

# **Efficacy of alcohol screening in the AED managed by reception staff.**

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## **Introduction.**

In the Alcohol Harm Reduction Strategy, Drummond et al reported the prevalence of hazardous drinking among patients attending UK Accident & Emergency departments (AEDs) as 43%, rising to 70% at peak times<sup>1</sup>. Hazardous alcohol consumption, defined as drinking at least double the Department of Health recommended units on one or more occasion per week, is associated with increased morbidity and mortality<sup>2-5</sup>. The estimated additional healthcare costs attributed to alcohol consumption amount to £1.7 billion, with £0.5 billion relating to AED attendances<sup>1</sup>.

A recent survey of all AEDs in England found that most hospitals do not employ formal screening methods to identify hazardous patterns of consumption<sup>6</sup>. Therefore many patients who would benefit from help and advice about their drinking remain undetected. One barrier to the implementation of screening is that clinical staff may not have time to administer the questionnaires<sup>7</sup>. Screening materials distributed by AED reception staff and self-completed by patients in the waiting area may offer a solution to such clinical inertia<sup>8</sup>.

## **Methodology.**

Over a ten-day period receptionists at two A&E departments in North London were instructed to distribute the AUDIT-C questionnaire<sup>9</sup> to all new patients upon arrival. The completed forms were then collected either by the Triage Nurse or attending clinician. During the survey period, additional health promotion materials on hazardous drinking were on display in the waiting area.

## **Results.**

Data from the Department of Health Hospital Activity Statistics indicates that during the study period approximately 3000 patients attended the AED, Reception staff distributed 2000 questionnaires (66% coverage), and of these 1117 were completed and returned to hospital staff (56%).

Four hundred and seventy eight patients were identified as hazardous drinkers (42.5%). Of these, 156 indicated possible alcohol dependence (14% of the sample, 32.6% of all hazardous drinkers). There was a significantly higher proportion of males than females for both hazardous and possible dependant drinking.

	<b>Hazardous</b>	<b>Possible Dependence</b>
<b>Male</b>	53.6%	20.0%
<b>Female</b>	29.4%	5.9%

## **Conclusions**

This study indicates that 'front ended' screening in the AED, whereby details about the patients alcohol consumption are obtained prior to their being seen by a doctor, is feasible and can produce a wealth of information that could be incorporated into care planning. Reception staff are well placed to provide such materials to the entire AED population. The relatively high proportion of questionnaires returned indicates that such a method is broadly acceptable to patients.

Although we have not quantified the effect that screening alone has on drinking behaviour, there is good evidence that such activity could be regarded as the briefest of brief interventions<sup>10</sup>, and that this can lead to a reduction in consumption. Certainly the identification of hazardous drinkers can form the first part of a process leading to more in depth investigation of consumption and onwards referral to specialist agencies or the delivery of a brief intervention as appropriate<sup>11</sup>.

The prevalence of hazardous drinking in this study is identical to that found by Drummond and colleagues<sup>12</sup> in their national survey, and is considerably higher than that reported in previous studies<sup>10;13</sup>. This reinforces the assertion that alcohol consumption remains an issue for patients attending the AED. Better (and earlier) identification of hazardous drinking can help to improve the quality of patient care, increase staff morale and reduce costs<sup>14</sup>. We suggest that AEDs consider the utilisation of 'front ended' screening as one way to increase their detection of hazardous alcohol consumption.

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