

Alcohol in general

BEVAN WANG

Screening, identifying and managing patients who are drinking at risky levels.



From top: Dr Christine Longman believes brief interventions are very helpful when discussing risky drinking with patients; Dr Michael Tam said each patient needs to be treated according to their specific drinking habits; Dr Paul Grinzi compares managing patients who are risky drinkers to treating chronic disease.

Alcohol is often present at celebrations and gatherings throughout Australia. Excessive alcohol consumption, however, can affect the physical, mental and social welfare of individual drinkers and of those around them.¹

'Alcohol is very normalised in Australia and it has the potential to do a lot of damage if there is risky drinking,' Dr Christine Longman, a Victorian GP with an interest in alcohol management, told *Good Practice*. 'We know that one in four people drink in excess. That is quite a high incidence.'

'If you have a look at the number of hospital admissions, you can see that alcohol is often very prominent. When you are screening in general practice, you do find that a large number of people are drinking beyond the National Health and Medical Research Council [NHMRC] guidelines.'

Studies have determined that primary care is the best environment in which to support early intervention for patients who drink at risky levels.²

Lifetime risky drinking behaviours are classified as consuming more than two standard drinks each day, and single-occasion risky drinkers are those who have more than five drinks in a single session.^{3,4}

Alcohol harm

Dr Michael Tam, a New South Wales GP and researcher in the field of alcohol consumption, has found one in five Australian adults to be risky drinkers, with one in 10 actually causing harm as a result of their alcohol consumption. Research from Australia's Centre for Alcohol Policy Research has found that alcohol causes as much harm to individuals who do not drink than those who do.¹

'Conceptually, risky drinking is a pattern of alcohol consumption that would put an individual, and also the people close to them, at risk of harm,' Tam told *Good Practice*.

'They may or may not already be causing harm to themselves or those around them, but it is certain that they are going down that path.'



According to Dr Paul Grinzi, Chair of the RACGP Victoria Faculty's Drug and Alcohol Committee, risky drinking has many comparable characteristics to the management of chronic diseases in modern general practice.¹

'The evidence shows that adherence rates of behavioural change among risky drinkers and patients who are alcohol dependent are no different from someone who has arthritis, asthma, diabetes, through to substance-use disorders,' he told *Good Practice*.

'While we often think that risky drinkers are more troublesome and difficult, we often don't appreciate how difficult it is for anyone to have to change their behaviour. Other patients who are probably less stigmatised have just as much trouble adhering to their medication, regimen and advice.'

According to Tam, lifetime and single-occasion risky drinkers pose different levels of threat to a person's own health and wellbeing.

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Components for brief interventions

The Department of Health recommends healthcare professionals employ the FLAGS approach – feedback, listen, advice, goals, strategy – in brief interventions with patients who are risky drinkers.

- Give individualised feedback
- Listen to response and readiness
- Provide clear advice
- Identify goals
- Develop practical strategies

Visit www.health.gov.au for more information.

'If someone drinks half a bottle of wine a day, that puts them at long-term risk of a variety of health outcomes, particularly various cancers,' Tam explained. 'If you consider this person, they have a pattern that may not necessarily put them at immediate risk of injuries, as they may only drink at home and the same amount every day and may not drink and drive.'

'On the other hand, people who drink very heavily in isolated situations, such as binge drinking, might be relatively less at risk from things like cancers, but the risk of injury becomes very high – they are more likely to get into fights or fall down, for example.'

Dependent drinking

The possibility of developing a substance-use disorder is one of the main dangers of drinking at risky levels. Alcohol-use disorder, previously known as alcohol dependence, is a condition that occurs when consumption could lead to impairments, whether physical or otherwise.

'Alcohol dependence is not so much about the actual amount of alcohol or the timing of alcohol intake, but the effects,' Grinzi said. 'If you have a look at addiction in general, particularly alcohol, it is about the substance affecting the individual's behaviour and that affecting a number of different areas.'

