

Abstract

Aims: To identify factors that predict acceptance of brief advice among people consuming excessive alcohol in an Accident and Emergency Department (AED).

Methods: Patients presenting to an AED were screened using the Paddington Alcohol Test (PAT). All patients identified as hazardous drinkers were offered advice about their drinking. Data was collected on patients' age, gender, presenting condition and alcohol consumption. Binary logistic regression was used to identify variables that predicted acceptance of the offer of advice.

Results: The presenting condition, together with the total number of units consumed on a single occasion, predict the uptake of an offer of help

Conclusions: Patients identified as hazardous drinkers who present following a fall, head injury or other accident are less likely to accept help. Clinicians should emphasise the potential relationship between alcohol consumption and health related consequences to encourage the uptake of advice for these patients.

Introduction

Studies carried out specifically in the general hospital setting suggest that brief interventions can lead to significant reductions in alcohol use and/or related problems ¹. Reported barriers to the implementation of brief intervention centre upon a failure to identify hazardous drinkers ².

The work of Huntley et al (2001) ³ demonstrated that selective screening of just 10 presenting conditions could account for up to 77% of hazardous drinkers, who could then be offered access to interventions designed to reduce their consumption. No matter how

effective an intervention may be, it is reliant upon the willingness of a patient to accept it. The identification of underlying characteristics associated with the rejection of brief interventions could help clinicians to shape the way in which screening results are presented to patients, and thus increase the proportion of hazardous drinkers willing to accept help. We have found that by emphasising the potential connection between the hazardous pattern of alcohol consumption and the possible future consequences to health, patients are more likely to accept the offer of an intervention ⁴.

Participants / Methods / Results

As part of a wider RCT investigating screening and brief intervention in the AED of a large inner London teaching hospital, 1120 non-treatment seeking hazardous drinkers (aged 18+) were identified using the Paddington Alcohol Test ⁵ over a one year period (21.4% of all patients screened). Of these 717 accepted an intervention (64.0%). Screening occurred as per routine practice ^{3,4}, with Senior House Officers first dealing with the patients' primary presenting condition, and then asking questions about their drinking. Male patients consuming eight or more units of alcohol on any single occasion at least once per week, or female patients consuming six or more units or any patient who declared that their visit to the AED was alcohol related were recognised as hazardous drinkers, were told that their level of alcohol consumption may be harmful, and offered help. Patients who did not accept the offer of help were provided with contact details of local alcohol agencies, should they reconsider.

The table shows differences in proportions among the demographics and presenting circumstances of patients who did or did not accept our offer of help. Binary logistic

regression demonstrated that a patient's presenting condition, together with the total number of units consumed on a single occasion, predicts uptake of the intervention. There was a significant positive association between presentation to the AED complaining of abdominal pain / discomfort and accepting advice (77.7%). A significant negative association was detected for head injury (52.9%), accident (55.4%) or following a fall (59.8%).

Comment

A patients' age or gender alone do not predict the uptake of an offer of brief intervention. However, presenting condition and current level of alcohol consumption are associated with the acceptance of an offer of help.

Underlying reasons for the negative association between falls, head injuries, accidents and the acceptance of alcohol related advice are unclear. These patients display insight as to the relationship between their injuries and alcohol, yet they remain resistant to advice. One possible explanation might be that such events such as falls and accidents are believed to be due in part to misfortune or other factors over which the patient has no control.

The majority of patients identified as hazardous drinkers (64%) accepted the offer of advice, however all hazardous drinkers may benefit from an intervention that aims to reduce their alcohol consumption. It may be possible to increase the proportion of patients who present following a fall, head injury or accident that accept advice by further emphasising the relationship between their drinking and possible health consequences, as well as the potential link between alcohol and their presentation to the AED.

References

1. Royal College of Physicians. Alcohol - can the NHS afford it? 2001.
2. D'Onofrio G et al. Patients with Alcohol Problems in the Emergency Department, Part 2: Intervention and Referral. *Academic Emergency Medicine* 1998;**5**:1210-7
3. Huntley JS, Blain C, Hood S, Touquet R. Improving detection of alcohol misuse in patients presenting to an accident and emergency department. *Emergency Medicine Journal* 2001;**18**:99-104
4. Patton R, Crawford MJ, and Touquet R. Impact of health consequences feedback on patients acceptance of advice about alcohol consumption. *Emergency Medicine Journal* 2003;**20**, 451-452
5. Patton R, Touquet R. The Paddington Alcohol Test. *British Journal of General Practice* 2002;**52**:59

Comparison of characteristics among 1120 hazardous drinkers who were offered advice

N (%)	Accepted advice N=717 (64.0)	Did not accept advice N=403 (36.0)	Difference in proportion (95% CI)
Age in years (mean)	44.2	42.8	1.4 (-0.5 to 3.3)
Sex: male	560 (78.2)	263 (76.5)	1.8 (-7.2 to 3.6)
Average units consumed during drinking session	21.44	18.61	2.82 (0.98 to 4.67)**
Believed initial AED attendance related to drinking	358 (70.1)	185 (69.8)	0.3 (-7.0 to 6.6)
Attended AED up to six months before randomisation	219 (30.8)	98 (28.8)	2.0 (-6.2 to 5.4)

	Specific presenting condition	All other conditions		
Proportion of patients who accepted advice	Fall	107 (59.8)	609 (69.1)	-9.3 (-17.2 to -1.6)*
	Collapse	111 (68.1)	605 (67.4)	0.7 (-7.1 to 8.4)
	Head Injury	37 (52.9)	679 (68.6)	-15.7 (-27.8 to -3.7)**
	Assault	78 (71.6)	638 (67.1)	4.5 (-4.5 to 13.5)
	NSGI	87 (77.7)	629 (66.4)	11.3 (3.1 to 19.6)*
	Unwell	101 (66.9)	615 (67.7)	-0.8 (-8.9 to 7.3)
	Psychiatric	62 (72.9)	654 (67.1)	5.8 (-4.0 to 15.8)
	Cardiac	49 (74.2)	667 (67.1)	7.1 (-3.8 to 18.1)
	Accident	31 (55.4)	685 (68.2)	-12.9 (-26.2 to -0.1)*
	Other	53 (77.9)	663 (66.8)	11.1 (-0.1 to 21.4)

*p < 0.05, **p < 0.01

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