

Doctors often miss signs of problem drinking in patients, study finds

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Using validated screening methods could identify many more cases, researchers say.

(HealthDay)—Doctors fail to diagnose most patients with alcohol problems when they rely solely on their suspicions, rather than using proven screening methods, a new study finds.

Researchers looked at almost 1,700 patients, and found that about 14 percent screened positive for hazardous or harmful [drinking](#).

Primary care doctors had suspected hazardous or harmful drinking in just 5 percent of the patients, however. And of those patients, less than two-thirds actually screened positive for a drinking problem.

In other words, the primary care doctors failed to diagnose more than 70

percent of patients with drinking problems when they relied on their suspicions rather than using screening tools, the authors reported.

According to the team, led by Dr. Daniel Vinson of the University of Missouri, the findings support the routine use of screening tools to supplement doctors' suspicions that a patient may have a drinking problem.

Two experts not connected to the study had divergent views on the findings.

Bruce Goldman is director of Substance Abuse Services at the Zucker Hillside Hospital in Glen Oaks, N.Y. He noted that, "high-risk drinking is a major contributor to preventable health and social problems," and primary care doctors "are uniquely positioned to screen and assess all patients' patterns of alcohol and drug use."

He agreed with the study authors that, "a few standardized screening questions, consistently asked of all patients, could quickly identify those who would benefit from either education or referral to [specialized care](#)."

But another expert said that's easier said than done in real-world settings.

Dr. Neil Calman, chairman of [family medicine](#) and community health at the Icahn School of Medicine at Mount Sinai, in New York City, agreed that validated screening methods undoubtedly beat doctors' suspicions in uncovering problem drinking in patients.

He added, however, that it's tougher to discern how well they might be incorporated into physicians' everyday practice.

"First, most practices do not have the ability to deal with the conditions that are being detected," Calman noted. "Second, they identify many

patients who do not choose to seek help for the detected issues and resources may be wasted on people who do not see the problem as something that needs to be addressed or that they want to have addressed."

Finally, Calman said, "we run the risk of keeping people out of care for other critical conditions, as [patients](#) may report that when they come in for an upper respiratory infection they do not want or expect to be asked about other issues which they consider highly personal and irrelevant to the reason for their visit."

As with many innovations in medicine, more research needs to be done on how to best deploy these [screening methods](#) into everyday clinical practice, Calman said.

More information: The U.S. National Institute on Alcohol Abuse and Alcoholism has more about [alcohol use disorders](#).

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