“It is more beneficial for GPs to treat patients considered risky drinkers than those who are alcohol dependent”

'It can affect them physically but, usually, it goes beyond that to have social and psychological implications with their family and workplace. That is often the hallmark of dependence; when it extends beyond the individual.'

While a brief intervention with a healthcare professional is often adequate

to generate discussion with patients who drink at risky levels, the process can prove more challenging as the level of dependency increases. It is therefore more beneficial for GPs and other healthcare professionals to treat patients who are considered risky drinkers than those who are alcohol dependent.

'GPs can manage it quite well ... but people who are alcohol dependent often have substantial delays before they are diagnosed,' Tam said.

While abstinence is the primary aim when managing alcohol dependence, it is necessary for healthcare professionals to be aware that this can often be difficult for patients to maintain and relapse is common.⁴

'If someone is relapsing, it is important to minimise the consequence, get them back to treatment quickly, minimising complications while they are still making that decision so they are not going to harm themselves or the community as much as they might have otherwise,' Grinzi said. >>

» 'It is also about accepting that patients are autonomous; they are allowed to do things that are potentially harmful for them, provided they have got the cognitive ability to do so.

'It is about minimising this by providing patients with prevention strategies and accepting that relapse will occur.'

Longman agrees it is important for healthcare professionals to understand that treating patients who are drinking at risky levels is significantly easier than waiting until alcohol dependence is entrenched.⁵

"Alcohol dependence" refers to a fairly advanced state and we want to get people well before that stage,' she said. 'We want to offer people who are drinking too much the help that they need because they may be perfectly normal [health-wise], but they're putting themselves at risk of major health complications down the track.

'GPs are best placed to do this and we can really help the health and wellbeing of our patients. We can really make an impact in this area.'

Screening and assessment

Current figures from the Australian Institute of Health and Welfare (AIHW) have found that an estimated one in five Australians aged 14 and older exceed the lifetime risk levels for alcohol consumption, and one in four exceed the single-occasion risk levels.⁴ The RACGP's *Guidelines for preventive activities in general practice* (8th edition) (the Red book) recommends all patients aged 15 and older be screened on the quantity and frequency of their alcohol intake.⁶

'Really, every GP in Australia will likely be seeing patients who are at risk or actually have dependence if they look hard enough, and we shouldn't be focusing on one particular patient population,' Grinzi said. 'It is important that GPs open up more of a discussion or consultation about how alcohol fits into a patient's life.

'It is an area that we can discuss quite easily with a lot of patients provided that we discuss it in the right context in the consultation.'

Longman agrees it is imperative to properly frame the discussion around alcohol dependence so patients do not feel threatened or offended. As with other chronic diseases, GPs can consider the patient's circumstances and utilise techniques they believe would be best suited to the individual.

'It is extremely important the GP makes sure the advice they are giving to risky drinkers is tailored to that specific individual. You have to adapt it to their circumstances and consider the precipitating factors or issues behind the drinking,' she said. 'In my experience, if you explain to patients why you are asking whenever you take a sensitive history, whether it is sexual, weight or gambling, they are usually okay.

'It is very rare that people will be offended, but it is important to read their body language and their reactions as you ask those questions.'

Assessing the amount of alcohol consumed and the impact it has on the individual, as well as those around them, is important in determining the appropriate course of treatment for that patient.²

'Tailoring a management plan really does depend on each individual patient that comes through the door,' Tam said. 'In terms of going abstinent, alcohol is probably one of the most dangerous drugs when you drink very heavily then stop all of a sudden.

'You really need to consider what you are doing, whether it is the best option for that patient and their circumstances, but also make sure you know of the facilities and resources available to them.'

A 2007 randomised controlled trial in the *Cochrane Database of Systematic Reviews* found that brief patient interventions of fewer than five minutes are effective in reducing drinking in non-dependent individuals.⁷ Longman said it is often better to stick to shorter consultations, rather than trying to fit too much information into a single conversation, when working with patients who are risky drinkers.

