

How acceptable is it for GPs to ask about drinking?

What patients think – a mixed methods study.

Never Stand Still

Medicine

School of Public Health and Community Medicine

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Abstract

Aims and rationale

The successful implementation of alcohol screening in routine general practice (GP) remains elusive. Relatively little is known about patient perspectives – consultation contexts are probably important but these have not been well explored. We sought to answer three questions regarding patient acceptability of 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 is the explanation for these phenomena.

Methods

We used quantitative and qualitative methods. All adult patients presenting to a GP clinic in a week in May 2014 were randomised to receive one of two postal questionnaires in a survey experiment. The number of vignettes (20 presentation scenarios) where alcohol enquiry was rated as "acceptable" 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.

Survey respondents were further recruited for semistructured interviews. We used grounded theory method – purposive and theoretical sampling, data coding, and the construction of an explanatory model.

Findings

There were 144 survey respondents (33% response rate). Alcohol enquiry was rated as more acceptable (mean difference 2.1 vignettes, p = 0.016, independent samples t-test) when presented in SNAP, and this was a small-moderate effect (Cohen's d = 0.40). There were large

variations between scenarios – 46% of participants rated GP alcohol enquiry to have been acceptable in the back pain vignette compared to 90% in the diabetes vignette.

The influences on patient acceptability appeared to be explained using a three factor model — patient perception of the "relevance" of the alcohol dialogue, the "construction" of the dialogue within the consultation, and the perceived "challenge" to moral identity.

Relevance

Patient acceptance of alcohol screening should not be assumed – contexts matter. Early detection strategies might be better implemented by respecting and making use of patient perspectives. For instance, establishing the reason for enquiry within the context of the presentation, screening for risky drinking within broader lifestyle factor assessment, a collaborative approach to alcohol discussions, and recognising the delicate nature of the dialogue may improve acceptability. Alcohol enquiry in certain consultations (such as the management of diabetes) seem highly acceptable to patients and could be seen as screening opportunities.

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





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Publications



Literature review

Leong L, Tam CWM. Patient beliefs and attitudes towards the acceptability of receiving alcohol use enquiry from general practitioners: a literature review. PeerJ PrePrints 2:e439v1. DOI: 10.7287/peerj.preprints.439v1



tiny.cc/hc14074-litreview

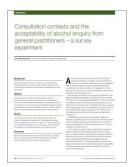


Viewpoint article - conceptual overview

Tam CWM, Leong L, Zwar N. Let's listen to patient and GP perspectives in alcohol screening research. Australian Family Physician 2015; 44(6): 419-422.



tiny.cc/hc14074-viewpoint



Research article – the survey experiment

Tam CWM, Leong L, Zwar N, Hespe C. Consultation contexts and the acceptability of alcohol enquiry from general practitioners – a survey experiment. Australian Family Physician 2015; 44(7): 490-6.



tiny.cc/hc14074-quant



Research article - the semi-structured interviews

Tam CWM, Leong L, Zwar N, Hespe C. Alcohol enquiry by GPs - understanding patient perspectives: a qualitative study. Australian Family Physician. Forthcoming.

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Contact Michael Tam for pre-print: m.tam@unsw.edu.au

Project information

Patient acceptability and attitudes to receiving alcohol use enquiry from general practitioners

Principle investigator Dr Michael Tam

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