

Hospital interventions for medical inpatients with unhealthy drinking behaviors

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Unhealthy drinking practices are often seen among medical inpatients. While hospitalization is regarded by some as a "teachable moment" for motivating patients to decrease drinking, studies of brief hospital-based interventions have not always found decreases. New findings show that focusing on alcohol-related illnesses may make hospital interventions more effective.

Results will be published in the July 2010 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

The qualities of a "teachable moment" are complicated, said Emily C. Williams, research project director at the VA Puget Sound Health Care System and corresponding author for the study. "On one hand, it may be the first time that a patient realizes that their drinking is responsible for a very serious illness or event requiring acute hospital care," she said. "On the other hand, there are people who continue to drink heavily despite knowing the consequences associated with it. For the former group, hospitalization may serve as a strong impetus of change whereas, for the latter group, hospitalization may be met with a neutral attitude (or worse) toward change."

This is an important issue to address because of the large number of patients and substantial healthcare resources that are involved, added Daniel Kivlahan, director of the Center of Excellence in Substance Abuse Treatment and Education at the VA Puget Sound Health Care System, and associate professor in the department of psychiatry and

behavioral sciences at the University of Washington.

"Most providers in inpatient medical settings will see patients similar to those sampled for this study, and we need more evidence about better ways to recognize and address the clinical needs of this diverse group of patients," said Kivlahan. "Hospitalizations need to be considered part of the continuum of integrated healthcare with implications for post-hospital follow-up, rather than isolated events."

Researchers recruited 341 adult medical inpatients from a university medical center (242 men, 99 women) - who self-reported "risky drinking" during the previous month - based on their initial [hospital](#) screening. Participants were then enrolled in a randomized trial of brief [alcohol](#) counseling, and interviews were conducted at enrollment as well as three months after hospitalization. Information on five measures of [physical health](#) was gathered, and compared to two outcomes: abstinence and number of heavy drinking days three months later.

"We found that among inpatients with unhealthy alcohol use whose drinking is less severe - those not dependent on alcohol and those reporting low levels of problem perception - alcohol-attributable illness may serve as a strong catalyst of changes in drinking," said Williams. "As such, alcohol-attributable illnesses could become a focus of hospital-based brief counseling interventions.

"This study provides an important alert to providers that they should not assume that patients recognize a link between their alcohol use and their alcohol-related medical diagnoses," said Kivlahan. "Although most patients may be aware of this link that is typically obvious to providers, a small subset of patients may benefit from having it addressed directly during the hospitalization."

Both Williams and Kivlahan noted the relevance of these findings for

helping providers recognize a need for conversation about ways to improve hospital-based brief interventions for patients with unhealthy alcohol use.

"This study offers suggestions regarding the content of hospital-based brief interventions," said Williams. "If physical health is important to the patient, and they see the connection between physical health and their drinking, counseling interventions that make sure to include covering such topics could make the interventions more effective. Also, if the patient links his/her drinking with his/her physical health, they may be willing to follow-up with care in settings where medical and alcohol care are integrated, which could lead to improved outcomes."

"For clinicians, it is worth noting that most of these patients at risk due to unhealthy alcohol use did not have alcohol-attributable medical diagnoses, and only 15 percent had such a diagnosis listed as the primary reason for admission," said Kivlahan. "Further, even though more than one in five reported abstinence at a three-month follow-up, this was not reliably associated with self-reported worse health after other explanatory variables were considered. Thus, we can see that medical hospitalization is not a sufficient factor to eliminate heavy drinking for many patients. We need to replicate these results under circumstances more similar to clinical practice and with larger samples in the subgroups of interest."

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