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Abstract

Background

General practitioners (GPs) have expressed reservations to routine alcohol screening. Less is known about patient perspectives – consultation contexts are probably important, but these have not been well explored.

Aims

We sought to answer three questions regarding patient acceptability towards GP alcohol enquiry: (i) is it improved by asking within SNAP (smoking, nutrition, alcohol, physical activity)? (ii) how does it vary with the reason of encounter? and (iii) what are patient beliefs and attitudes?

Methods

We used quantitative and qualitative methods. All adult patients presenting to a general practice in a week in May 2014 were randomised to receive one of two postal questionnaires in a survey experiment. The number of “acceptable” alcohol enquiry ratings to 20 short narrative scenarios was the primary outcome measure. The intervention group rated the acceptability of SNAP enquiry, while the control group only rated alcohol enquiry.

Acceptability scores between groups were analysed. Individual scenario acceptability was explored descriptively. Questionnaire respondents were recruited for semi-structured interviews. We used grounded theory method – purposive sampling, data coding, constructing an explanatory model.

Results

144 questionnaires were returned (33% response). The difference between group means was 2.1 scenarios rated as acceptable ($p = 0.016$), a small-moderate effect (Cohen’s $d = 0.40$) favouring the intervention. There were large variations in acceptability between scenarios (range: 46 to 90%). We constructed a model that explained the influences on patient acceptability through three in-consultation factors – patient perception of the “relevance” of the alcohol dialogue, the “construction” of the dialogue, and the perceived “challenge” to moral identity.

Conclusion

Patient acceptability towards receiving GP alcohol enquiry appears sensitive to consultation contexts. Establishing the reason for enquiry within the context of the presentation, enquiring about other lifestyle factors, a collaborative approach to assessment, and respecting patient attitudes towards the delicate nature of the discussion may improve acceptability.

YouTube video: <http://tiny.cc/hc14074-vid>





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1 issue The successful implementation of alcohol screening in routine GP settings remains *elusive*.

2 context To move the field forward, the beliefs and attitudes of GPs, and especially *patients*, towards alcohol discussions need to be explored, understood and used to inform early detection practices.

Tam CWM, Leong L, Zwar N. Let's listen to patient and GP perspectives in alcohol screening research. *Aust Fam Physician* (Forthcoming 2015)

3 aims Patient *acceptability* of GP alcohol enquiry – 3 questions

Asking alcohol alone vs as part of SNAP



Effect of reason for presentation



Patient beliefs and attitudes



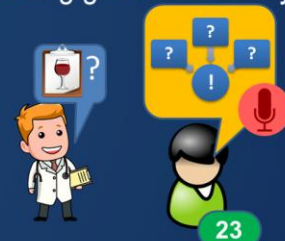
4 methods Adult GP patients randomised to a postal survey experiment



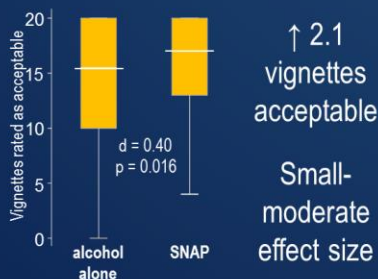
quantitative Rating 20 vignettes of common presentations



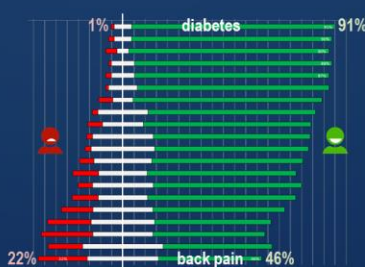
qualitative Patient interviews analysed using grounded theory



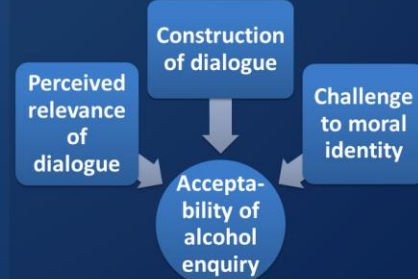
5 results Alcohol enquiry within SNAP improves acceptability



Presentation reason → major variations in acceptability



3 factor model explains acceptability variation



Tam CWM, Leong L, Zwar N, Hespe C. Consultation contexts and the acceptability of alcohol enquiry from general practitioners – a survey experiment. *Aust Fam Physician* (Forthcoming 2015)

Tam CWM, Leong L, Zwar N, Hespe C. Alcohol enquiry by GPs – understanding patient perspectives: a qualitative study. (submitted)

6 conclusion Consultation *contexts* are important.

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