

Researchers find medical inpatients with unhealthy alcohol use may benefit from brief intervention

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Researchers at Boston University School of Medicine (BUSM) have found that some medical inpatients with unhealthy alcohol use may benefit from a brief intervention. The BUSM study appears in the May issue of *Journal of Studies on Alcohol and Drugs*.

"Brief intervention shows promise for increasing receipt of treatment among alcohol-dependent women, particularly those with higher [cognitive functioning](#) or an alcohol-attributable diagnosis," said lead author Richard Saitz, MD, MPH, FACP, FASAM, professor of medicine and epidemiology at BUSM and director of the Clinical [Addiction](#) Research and Education Unit at Boston Medical Center. "The intervention also shows promise for younger men with dependence and for decreasing consumption among those with nondependent, unhealthy alcohol use."

Screening and brief intervention for all adults with unhealthy alcohol use is recommended. Brief intervention has proven efficacy in decreasing [alcohol consumption](#) and related consequences only in outpatients with unhealthy, but not dependent alcohol use. In the few inpatient studies on brief intervention, results were generally negative, making it likely that brief intervention has efficacy only in certain people and settings.

Of the 341 study participants, most had dependence and about half received motivational counseling sessions. Among subjects with

nondependent, unhealthy alcohol use, brief intervention was significantly associated with fewer drinks per day and better physical health-related quality of life at three months. However, among those with dependence, intervention was associated with worse physical health-related quality of life and more hospital use and no changes in drinking. In adjusted analysis among those with and without dependence, brief intervention was not associated with mental health-related quality of life, alcohol problems or readiness to change.

Researchers further stated that contrary to their hypotheses; brief intervention had little effect on alcohol consumption. The dependent and nondependent groups had lower consumption at follow-up than at study entry. Factors other than, or in addition to, the brief intervention may have played a role in decreasing consumption, such as the subjects' medical illnesses, hospitalization and related services, natural history, regression to the mean, and a detailed research assessment of alcohol use that may have motivated change.

Source: Boston University

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