

## **The effect of health consequences feedback on patients' acceptance of advice about alcohol consumption**

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Although exposure to brief interventions may produce benefits among a population of hazardous drinkers, its' effectiveness is reliant upon the willingness of such patients to accept it. At the start of recruitment to our main RCT we noted that a lower than anticipated proportion of patients were accepting an offer of help or advice (irrespective of consent to participate in the trial, as all patients identified as hazardous drinkers were offered advice but only those meeting inclusion criteria were asked to take part in the study). We therefore took action to increase the number of patients that would accept an intervention to reduce their drinking.

Longabaugh et al (2001) <sup>1</sup> discussing the concept of the "Teachable Moment" note that a visit to the AED for any kind of injury or trauma is;

".. an opportune time to engage any patient with a history of problematic drinking in a motivational intervention. For some patients, helping them move to the decision to return for a follow-up visit to examine this issue may be the critical event"

During informal observations of the screening process and in a series of semi-structured interviews with clinical staff it became apparent that once the PAT screening had been completed, patients identified as PAT positive (hazardous drinkers) were simply told that they were drinking too much and subsequently

advised to accept further help or advice. It was hypothesised that by impressing upon patients the potential health consequences of their current level of alcohol consumption, the rate of uptake of the offered interventions might be raised.

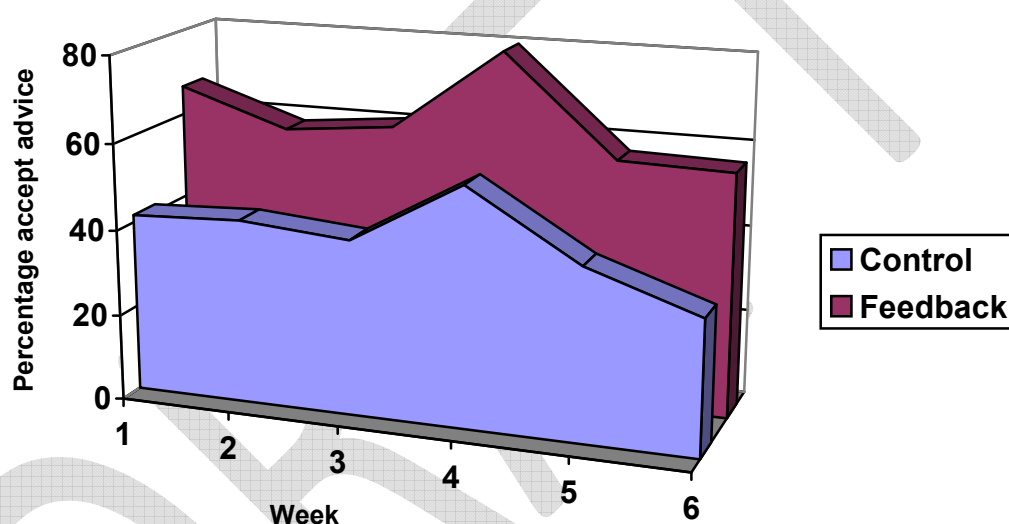
During the first six weeks of the trial, patients identified as hazardous drinkers were dealt with as per normal routine practice – they were told that they were drinking too much and given the opportunity to receive further help and advice about their drinking. From the seventh week of the trial recruiting doctors were instructed to provide health consequences feedback to patients; “You are drinking at a level that is harmful to your health” (the intervention). Patients were then immediately offered the opportunity to receive further help and advice.

Data on patient demographics and the proportion of hazardous drinkers who elected to receive further help were recorded during the six week period (the Control Treatment, CT) prior to the intervention and for the six weeks following the introduction of health consequences feedback (the Experimental Treatment, ET).

In total 281 patients were found to be PAT positive during this 12 week study period. The sample was predominately male (77%) with an average age of 44.4 years, consuming an average of 21.8 units of alcohol in their heaviest drinking session. We found no significant differences on any of these variables between CT and ET groups.

Figure x shows the proportion of patients who accepted help or advice for both CT and ET groups. On average 52.1% of the CT group accepted advice as compared to 64% of the ET group. The 22.8% increase in the uptake of an offer of help was statistically significant ( $\chi^2=3.99$ ,  $df=1$ ,  $p<0.05$ , 95% CI 0.23 to 23.5).

**Figure x** Change in proportion of patients accepting advice



This simple change to the way in which the screening results were fed back to patients resulted in a significant increase in the numbers of patients that accepted an offer of help or advice. We estimated that in a typical AED this might lead to an additional 350 patients per year accepting the offer of help with reducing their level of alcohol consumption. While the possibility exists that changes other than the introduction of feedback may be responsible for the increase, the timing of this increase suggests that this is the most plausible explanation.

As a result of this retrospective analysis, all patients identified as hazardous drinkers were given health consequences feedback for the remainder of the data collection period, and this now forms part of established routine practice at St Mary's hospital.

### **Critical appraisal**

This short paper emphasised that the way in which screening results were reported to patients could influence their response to an offer of help or advice. By drawing attention to the possible relationship between alcohol consumption and a patient's presence in the AED, it might well be that the patient's attention is focused on their drinking and they may therefore be disposed to address the issue. Alternatively patients might well feel uncomfortable by the doctor's assertion that they are potentially harming themselves and may agree to an intervention simply to expedite their discharge from the hospital.

To test this supposition we could compare the proportion of patients who actually attended the AHW session before and after this change was implemented. If patients were simply paying lip service by agreeing to attend we would expect the proportion of those who actually attended to be reduced.

Data from the RCT shows that of 27 appointments made in the six weeks before the implementation of feedback, 11 patients attended (40.7%). In the

next six week period 14 out of 50 attended (28.0%). This difference is not statistically significant. However, the data does imply that the increase in acceptance of appointments was not matched by a subsequent increase in the number of attendances. Caution should be applied in interpreting this result, as only those patients who met inclusion criteria, agreed to participate in the trial, and who were randomised to receive an AHW appointment are included in this sample.

Data taken from a parallel study<sup>2</sup> (based in the AED at St Mary's) reports on the AHW attendance rates between January 1998 and December 2001. The dates of presentation to the AED for all patients who were given an appointment to attend the AHW session were recorded together with information on whether they actually attended the session. By comparing the rates of attendance before and after the implementation of health consequences feedback a clearer picture of any impact should be apparent.

NEED TO TEST THIS USING DATA FROM AHW RECORDS ON THE RELEVANT DATES

Although attendance to the AHW session may not have been influenced by the introduction of feedback, it is possible that following such feedback patients may have been motivated to reduce their alcohol consumption, regardless of which experimental condition they were randomised to. There is some evidence from an economic evaluation based on a sub sample of the participants in the RCT (**INSERT LANCET REF**) that patients identified as

hazardous drinkers were likely to seek further help and advice about their drinking from specialist agencies, and that randomisation to either arm of the study did not predict such behaviour.

Data from the RCT shows that there are no significant differences between patients who did or did not receive health consequences feedback on mean levels of alcohol consumption at six or twelve months. Again caution should be taken in the interpretation of these results as the sample size for the “no feedback” group is small (n=33).

## Reference List

- (1) Longabaugh R, Woolard RH, Nirenberg T, Minugh PA, Becker B, Clifford P et al. Evaluating the effects of a brief motivational intervention for injured drinkers in the Emergency Department. *Journal of Studies on Alcohol* 2001; 62(6):806-816.
- (2) Williams S, Brown A, Patton R, Crawford MJ, Touquet R. The half life of the teachable moment for alcohol misusing patients presenting to the A&E. 2003.

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