

Texting can help to both assess drinking issues and deliver brief interventions

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Each day numerous young adults in the U.S. visit hospital emergency departments (EDs) for alcohol-related problems. This study examined the use of text messaging (TM), both to collect drinking data from young adults after ED discharge as well as provide immediate feedback and ongoing support to them, finding that TM is effective on both levels.

Results will be published in the March 2012 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"Each day in the U.S., more than 50,000 adults 18 to 24 years of age visit hospital EDs, and more than one third report current alcohol abuse or dependence," said Brian Suffoletto, assistant professor in the department of emergency medicine at the University of Pittsburgh and corresponding author for the study. "Thus, EDs provide a unique opportunity to both identify [young adults](#) with harmful or hazardous drinking behavior and intervene to reduce future injury and illness."

Unfortunately, he added, emergency-care providers rarely have the time or expertise to screen for or discuss problematic alcohol use. Nor do many hospitals have counselors on staff who can assist with the process. Neither are patients with acute drinking issues necessarily interested in having those discussions immediately.

"Given that mobile phones are essentially ubiquitous among young adults, and [texting](#) in particular is a heavily used communication tool, we sought to build and test an automated TM system that could conduct a

health dialogue with young adults after discharge," said Suffoletto. "We believe that our study is the first to test a TM-based behavioral intervention to reduce alcohol consumption."

"This is a novel approach in that it uses the ED as a behavior-changing point for those at risk for a illness – alcohol-induced injury or organ destruction – while using a familiar but not deployed alternative approach, which is texting," said Donald M. Yealy, professor of emergency medicine, medicine, and clinical and translational sciences at the University of Pittsburgh School of Medicine. "This is a first step. I can envision other tools – such as phone apps and social media sites – being deployed eventually."

Suffoletto and his colleagues identified 45 18-to-24-year olds (24 women, 21 men) from three urban EDs as hazardous drinkers based on their Alcohol Use Disorders Identification Test-Consumption scores. The young adults were randomly assigned for a 12-week period to either weekly TM feedback with goal setting (Intervention), weekly TM drinking assessments without feedback (Assessment), or the Control group.

"First, we were able to show that young adults will interact with an automated TM system to both provide weekly drinking reports and respond to goal-setting challenges," said Suffoletto. "Second, our preliminary findings suggest that young adults who are exposed to our intervention reduce the number of drinks they consume as well as the number of binge episodes." More specifically, at the end of the three-month period, participants in the TM group had 3.4 fewer heavy drinking days in the preceding month, and 2.1 fewer drinks per drinking day when compared to baseline.

Suffoletto suggested that emergency clinicians use these results to "rethink" the use of alternative interventions, such as TM, to reach young

adults after they are discharged from the ED. "Our study findings are preliminary, yet encouraging, evidence that ecological assessments tied to real-time feedback using mobile communication technology can affect change in young adults with harmful or hazardous [drinking](#) behavior," he said. "Future work should focus on ways to optimize patient participation in programs and the integration of mobile communication with traditional interventions."

Both Suffoletto and Yealy see additional uses for these findings.

"Clinicians who care for young adults and adolescents in other care settings may [also] decide to use mobile technologies to support and extend already existing resources to reduce the burden of alcohol use and alcohol-related risks," said Suffoletto. "Researchers interested in behavior change [for other] substance-use disorders may decide to build and test similar behavioral interventions using mobile communication devices, such as apps, to affect change."

"I could envision beginning such a program in other populations – like those with heart failure, or high blood pressure, or an infection – to aid compliance with agreed-on plans," added Yealy.

"The average person who either is struggling with an alcohol-use disorder or knows someone who is might be encouraged to know that researchers are exploring non-traditional approaches to supporting self-change," said Suffoletto, "and finding ways that make it easier for an individual to get help."

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