

New study suggests clinicians overlook alcohol problems if patients are not intoxicated

August 1 2012

Medical staff struggle to spot problem drinking in their patients unless they are already intoxicated, according to research by the University of Leicester.

The work led by Dr Alex J Mitchell, consultant at Leicestershire Partnership NHS Trust and honorary senior lecturer at the University, reveals that [clinical staff](#) often overlook [alcohol problems](#) in their patients when they do not present intoxicated.

In a new study published in the [British Journal of Psychiatry](#) today (1 August) involving 20,000 patients assessed for alcohol problems by medical staff, all clinicians struggled to detect alcohol problems whether or not patients volunteered information regarding their drinking.

1 in 4 of the [adult population](#) in England (33% of men and 16% of women) consumes alcohol in a way that is potentially harmful to their health and 6% of men are alcohol dependent (Pilling et al, 2011). 1 in 6 primary care patients have an alcohol use disorder or are alcohol dependent.

[General practitioners](#) (GPs) identified 40% of problem drinkers, hospital doctors identified 50% of problem drinkers and mental health specialists recognised 55% of problem drinkers. Clinicians correctly recorded a diagnosis in the case-notes for only 1 in 3 people who had an alcohol

problem. Only [alcohol intoxication](#) was accurately identified. A&E clinicians were able to correctly detect patients with alcohol intoxication in 9 out of 10 patients. In research studies where patients admitted to a drinking problem by self report, the same rates of under-detection occurred.

Assessing for alcohol problems in patients using a short questionnaire is recommended by the UK [Primary Care](#) Service Framework and NICE but not widely implemented by clinicians.

Dr Alex Mitchell said: "This study highlights that clinical identification of alcohol problems is challenging in busy clinical environments. When clinicians try and spot alcohol problems they often miss patients who have serious alcohol problems but who are not currently intoxicated. Further they can misidentify about 5% of 'normal drinkers' as problem drinkers.

"Clinicians are not always sure what questions to ask or what screening tests to apply. We did not find that patients refused to admit alcohol problems, in fact it was more common for patients to disclose problem drinking when asked to self-report than the number found by [clinicians](#) judgement alone.

"There needs to be a greater awareness of the importance of carefully assessing alcohol problems for non-intoxicated patients. Patient responses to questioning about drinking habits should not be assumed to be misleading but questioning must be handled sensitively."

More information: Alex J Mitchell AJ, Meader N, Bird V, Rizzo M. Clinical recognition and recording of alcohol disorders by clinicians in primary and secondary care: meta-analysis. *British journal of Psychiatry*, August 2012

Pilling S, Yesufu-Udechuku A, Taylor C, Drummond C; Guideline Development Group. Diagnosis, assessment, and management of harmful drinking and alcohol dependence: summary of NICE guidance. *BMJ*. 2011 Feb 23;342:d700. doi: [10.1136/bmj.d700](https://doi.org/10.1136/bmj.d700)

Provided by University of Leicester

Citation: New study suggests clinicians overlook alcohol problems if patients are not intoxicated (2012, August 1) retrieved 19 April 2024 from <https://medicalxpress.com/news/2012-08-clinicians-overlook-alcohol-problems-patients.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.