

Questionnaire beats blood test in identifying at-risk drinking among ER patients

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Emergency room physicians treating patients with alcohol-related trauma can better identify those at risk of future drinking-related trauma with a 10-point questionnaire rather than the standard blood alcohol content test, according to a study in *The Journal of the American Osteopathic Association* (JAOA).

The questionnaire, known as the Alcohol Use Disorders Identification Test (AUDIT), was developed by the World Health Organization to address difficulties in identifying at-risk drinking behavior. It assesses alcohol consumption, drinking behaviors and alcohol-related problems.

Researchers at Loyola University Medical Center found the 10-point questionnaire to be 20 percent more effective than measuring blood alcohol level in detecting patients with at-risk drinking behaviors likely to result in future ER visits. Up to 50 percent of trauma patients have alcohol in their bloodstream at the time of admission, and 10 percent or more of these patients will present again to the same hospital within a year, according to prior research by Larry Gentilello et al.

"Given the interactions between alcohol and trauma, screening and intervention for at-risk drinking behavior are important components of injury prevention and public health. Previous studies have shown that brief interventions with these patients can lead to a 50 percent reduction in future trauma visits," said Timothy Plackett, DO, the study's lead researcher.



The retrospective cohort study reviewed 222 records, including all patients 18 and older admitted to Loyola University Medical Center's level I trauma center between May 2013 and June 2014. Patients' records were included if both a blood-alcohol level result and an AUDIT score were on file. A <u>blood alcohol</u> level greater than 0 g/dL and an AUDIT score equal to or above eight were considered positive for at-risk drinking.

The AUDIT assessment adds little time or cost to an injured person's care.

"The potential cost savings from reducing <u>trauma</u> visits could amount to more than \$1.8 billion a year, making screening and intervention for atrisk drinking one of the single most cost-effective preventative healthcare measures," said Mark Mitchell, DO, president of the American College of Osteopathic Emergency Medicine.

More information: *The Journal of the American Osteopathic Association*, June 2015, Vol. 115, 376-382. DOI: 10.7556/jaoa.2015.078

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