, German versions of the and the SMASpz" were applied. Have you ever ill to participate. The actual screening sample for calculating prevalence felt that you ought to Cut down on your drinking? Have people rates includcd paticnts Table 2. Have you ever felt bad or positivc cither in thc questionnairc or in the G P s assessment. Have you ever had a drink first thing in the paticnts refused to be interviewed. Two a positive screen outcome and The German health care system does not provide data about all and comprises questions about the psychological, social, occupational, and patients visiting GPs in a specific geographic area. The total preva- I2 b lence for current alcohol dependence or abuse i. If patients with a suspected diagnosis are added, this figure rises to The total prevalence for current Fig. All except three questions pected diagnoses. Patients scoring two or more points portion of persons working in the processing industries. The overall sex ratio was 1: Whereas the prev- zyxwvutsr questionnaire. But, only the total preva- interview, but on whom sufficient clinical evidence existed to establish an lence for abuse and dependence of the second subgroup alcohol-related diagnosis according to ICD or DSM-III-R, such as information from the GP about frequent visits by an inebriated patient, 40 to 49 years and the rate of alcohol dependence in men previous detoxifications, and other alcohol-specific therapies or com- between 50 and 59 years A than the overall prevalence rate for men in the same diag- brief counseling and if necessary further treatment was offered to pa- nostic categories. Univariate analyses of the sociodemo- tients with a confirmed alcohol-related problem. The statistical significance of the

results was determined by using ,yz tests, t tests for independent samples with unequal variances, and I tests for equality of two percentages. For multivariate analysis of socio- demographic data logistic regression analyses were performed. However, the prevalence for alcohol dependence was more than three times higher in unemployed patients There was also a significant relationship between zy zy Table 5. These differences a single district of a former East German city, did not could not be found for alcohol abusers. Multivariate anal- provide any information about the participation rate. A former German study at sensitivity of 0. However, half of Mannheim using a semistructured interview reached the patients diagnosed through the SCAN as being alcohol considerable representativity in their sample of GPs, but abusers or dependents were detected either by the combi- did not draw a representative sample of patients and nation of CAGE and SMAST This procedure helped to avoid the According to our results, it is worthwhile for an epide- pitfalls of many previous studies i. The great refusal rates, and to engage as a second step in a more variance of prevalence rates between practices found in profound diagnostic procedure to exclude false-positive the present study underlines the limited value of those cases and to establish criteria-based diagnoses. Applying studies that recruited patients from a single GP or out- an extensive diagnostic instrument to all patients of a patient clinic,10,,19,20,22, More adult general population, where for alcohol abuse or de- emphasis should be laid on low-threshold intervention pendence DSM a 1-month prevalence rate of 2. The Hidden Alcoholic in General Practice. London, Elek Science, more frequently their GP for whatever purpose than men. Alcohol-related problems in This relatively high proportion of female alcohol abusers or the primary health care setting: A review of early intewention strategies. Thom B, Tkllez C: Br J Addict Br J Addict , wide range of prevalence rates reported in previous studies may partly be due to differences in gender, as well as in age 5. Alcohol abuse and alcoholism in primary health care settings. J Fam Pract , limits and age distribution of the samples. Richmond RL, Anderson P: Research in general practice for smok- prevalence rates for females and males, as well as for ers and excessive drinkers in Australia and the UK. Interpretation of different age groups, are necessary to compare the findings results. Representativeness of the results. Dissemination of inter- of different studies. Durand M A General practice involvement in the management of alcohol misuse: Drug Alcohol Depend Wienberg G Struktur und Dynamik der Suchtkrankenversorgung and occupational status, this is a rather common finding in in der Bundesrepublik-ein Versuch, die Realitat vollstandig wahrz- epidemiological studies on alcoholism in the general pop- unehmen, in Wienberg G ed: Detection of have been reported only occasionally and with unequivocal alcohol-related problems in general practice. J Stud Alcohol Prevalence and recognition of alcohol abuse in a primary care population. Am J Med Psychische Erkrankungen in der Bevolkerung. Stuttgart, necessity of some. The prevalence of alcoholism in exclude false-positive cases, either by a structured interview primary care settings. Primary Care Psychiatry 2: How- Alcoholism Screening Test to ambulatory patients. The use of standardized alcoholism scrcening tests in family practice. Fam Pract Res J 2: Statistisches Amt und Wahlamt der Hansestadt Luebeck ed: Bernitzki HG, Berndt H: Identifying the hidden alcoholic. Use of the self- Detecting alcoholism, the CAGE questionnaire. J Fam Pract Die Haufigkeit des Alko- idation of a new alcoholism screening instrument. Am J Psychiatry A self-administered Short Wallacc P, Haines A: Psychometric properties of the MAST and two briefer At risk drinking among general practice attenders: The Michigan Alcoholism Screening J Oper Psychiatry , Test in general practice. J R Coll Gen Pract Am J Psychiatry , Detection of patients with high alcohol intakc by general practitioners. Schedules for the Clinical Assessment of drink- Assessment in Neuropsychiatry.

