

Alcohol in General Practice: Opening the can of worms

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Talking about alcohol in general practice

He mana tō te kupu

– *Words have great power*

Talking about alcohol

- Permission to ask (affirm confidentiality if appropriate):
- Can I ask you some health questions – lead in with diet/exercise/smoking, then ask:
- Can you tell me about your use of alcohol?

Talking about alcohol

FQB : Frequency Quantity Binge

- Frequency : How many days in a week would you have a drink?
- Quantity : When you are drinking, how many drinks do you have?
- Binge : How often would you drink more than 4 (F) 5 (M) drinks?

Alcohol contributes to many health risks, causes problems, some people become dependent

- 1 in 5 adults (20%) drank alcohol in a way that could harm themselves or others.
- Hazardous drinking rates were higher in men (27%) than women (12%).
- Rates of hazardous drinking were highest in youth aged 18–24 years (33%).

Key Results 2016/17: New Zealand Health Survey

Long-term health effects of drinking alcohol*

Whole of body

- existing health conditions made worse, such as mental illness and diabetes
- death from injury or disease

Mental health and addiction

- mood disorders, such as depression and anxiety
- alcohol dependence

Brain and nervous system

- brain damage
- memory loss
- disrupted sleep
- stroke (bleeding on the brain)
- nerve damage

Mouth, throat and voicebox

- cancer

Heart and circulation

- cardiovascular disease
- high blood pressure

Lungs

- inflammation, usually from infections

Stomach and food pipe

- inflamed lining and bleeding
- cancer of the food pipe

Breasts

- cancer (in women)

Pancreas

- inflammation and damage
- pancreatitis

Liver

- swelling and pain
- alcoholic liver disease, such as cirrhosis
- cancer

Intestines

- inflamed lining
- cancer

Blood and immune system

- changes in red and white blood cells
- anaemia
- less ability to fight off infections

Sex organs

- impotence and loss of sex drive
- wasting of testicles
- reduced fertility (both sexes)

Skin and fat

- yellowing of skin and spider veins
- potential weight gain

Bones and muscles

- weakness
- muscle wasting

For more information, go to alcohol.org.nz

* Risk of developing these health effects varies depending on the amount and frequency of alcohol consumed and individual factors.

AL1043 | JUN 2017

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How good are we at talking about alcohol?

Analysis of consultations in NZ show...

“interactional delicacy on the part of both doctor and patient manifested by verbal and non-verbal discomfort”

and the use of:

- closed statements
- understatement
- wry humour
- sudden topic change

Challenges to alcohol discussions in the general practice consultation

Aim: To explore how opportunities arise for AOD discussion in GP consultations and how that advice is delivered.

Design: Analysis of video-recorded primary care consultations

Multiple barriers including

- time
- embarrassment
- other people in room
- practice systems,
- options for subsequent management

Single question option

- How many times in the past year have you had 5 or more drinks in a day?”

Participants were asked the single screening question: “How many times in the past year have you had X or more drinks in a day?”, where X is 5 for men and 4 for women, a response of >1 is considered positive.

The single-question screen was 81.8% sensitive and 79.3% specific for the detection of unhealthy alcohol use.

[J Gen Intern Med](#). 2009 Jul; 24(7): 783–788.

Published online 2009 Feb 27. doi: [10.1007/s11606-009-0928-6](https://doi.org/10.1007/s11606-009-0928-6)

PMCID: PMC2695521

PMID: [19247718](https://pubmed.ncbi.nlm.nih.gov/19247718/)

Primary Care Validation of a Single-Question Alcohol Screening Test

[Peter C. Smith](#), MD, MSc,1,5 [Susan M. Schmidt](#),1 [Donald Allensworth-Davies](#), MSc,2 and [Richard Saitz](#), MD, MPH3,4

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This is the low risk drinking guide
 - How does your drinking compare?

Alcohol questions allow patient to talk about their concerns

In a New Zealand general practice setting nearly 11% will admit to the need to cut down their drinking.

