

“Alcohol Use Disorders and Chronic Diseases”

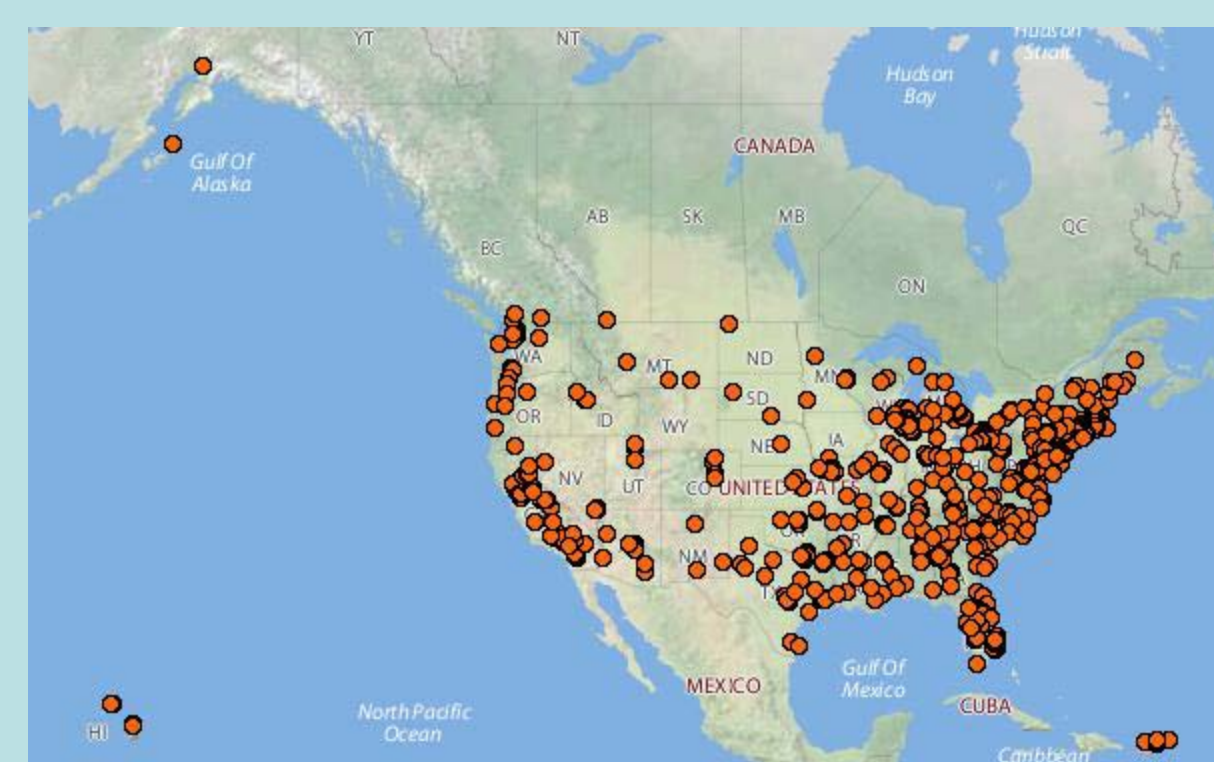
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Core Principles:

- 1) To teach physicians how to implement clinical quality improvement tools and techniques;
- 2) To study physicians' attitudes/knowledge/beliefs about various clinical conditions;
- 3) To educate office-based physicians on evidence-based "best practices";
- 4) To help clinicians analyze their practice patterns through feedback reports and conference calls; and
- 5) To effectively improve clinical practice, thereby improving patient management.



QUALITY GAP

- 1) Primary care physicians' screening practices for patients' at-risk drinking upon diagnosis of hypertension, sleep disorders, or depression are not well documented
- 2) Most physicians do not use formal screening tools or offer formal treatment for patients who are at-risk drinkers

OBJECTIVE

- 1) To develop an alcohol assessment tool kit that will be of value for primary care physicians
- 2) To use a pre- and post- intervention design survey to examine physicians' attitudes, knowledge, and behavior related to screening and counseling their patients for at-risk drinking.

STUDY DESIGN

- Recruitment through ACP Internist (ACP's monthly newsletter), blast email/fax, ACPNet website
- N=17 ACPNet members representing 9 states
- Pre-post intervention design
- Data collected twice through administration of the physician survey at baseline and 6 months post-intervention

EDUCATIONAL INTERVENTION

Goals

- Physicians identify what constitutes at-risk drinking using an appropriate detection instrument
- Physicians regularly evaluate patients diagnosed with either hypertension, sleep disorders, or depression for their alcohol use consumption
- Physicians to understand that it is important to screen patients who have hypertension, sleep disorders, or depression as these conditions may be related to or exacerbated by the patients' drinking habits

Chapter 1 teaches physicians how to....