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2: Prevalence of Alcohol Dependence and Abuse in General Practice | Ulrich John - www.enganchecuban

The description of the alcoholic as the " hidden alcoholic " with his or her alcoholism as " a disease of denial" has been applied throughout the world to many thousands of alcoholics.

Show full item record Abstract Alcohol use is integrated in many cultural settings, and the positive functions of alcohol as experienced by users are numerous. The Norwegian community has undergone major changes in the past two decades, with an increase in consumption of more than one third. Alcohol is potentially relevant for many medical conditions and health problems. Risky or harmful alcohol consumption is frequently not recognized in health care, and efforts to improve recognition of and treatment for alcohol-related health problems have not been very successful. The aim of my PhD is to contribute to increased awareness and understanding among general practitioners regarding the relevance of alcohol in clinical situations, and to contribute to development of better strategies to address alcohol. We focused on why they asked about alcohol, how they did it and what happened. We analysed interview data from 13 general practitioners. In other situations they asked because of routine, as with certain health certificates, a general check-up, meeting a new patient or because of pregnancy. They adapted their asking to their personal style, the patient and the situation. The main finding of this study was that they in many situations addressed alcohol based on clinical relevance, and in certain routine consultations they addressed alcohol as part of that routine. We have coined this pragmatic case finding. In the second study we explored facilitating and hampering factors for the implementation of pragmatic case finding. This focus group study was performed in the context of a four-session seminar in group practices. Fourteen doctors participated in the focus group interviews, and an additional interview with five general practitioners from other surgeries was later performed. We explored both individual and system factors. An important individual factor was time, perceived as both a challenge and an opportunity. Even though pressed for time, they could also plan for lengthier or more frequent consultations when necessary. The dual nature of alcohol as both normal and a potentially shameful individual problem was a challenge, but focusing on the normal aspects made it easier to talk about alcohol. Younger doctors emphasized the mutual commitments and reported more collective strategies for learning. The aim of the third study was to explore whether historical data in electronic patient records might aid in earlier recognition of alcohol-related health problems. Nine surgeries with 36 doctors were recruited, and data from patients on classified non-narcotic medications, new sick leaves, elevated blood tests of gamma-glutamyl transferase or mean corpuscular volume, and potentially alcohol-related diagnoses in ICPC-2 and ICD were collected and analyzed. The observation period was four to 21 years. Adjusted Cox-regressions revealed a significantly increased risk for alcohol use disorder for all variables, with strongest effect for elevated blood tests and weakest for classified non-narcotic medications. The results were not strong enough to enable the development of a clinically useful tool, but they emphasize the relevance of alcohol for many frequent health problems in general practice. My thesis indicates that an identification strategy based on clinical relevance and targeted screening is feasible in general practice. Pragmatic case finding is a framework enabling improvement by expanding knowledge on the multitude of clinical situations where alcohol may be relevant. Group practices with collective strategies for learning and quality improvement are well suited for improving knowledge and skills in identifying when and how alcohol may be relevant for a patient. Has part s Paper I: Lid TG, Malterud K. A focus group study. Scand J Prim Health Care, ;30 2: The article is available in BORA at: When general practitioners talk about alcohol: Scand J Publ Health, ; The published version is available at: Can routine information from electronic patient records predict a future diagnosis of alcohol use disorder? This article is not available in BORA.

THE HIDDEN ALCOHOLIC IN GENERAL PRACTICE pdf

3: Substance Use Disorders in the Dental Practice

Full text Full text is available as a scanned copy of the original print version. Get a printable copy (PDF file) of the complete article (K), or click on a page image below to browse page by page.