Goodyear-Smith F, Coupe N, Arroll B, et al. Case finding of lifestyle and mental health disorders in primary care: validation of the "CHAT" tool, Br J Gen Pract , 2008, vol. 58 (pg. 26-31)

Barriers to routinely asking about alcohol

- lack of time
- competing health issues in patients,
- fear of eliciting negative responses and
- lower confidence in ability to manage alcohol-related issues

How Australian general practitioners engage in discussions about alcohol with their patients: a cross sectional study Emma R Miller¹, Imogen J Ramsey¹, Ly Thi Tran¹, George Tsourtos¹, Genevieve Baratiny², Ramesh Manocha³, Ian N Olver⁴

<http://dx.doi.org/10.1136/bmjopen-2016-013921>

The general practice consultation space is busy



How can we fit alcohol screening and brief intervention in here alongside everything else?

Alcohol ABC : reminders, quick recording tools, two step screening, 12 PHOs WRHN 20% SBI annually

Screening and Monitoring	
■ Alcohol Consumption	Not recorded
■ Blood Pressure	128/74
■ Diabetes Screening	Screening recommended
■ Smoking Status	Stopped smoking, 23 pack years.

Alcohol Consumption

Non drinker
 Within guideline
 Above guideline

Note:

Brief Advice Given Today

Guideline:

- no more than 10 standard drinks per week
- at least two alcohol-free days per week
- is not binge drinking (5 or more on one occasion)


ADD

Use Adv

330ml Can (4%)	= 1.0 standard drinks	50ml tumbler (37.5%)	= 1.5 standard drinks
440ml Can (4.2%)	= 1.5 standard drinks	375ml Flask (37.5%)	= 1.5 standard drinks
330ml Bottle (5%)	= 1.3 standard drinks	500ml Bottle (37.5%)	= 15 standard drinks
330ml Bottle (Light) (2.5%)	= 0.7 standard drinks	1 litre Bottle (47%)	= 37 standard drinks
		1.125 litre Bottle (45%)	= 40 standard drinks

WINE:

100ml Glass (12.5%)	= 1.0 standard drinks
750ml Bottle (13%)	= 7.7 standard drinks
750ml Bottle (Sparkling - 12%)	= 7.1 standard drinks
750ml Bottle (14%)	= 8.3 standard drinks
Cask	= 30 standard drinks



What sort of drinker are you?

You can [download a copy of the DrinkCheck questionnaire](#) to complete offline.

SECTION A:

1. How often do you have a drink containing alcohol?
 Never Monthly or less 2-4 times a month 2-3 times per week 4+ per week

2. How many standard drinks containing alcohol do you have on a typical day when you are drinking?
 1-2 3-4 5-6 7-9 10+

3. How often do you have six or more drinks on one occasion?
 Never Less than monthly Monthly Weekly Daily or almost daily

Score: 8 A score of 4 or more for women suggests that further assessment is appropriate.

SECTION B:

4. How often during the last year have you found that you were not able to stop drinking once you had started?
 Never Less than monthly Monthly Weekly Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
 Never Less than monthly Monthly Weekly Daily or almost daily

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 Weekly Daily or almost daily

Score: 0 A score less than 4 suggests that this person is not psychologically or physically dependent on alcohol.

SECTION C:

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
 Never Less than monthly Monthly Weekly Daily or almost daily

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 Weekly Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
 No Yes, but not in the last year Yes, during the last year

10. Has a relative, friend or doctor, or other health worker been concerned about your drinking or suggested that you should cut down?
 No Yes, but not in the last year Yes, during the last year

Score: 0 A score less than 4 indicates no current significant problems

TOTAL:

Score: 8 A total score of 8 or more suggests your patient has a harmful pattern of drinking. Additional information can be obtained by looking at the answers to each individual question.