'Giving the patient 1–2 minutes of advice that their drinking is excessive according to health guidelines and they are placing themselves at risk of harm is important and really helpful,' she said. 'It can be difficult when it comes to time constraint for completing a whole questionnaire and trying to determine the issue.

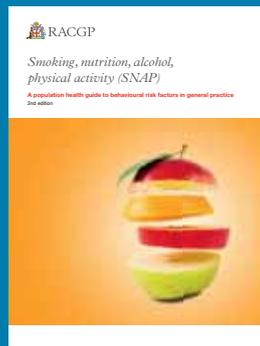
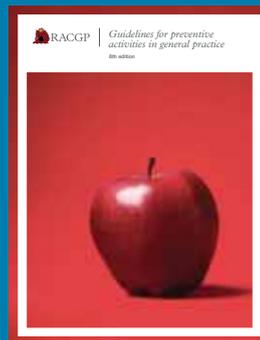
RACGP resources

Guidelines for preventive activities in general practice (8th edition) (the Red book) is an evidenced-based resource for Australian GPs. It provides recommendations and practical advice for everyday use in general practice. Visit www.racgp.org.au/your-practice/guidelines/redbook for more information on how GPs can facilitate the early detection of problem drinking.

Smoking, nutrition, alcohol, physical activity (SNAP): A population health guide to behavioural risk factors in general practice is designed to help GPs identify and minimise lifestyle risk factors around chronic diseases. Section 3.4 of the guide is dedicated to alcohol use and encourages GPs to ask, assess, advise, assist and arrange for patients who are consuming alcohol at high levels, or who are alcohol dependent. Visit www.racgp.org.au/your-practice/guidelines/snap for more information.

The RACGP online learning platform, *gplearning*, has a number of activities dealing with alcohol and the role GPs play with the affected patient population: 'AFP Clinical Challenge, June 2014: Addictions'; 'Alcohol in pregnancy'; 'The prevention of alcohol and other drug problems in general practice'. Visit <http://gplearning.racgp.org.au> for more information.

The RACGP Victoria Faculty's Drug and Alcohol Committee ran a webinar on the topic of managing alcohol dependence in general practice in July 2015. Visit www.racgp.org.au/yourracgp/faculties/victoria/daupdate for more information and to view the webinar.



'The beauty of the brief intervention is that it can be done in one minute. You give patients short, sharp advice and encourage them to return later for a longer consultation and further discussion.'

The NHMRC has found that careful, systematic enquiry about a patient's alcohol consumption is much more effective than using laboratory tests such as blood or ethanol testing.¹

'If a patient presents for the first time, ask about their alcohol intake as you would ask about medications, smoking, past health history, that sort of thing. It should really form part of your routine history,' Longman said. 'Screening by physical examination and pathology testing really has a much lower rate of pick-up and we would advocate taking a history, even if it is an opportunistic history and using a screening questionnaire.'

The unique relationship GPs have with their patients means they are able to provide the holistic care that is often required in patients who are risky drinkers.

'The primary role is to be the GP for the patient and realise that working with someone with an alcohol problem allows

us to be the GP that we are trained to be,' Grinzi said. 'Alcohol affects a number of different parts of a patient's health and we have the primary role because there is no other speciality that does this as effectively as we do.'

The management of patients who drink at risky levels should be focused on their goals and attitudes for achieving optimal health and wellbeing.⁸ According to Grinzi, it is important to evaluate a patient's willingness to seek help in order to get the best outcome and not force the issue on them.

'If someone is not that interested, they are rolling their eyes and just lying because all their friends do the same thing and they don't see a problem, then my role is to just get them engaged and considering it as a problem,' Grinzi said.

'If they are not buying into that, and we just keep lecturing them about it, then we can potentially be turning that patient away from us.'

'It is really about assessing the patient; what they are saying, but also their body language when you are asking open-ended questions about their desire to change their drinking habits.'

'You need to remember to reflect it back to them so they can give you an idea of where you can aim your intervention.'

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