

# Low-tech system overcomes barriers preventing doctor-patient chat about drinking habits

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Credit: University of Vermont

Primary care doctors are reluctant to talk to patients about their drinking habits, for fear of being perceived as judgmental. But a simple, intervention that encourages discussion could resolve this issue, according to a recent study in the *Journal of General Internal Medicine*.

About 25 to 30 percent of the general U.S. population drinks alcohol at a level that, while not diagnosed as alcoholism, is high enough to qualify as

unhealthy, says Gail Rose, Ph.D., a behavioral health researcher at the University of Vermont (UVM) and lead author on the study. And heavy drinking, she adds, has a strong influence on health, and can diminish the efficacy of some medications, among other negative effects.

"But it's a stigmatized topic," says Rose, and since clinicians have so many topics to discuss with patients, drinking habits often fall off the list. In addition, some physicians don't view alcoholism as a medical problem.

Previous research has shown that patients with drinking problems can benefit from even a short conversation with their physicians, but getting them to that point has been a challenge. In their study of more than 1,500 patients at eight [internal medicine](#) and family medicine practices affiliated with a university medical center, Rose and colleagues at UVM used an [interactive voice response](#) (IVR) system to screen patients within three days before their scheduled routine physician visit.

"People are more likely to respond honestly to a computer, than to a human," she says.

Among several health questions – about pain, smoking, drinking, depression, exercise and weight – the screening program asked how many times in the past year the patient had consumed more than five (for men) or four (for women) alcoholic drinks in a single day.

If patients responded that they had done that at least once, they were eligible for a second IVR program and were randomly chosen – after giving verbal consent – to continue on to more questions that could help determine a potential alcohol problem. That recording delivered a "brief intervention" message that encouraged the patients to talk to their doctors about their drinking and asked if they would like to change their behavior.

Over half of the respondents said they were willing to hear advice about either quitting or cutting down. Those who weren't interested could listen to some suggestions or hang up.

A few days later, the researchers called all patients who qualified as unhealthy drinkers to find out whether the IVR participants talked about alcohol use with their medical providers more than the randomized control group that didn't do the IVR program. More than half of the IVR patients said they had the discussion, compared with 44 percent of the non-IVR group, the authors reported. Furthermore, IVR patients were more likely to bring up the topic themselves, and receive an alcohol-related recommendation from their provider.

That's exactly what the researchers had hoped would happen – that the system could help overcome the stigma issue, and in turn allow providers to offer patients needed help, Rose says.

Ideally, on a much wider scale, primary medical practices could implement the initial screen program as part of their automated reminder call to patients about their appointments, Rose says.

The researchers now know that [patients](#) are more likely to talk to their doctors, Rose says, "if you screen them right before a visit so it's fresh in their minds, and they're told it's relevant to their medical care."

"Previous research has shown that anything from a few minutes of simple advice to two sessions of 30-minute counseling" can help, Rose says. "This is a recognized problem, and a very brief, in-office discussion about a patient's heavy drinking can have a very big impact. We have shown that these in-office discussions can be prompted by an automated pre-visit telephone call."

**More information:** Gail L. Rose et al. A Randomized Controlled Trial

of IVR-Based Alcohol Brief Intervention to Promote Patient–Provider Communication in Primary Care, *Journal of General Internal Medicine* (2016). [DOI: 10.1007/s11606-016-3692-4](https://doi.org/10.1007/s11606-016-3692-4)

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