Save Result to Form and Close
Cancel

NZMA Policy Statement on Reducing alcohol-related harm

- Endorses SBI and RNZCGP ABC approach
- Describes public health approaches required to reduce harm

Two question screening

- ‘Have you ever been hurt as a result of your drinking?’
combined with
- ‘Do you sometimes drink larger amounts or over a longer period than you intended’

Two questions had a sensitivity of 87.2% and specificity of 79.8%

Accuracy of one or two simple questions to identify alcohol-use disorder in primary care: a meta-analysis

Alex J Mitchell, Victoria Bird, Maria Rizzo, Shahana Hussain and Nick Meader
Br J Gen Pract 2014; 64 (624): e408-e418. DOI: <https://doi.org/10.3399/bjgp14X680497>

A simple 3 question option – you, them, me

- Do you have any concerns about your drinking?
- Does anyone else have concerns?
- Can I share with you my concerns?

Alternative or complimentary approach:

Pragmatic case finding

- When to suspect alcohol misuse
<https://bpac.org.nz/BPJ/2016/May/docs/BPJ75.pdf>
- Unintentional injuries
- Abnormal liver function tests or elevated mean cell volume (MCV)
- Dyspepsia
- Depression
- Relationship problems
- Hypertension
- New patient assessments, contraceptive prescribing, pregnancy assessment, medication reviews, Falls assessment

Alcohol: Exploring facilitating and hampering factors for pragmatic case finding

[Torgeir Gilje lid](#), [Sverre Nesvåg](#), [Eivind Meland](#), [Scandinavian Journal of Public Health](#) Volume: 43 issue: 2, page(s): 153-158 [Torgeir Gilje lid](#)^{1, 2, 3}, [Sverre Nesvåg](#)³, [Eivind Meland](#)¹

Pragmatic case-finding

- What do you understand about how alcohol affects your health?
- What is the effect of alcohol on this problem?
- Alcohol can affect this problem, what are your thoughts about this?

Developing a risk assessment tool

The screenshot shows a digital interface for a risk assessment tool. At the top, the title "Changing your drinking" is displayed in purple. Below it, a horizontal bar labeled "Your drinking risk" shows a gradient from green (Low Risk) to red (Very High Risk). Three input fields are visible: "How often you drink", "How much you drink", and "How often you drink alcohol". A feedback box contains the text: "You currently drink six or more drinks on one occasion two to four times a week". At the bottom, there is a "Next" button and a slider control with "Less" and "More" labels.

- **Investigator team**

- Associate Prof Bridget Kool
- Prof Shanthi Ameratunga
- Dr Sarah Sharpe
- Dr Robyn Whittaker

Alcohol and Pregnancy

Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant. There is no known safe level of alcohol consumption during pregnancy.

“It has not been proven that there is any safe level of drinking during pregnancy. So, the safest bet is not to drink at all to have the healthiest baby possible.”

Takitaki mai
A guide to Motivational Interviewing for Māori



Drinking and your baby

Most women will do all that they can to have a healthy baby. One way to help do this is by not drinking alcohol if you could be or are pregnant.

Why?

When you drink, so does your baby. Alcohol in your blood is carried through the placenta to your baby.

Drinking alcohol during pregnancy can increase the risk of miscarriage, as well as harm to your baby causing a range of lifelong effects.

This range of effects is called fetal alcohol spectrum disorder or FASD for short.

The effects can include premature birth, brain damage and physical birth defects. The effects continue after the baby is born and can include developmental delay, learning disabilities, and social, emotional and behavioural problems.

Can I drink at all?

Even a small amount of alcohol at any time during pregnancy can affect your baby's developing brain, resulting in learning and behavioural difficulties. Drinking more increases the risks of greater damage. It does not matter whether it is beer, wine, cider, spirits or RTDs - all contain alcohol.

Although this damage does not always happen when a mother drinks (which explains why some pregnant women have had the odd drink without apparent harm to their baby), it is impossible to know when harm will occur. Therefore, if you don't drink you can be certain your baby will not be affected by FASD.

What about breastfeeding?