Effectiveness of brief alcohol interventions in primary care populations What is the aim of this review? We aimed to find out whether brief interventions with doctors and nurses in general practices or emergency care can reduce heavy drinking. We assessed the findings from 69 trials that involved a total of 33, participants; of these 34 studies 15, participants provided data for the main analysis. Key messages Brief interventions in primary care settings aim to reduce heavy drinking compared to people who received usual care or brief written information. Longer interventions probably make little or no difference to heavy drinking compared to brief intervention. What was studied in the review? One way to reduce heavy drinking may be for doctors and nurses to provide brief advice or brief counselling to targeted people who consult general practitioners or other primary health care providers. People seeking primary healthcare are routinely asked about their drinking behaviour because alcohol use can affect many health conditions. Brief interventions typically include feedback on alcohol use and health-related harms, identification of high risk situations for heavy drinking, simple advice about how to cut down drinking, strategies that can increase motivation to change drinking behaviour, and the development of a personal plan to reduce drinking. Brief interventions are designed to be delivered in regular consultations, which are often 5 to 15 minutes with doctors and around 20 to 30 minutes with nurses. Although short in duration, brief interventions can be delivered in one to five sessions. We did not include digital interventions in this review. Search date The evidence is current to September Of these, 58 studies were funded by government institutes, research bodies or charitable foundations. One study was partly funded by a pharmaceutical company and a brewers association, another by a company developing diagnostic testing equipment. Nine studies did not report study funding sources. What are the main results of the review? We included 69 controlled trials conducted in many countries. Most studies were conducted in general practice and emergency care. Study participants received brief intervention or usual care or written information about alcohol control group. The amount of alcohol people drank each week was reported by 34 trials 15, participants at one-year follow-up and showed that people who received the brief intervention drank less than control group participants moderate-quality evidence. The reduction was around a pint of beer mL or a third of a bottle of wine mL less each week. Longer counselling probably provided little additional benefit compared to brief intervention or no intervention. One trial reported that the intervention adversely affected binge drinking for women, and two reported that no adverse effects resulted from receiving brief interventions. Most studies did not mention adverse effects. Quality of the evidence Findings may have been affected because participants and practitioners were often aware that brief interventions focused on alcohol. Furthermore, some participants could not be contacted at one-year follow-up to report drinking levels. Overall, evidence was assessed as mostly moderate-quality. This means the reported effect size and direction is likely to be close to the true effect of these interventions. We found moderate-quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to minimal or no intervention. Longer counselling duration probably has little additional effect. Future studies should focus on identifying the components of interventions which are most closely associated with effectiveness. Read the full abstract Excessive drinking is a significant cause of mortality , morbidity and social problems in many countries. Brief interventions aim to reduce alcohol consumption and related harm in hazardous and harmful drinkers who are not actively seeking help for alcohol problems. Discussion informs the development of a personal plan to help reduce consumption. Brief interventions can also include behaviour change or motivationally-focused counselling. This is an update of a Cochrane Review published in To assess the effectiveness of screening and brief alcohol intervention to reduce excessive alcohol consumption in hazardous or harmful drinkers in general practice or emergency care settings. We searched Alcohol and Alcohol Problems Science Database to December , after which the database was discontinued , trials registries, and websites. We carried out handsearching and checked reference lists of included studies and

relevant reviews. We included randomised controlled trials RCTs of brief interventions to reduce hazardous or harmful alcohol consumption in people attending general practice, emergency care or other primary care settings for reasons other than alcohol treatment. The comparison group was no or minimal intervention , where a measure of alcohol consumption was reported. Any more was considered an extended intervention. Digital interventions were not included in this review. Data collection and analysis: We used standard methodological procedures expected by Cochrane. We carried out subgroup analyses where possible to investigate the impact of factors such as gender, age, setting general practice versus emergency care , treatment exposure and baseline consumption. We included 69 studies that randomised a total of 33, participants. Of these, 42 studies were added for this update 24, participants. Few studies targeted particular age groups: Main sources of bias were attrition and lack of provider or participant blinding. A subgroup analysis by gender demonstrated that both men and women reduced alcohol consumption after receiving a brief intervention. We found moderate-quality evidence that brief alcohol interventions have little impact on frequency of binges per week MD There was little difference in binges per week Numbers of binges were not reported for this comparison, but one trial suggested a possible drop in days drinking per week Results from this trial also suggested very little impact on drinking intensity Only five studies reported adverse effects very low-quality evidence. No participants experienced any adverse effects in two studies; one study reported that the intervention increased binge drinking for women and two studies reported adverse events related to driving outcomes but concluded they were equivalent in both study arms. With two exceptions, studies were funded by government institutes, research bodies or charitable foundations. You may also be interested in:

4: PREDICTORS FOR HIDDEN PROBLEM DRINKERS IN GENERAL PRACTICE - CORE

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6: The hidden alcoholic in general practice. A method of detection using a questionnaire.

Denial is a glue choking the detection mechanism leading to successful identification and management of the alcoholic. It is a feature not only of the alcoholic, but often of the family, workmates, society, and sometimes the medical profession (Wilkins).

7: CiteSeerX â€” PREDICTORS FOR HIDDEN PROBLEM DRINKERS IN GENERAL PRACTICE

A screening questionnaire was used to find hidden problem drinkers amongst the individuals thought to be non-problem drinkers. The overall response rate was 91% (n =). Problem drinking was detected in 6% (n =82) of the group regarded by the GPs as non-problem drinkers (n =).

8: Addressing alcohol in general practice

alcohol & alcoholism vol. 3, no. 3, pp. , predictors for hidden problem drinkers in general practice michiel cornel, ronald a. knibbe1, j. andre knottnerus, alex volovics2 and maria j.*

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