

By guessing, clinicians may miss 3/4 of alcohol problems

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By relying on hunches rather than posing a few screening questions, primary care clinicians may be missing three-fourths of the alcohol problems in their patients, a newly released analysis shows.

"It's often off the radar—people come in for hypertension and are not asked how much they drink," said study co-author Barbara J. Turner, M.D., M.S.Ed., M.A., M.A.C.P., of UT Medicine San Antonio. [Primary care](#) offices typically don't have good systems to administer questionnaires to screen for certain problems, including [alcohol](#) consumption, she noted.

UT Medicine is the clinical practice of the School of Medicine at The University of Texas Health Science Center San Antonio. Dr. Turner is a professor in the School of Medicine and director of the Research to Advance Community Health (ReACH) Center, a collaboration of the Health Science Center, the University Health System and the UT School of Public Health.

The study analyzed data from 1,664 patients in 40 primary care practices spread throughout the central part of the country from Colorado to Kentucky. Patients were asked five questions such as: "In the past 12 months, how often have you had a drink containing alcohol?" and "In the past 12 months, how often have you been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?" Based on their scores, patients were classified into four drinking status categories ranging from nondrinker to harmful drinker.

Clinical intuition

Clinicians were asked, "Does this patient have problems with alcohol (check each that applies)?" Options included "yes," "hazardous drinking" and "don't know." When clinicians checked an affirmative answer, this was considered a suspicion of an alcohol problem.

If clinicians suspected a problem, they were usually right, Dr. Turner said. However, clinical intuition misses too many people, the findings indicated.

"When clinicians do assess [alcohol consumption](#), it is usually limited to the first encounter. Afterward, it is only assessed when there is an evident problem," Dr. Turner said.

Societal issue

Alcohol problems are insidious and pervade all aspects of society, from work productivity to health decline to family and personal issues.

According to the U.S. Centers for Disease Control and Prevention, in 2010 the number of alcoholic liver disease deaths totaled 15,990 and the number of alcohol-induced deaths, excluding accidents and homicides, was 25,692.

More than half of adults age 18 and older described themselves as current regular drinkers (at least 12 drinks in the previous year), according to the 2011 National Health Interview Survey. Lost workdays related to alcohol use numbered 570 million over a 12-month period, the survey reported. According to the CDC, one in six U.S. adults binge drinks about four times a month, consuming about eight drinks per binge.

Regular screening

"Brief alcohol screening questions far outperform clinical intuition in identifying people with alcohol problems, and brief counseling interventions can significantly reduce risky drinking in these individuals," Dr. Turner said.

"Patients should be screened for [alcohol problems](#) on a regular basis," she added.

Although medical students and residents are increasingly being trained to ask questions that can identify patients for counseling, lack of time remains a problem. "We need to involve the entire practice team in addressing this issue," Dr. Turner said.

Provided by University of Texas Health Science Center at San Antonio

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