The Ministry of Health advises it is best to avoid alcohol while breastfeeding. Alcohol passes to your baby in your breast milk and can affect their development. When you drink, less milk is produced and the alcohol can also make your baby irritable and unsettled.

What can I do?

It is never too late to stop drinking. This will help your baby be healthy.

You have probably already made lots of changes because you want the best for your baby. Not drinking is another way you can ensure your baby gets the best start to life.

If you are planning to get pregnant stop drinking. If you think you might be pregnant or are pregnant, do not drink alcohol until after your baby is born. If you have been drinking during your pregnancy it's important to stop now.

While you are breastfeeding it is best to continue to avoid alcohol.

If it is hard for you to stop drinking, it might help to talk to someone you trust. You could talk to your midwife or doctor, antenatal clinic or call the Alcohol Drug Helpline on 0800 787 797. They are good listeners and will have some helpful ideas.

Sometimes women find it helpful to ask family and friends to support them in their decision not to drink alcohol while pregnant.

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For help contact the Alcohol Drug Helpline on **0800 787 797**
To order resources visit alcohol.org.nz

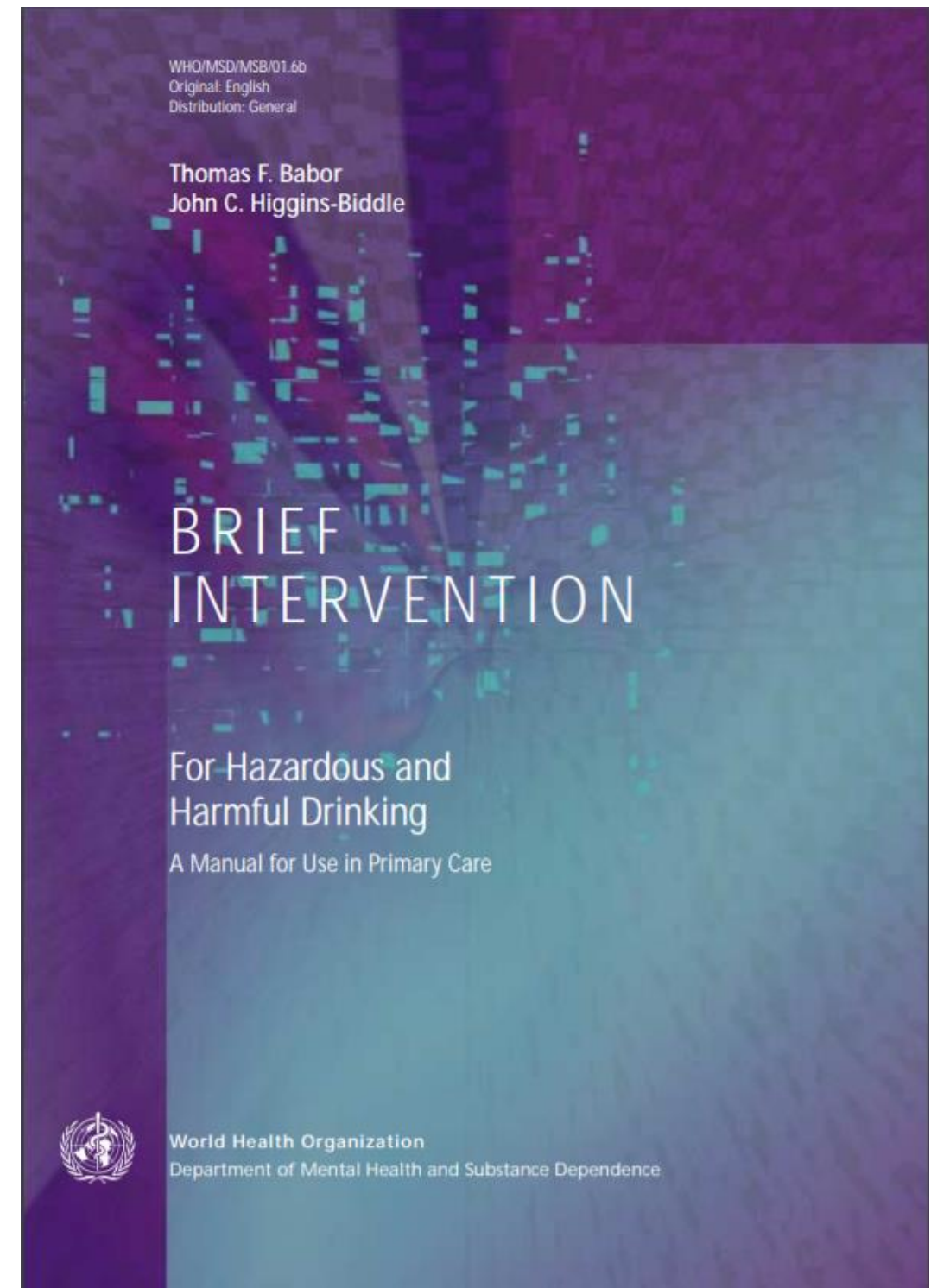
ALADK | NOV 2013 | ISBN: 978-1-927224-92-2 (PRINT) | 978-1-927224-93-9 (ONLINE)