- Identify how to differentiate between different drinking levels (i.e. at-risk drinking, hazardous drinking, harmful drinking, alcohol abuse, alcohol dependence)
- Learn about NIAAA recommended medications to treat alcohol use disorders
- Understand the evidence-based link between alcohol use disorders and hypertension, sleep disorders, and depression

Chapter 2 teaches physicians how to....

- Screen for at-risk drinking in patients diagnosed with hypertension, sleep disorders, or depression (using a validated screening instrument such as AUDIT, CAGE or MAST)
- Use the 5 A's in approaching alcohol use in patients (Ask, Assess, Advise, Arrange, Assure)
- Utilize pre-formatted progress notes to manage/document screening/treatment
- Identify specific populations at high risk for alcohol use disorders
- Incorporate team-based screening into clinical practice

Chapter 3 teaches physicians how to....

- Reinforce goal setting between the physician and the patient through patient education materials

Alcohol Use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?
Never, Monthly or less, 2-3 times a week, 4-5 times a week, 6-7 times a week, 8 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
1 or 2, 3 or 4, 5 or 6, 7 or 8, 9 or more
3. How often do you have five or more drinks on one occasion?
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
4. How often during the last year have you had a feeling of guilt or remorse after drinking?
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
5. How often during the last year have you been unable to stop drinking once you had started?
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
9. Have you or someone else been injured as a result of your drinking?
No, Yes
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
No, Yes



PHYSICIAN DEMOGRAPHIC INFORMATION

- Majority small practices, with 2 large practices
- Majority private practice, (1 community health practice, 2 multi-specialty clinics)
- Average 100 pts/wk
- Primary specialty: 16/17 are IM, 1 Gastroenterology
- Yrs in Practice: 13 have 20 years plus experience, and 4 have ten or less years experience

SURVEY

Main focus of the survey:

- Measure frequency/distribution of alcohol screening practices for patients diagnosed with hypertension, sleep disorders or depression
- Measure frustration/confidence levels of physicians in screening/treating patients with alcohol use disorders
- Measure knowledge of association between alcohol use disorders and hypertension, sleep disorders, and depression

RESULTS

Questions Related to Attitudes/Beliefs	% of respondents who agreed with the survey item (Pre)	% of respondents who agreed with the survey item (Post)
Believe that at-risk drinking affects their ability to successfully treat hypertension, sleep disorders, or depression	77%	65%
Feel at-risk drinking affects their confidence in successfully treating hypertension, sleep disorders, or depression	59%	59%
Feel at-risk drinking affects frustration in treating patients with hypertension, sleep disorders, or depression	71%	53%
Feel patients do not tell the truth about their alcohol consumption	53%	59%
Experience barriers in providing care to patients who are at-risk drinkers	88%	77%
Perceive at-risk drinking at being relevant in managing hypertension, sleep disorders, and depression	77%	77%

Questions related to Practice Patterns/Knowledge	% of respondents who agreed with the survey item (Pre)	% of respondents who agreed with the survey item (Post)
Aware of association between at-risk drinking and hypertension, sleep disorders, or depression	94%	94%
Routinely ask new patients about at-risk drinking upon diagnosis of hypertension, sleep disorders, or depression	47%	71%
Address at-risk drinking with established patients upon diagnosis of hypertension, sleep disorders, or depression	35%	47%
Use formal screening instrument	41%	59%
Aware of probability of someone diagnosed with depression using alcohol	65%	100%
Aware that sleep disturbance may be a sign of alcohol use or dependence	88%	100%
Aware of appropriate definition of "1" drink	82%	100%

REPORTED FEEDBACK

- "I feel more confident asking patients about their alcohol related problems, especially since I feel more confident about helping them quit drinking"
- "I have incorporated the information on the module into my EMR and have printed out resources in our exam rooms"
- "I plan on disseminating this information to the other providers in my office at our next meeting"

CONCLUSION

- The decrease in 1) self-reported frustration and 2) the number of physicians who reported patients' at-risk drinking affecting their ability to successfully treat hypertension, sleep disorders, and depression suggests that the educational program may have had some effect.
- Physicians felt patients did not always convey accurate drinking behavior when reporting their alcohol consumption.
- Although the physicians report knowledge of the association of at-risk drinking with hypertension, sleep disorders, and depression, there exists a disproportionately low rate of screening for at-risk drinkers with new and established patients.