

SHORT REPORT

Impact of health consequences feedback on patients acceptance of advice about alcohol consumption

R Patton, M J Crawford, R Touquet

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Objectives: To demonstrate the impact of health consequences feedback on patients willingness to accept advice about drinking.

Methods: 281 patients identified as hazardous drinkers were offered advice about alcohol consumption. During the experimental period patients were given feedback as to the health consequences.

Results: Introduction of feedback led to a 23% increase in the proportion of patients who were willing to accept brief advice.

Conclusions: Feedback provision should be included as part of Screening and Brief intervention programmes to increase the number of patients that may benefit from an intervention.

The effects of excessive alcohol consumption are well reported¹ and include liver disease, suicide, and accidents. Recent research^{2,3} has highlighted the increased level of alcohol consumption among patients reporting to the accident and emergency (A&E) department. Programmes of Screening and Brief intervention (SBI) based in the A&E department may reduce levels of drinking among participating patients,⁴ however no matter how effective an intervention may be, it is reliant upon the willingness of a patient to accept it.

Patients reporting to the A&E department at St Mary's hospital are routinely screened for hazardous drinking using the Paddington Alcohol Test (PAT).^{5,6} Those who screen as positive are offered advice about their drinking. We are currently examining the effect of referral to a specialist alcohol health worker on levels of alcohol consumption, as part of a randomised control trial, which shall be reported elsewhere. Recent audit data collected in the department demonstrated that about 23% of patients were screened for alcohol problems during this period. It was observed that at the start of the recruitment phase of this trial, fewer patients were accepting advice than had been anticipated. We therefore took action to increase the proportion of patients who would accept help.

METHODS

This brief report is a retrospective analysis of a sample of patients who presented to the A&E department and who screened positive for raised levels of alcohol consumption on the PAT.

During a 12 week period between March and June 2001 a team of senior house officers (SHOs) trained to implement a screening and brief intervention protocol identified a sample of patients aged 18 years and over who presented to the A&E department and were found to be hazardous drinkers (PAT positive). Male patients were PAT positive if they were drinking eight or more units of alcohol on one or more occasions per week, for women the limit was six units. Any patient that stated their visit to the A&E department was related to alcohol consumption was also deemed to be PAT positive.

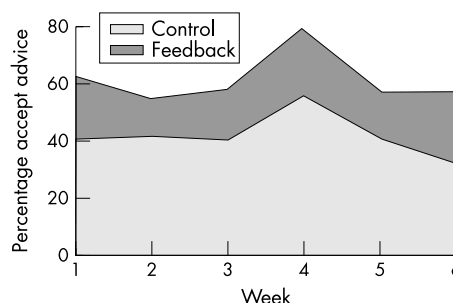


Figure 1 Change in proportion of patients accepting advice.

For the first six weeks of the study SHOs were instructed to screen patients and to offer help to those who were PAT positive (control period). After six weeks the SHOs received a brief training session that emphasised the importance of making a link between screening positive and potential health consequences for the patient (feedback period) by saying "you are drinking at a level that is harmful to your health", and then offering advice. Information concerning patients' sex, age, and level of alcohol consumed in a single session were recorded together with an indication as to the patients' willingness to accept advice.

Local research ethics committee approval was given for the research project of which this study forms a part.

RESULTS

Altogether 281 patients were found to be PAT positive. They were predominately male (77%) with an average age of 44.4 years, and a mean level of 21.8 units of alcohol consumed in a single session. There were no significant differences between the control and feedback periods on these variables.

The proportion of patients accepting advice over time is shown in figure 1. On average 64% of patients accepted advice during the feedback period compared with 52.1% during the control period ($\chi^2=3.99$, $df=1$, $p<0.05$, 95% CI 0.23 to 23.5).

DISCUSSION

The provision of simple feedback by doctors in this study was associated with a 22.8% increase in the proportion of patients willing to accept brief advice. In a typical A&E department we estimate that this could lead to an additional 350 patients per year accepting help and advice to reduce their drinking. While we cannot rule out the possibility that changes other than the introduction of simple feedback were responsible for this increase, the timing of the increase suggests that this is the most probable explanation.

By reiterating the link between a patient's level of alcohol consumption and its potentially damaging effects the A&E department physician can increase the number of patients who may access specialist services. Ultimately this could reduce the incidence of patients presenting to the A&E

department with alcohol related harm, as patients who drink less, are less likely to re-attend.

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Authors' affiliations

R Patton, M J Crawford, Department of Psychological Medicine, Imperial College, London, UK

R Touquet, Accident and Emergency Department, St Mary's Hospital, London, UK

Correspondence to: Mr R Patton, Department of Psychological Medicine, Patterson Centre, 20 South Wharf Road, London W2 1PD, UK; r.patton@ic.ac.uk

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