Alcohol & pregnancy - what you need to know

- NZ women have a range of attitudes and behaviours around alcohol and pregnancy. GPs have an important role, as community leaders to **help dispel widely held myths** around alcohol and pregnancy
 - No safe time. (**alcohol can harm a baby at any stage of pregnancy**, even before a woman knows she is pregnant)
 - No safe amount (there is **no known safe amount of alcohol**)
 - No safe type (**all types can harm a baby**)
- Be clear. Testing shows that women want and expect this. We recommend using clear statements like those above or, simply “**stop drinking if you are pregnant**”. Don’t say things like “avoid alcohol” or “cut down” as this just adds to the confusion
- Don’t shy away from talking about alcohol. 97% of Australian **women want to be asked about alcohol use during pregnancy**.
- 44% of pregnancies are unplanned in NZ. Three quarters of Māori and Pacific pregnancies are unplanned and 78% for 15-24 year olds. **Talking about alcohol is particularly important for women of child bearing age.**

Brief interventions delivered within a Primary Care setting have been shown to be an **effective way of motivating patients to reduce risky or harmful drinking.**

Effectiveness of brief interventions in primary care populations Kaner EF.S., Dickinson HO, Beyer FR, Campbell F, Schlesinger C, Heather N, Saunders JB, Burnand B, Pienaar ED Published Online: October 7, 2009
Reduction of alcohol consumption by brief alcohol intervention in primary care: systematic review and meta-analysis.. Arch Intern Med. 2005 May 9;165(9):986-95. Bertholet N, Daepfen JB, Wietlisbach V, Fleming M, Burnand B.



Brief interventions as good as longer interventions

Cochrane report 2018

- Brief interventions in primary care settings aim to reduce heavy drinking compared to people who received usual care or brief written information.
- Longer interventions probably make little or no difference to heavy drinking compared to brief intervention.

Brief interventions typically include

- feedback on alcohol use and health-related harms,
- identification of high risk situations for heavy drinking,
- simple advice about how to cut down drinking,
- strategies that can increase motivation to change drinking behaviour,
- development of a personal plan to reduce drinking.
- Brief interventions are designed to be delivered in regular consultations, (5 to 15 minutes with doctors and around 20 to 30 minutes with nurses).

Stage of Change/Bridging questions

- Have you ever felt a need to cut down on your drinking?
- Has anyone else expressed concerns about your drinking (family/whanau, friends, health professional)?

Brief intervention /not interested

- Can I check out a few areas where drinking may affect a person?
- 4 Ls Liver Lover Livelihood Law
- (Physical, relationship, occupational, legal consequences of drinking)
- Can I share some information with you about alcohol?
- Would it be helpful if others shared this conversation?



<https://www.alcohol.org.nz/resources/alcohol-facts-and-effects-booklet>



Brief Intervention/Ambivalent

- Can I check out a little more about your drinking?
- How does it compare with 1, 2, 5 years ago?
- Why do you think it has changed?
- Where do you see your drinking in the future?
- Can I give you some information to read?

Is your drinking okay?

Alcohol and your health



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<https://www.alcohol.org.nz/resources/is-your-drinking-okay-booklet>



Brief Intervention/Interested

- If you wanted to cut down on your drinking, how would you do that?
- What changes would be needed for that to happen?
- What might make it difficult for you?
- Can I provide some information which might help?

Cutting down

Alcohol and your health



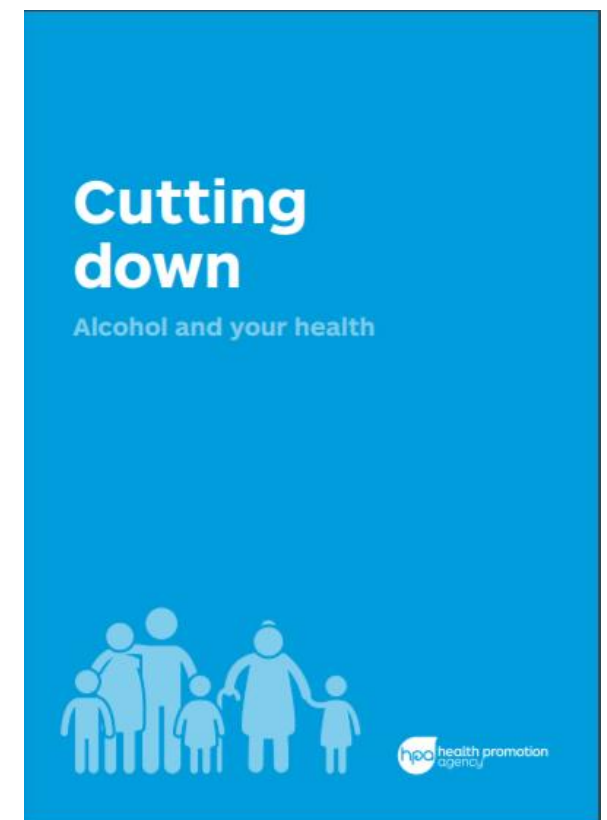
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<https://www.alcohol.org.nz/resources/cutting-down-booklet>



Practical ideas to discuss

- **Keep a drinking diary**
- **Keep to my personal drinking rules**
- **Keep under a daily cut-off**
- **Pace my drinking**
- **Sip more slowly**
- **Take smaller sips**
- **Occupy myself while drinking**
- **Change my type of drink**
- **Drink for taste**
- **Don't mix beer and spirits**
- **Imitate a slow drinker**
- **Put my glass down and out of reach between sips**
- **Tell my friends I'll buy my own drinks**
- **Buy one round then go solo**
- **Give myself material rewards for success**
- **Ask someone close to be my partner in reward**
- **Chart my progress on the graphs provided**
- **Order a spacer**
- **Refuse drinks during rounds**
- **Give up drinking with round-buying group**
- **Dilute my spirits Eat before I drink**
- **Buy soft drinks between alcoholic ones**
- **Have at least three alcohol-free days**
- **Start drinking later**
- **Learn to refuse drinks**



Concluding questions

- Who can support you with your thinking/deciding/actions
- Does this make sense to you?
- Would you like me to arrange a follow up chat?
- Can we follow up at your next visit?
- Would it be helpful to talk with an alcohol specialist?
- Is there anything else you would like to know?

Is your drinking okay?

Alcohol and your health



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Ma te whakatau, ka ora ai

“When you know the signs,
healing can begin.”

Honour the wisdom and
resources that are already
within whānau

Britt, E., Gregory, D., Tohiariki, T., and Huriwai, T.
(2014). Takitaki mai A guide to Motivational Interviewing
for Māori. Wellington: Matua Raki.