

THE PADDINGTON ALCOHOL TEST:
A SHORT REPORT

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Abstract The Paddington Alcohol Test, designed to screen for alcohol related problems among attenders at Accident and Emergency Departments, is presented in a slightly modified form. It concords fairly well with the Alcohol Use Disorders Identification Test (AUDIT), but can be administered in about one fifth of the time taken to administer AUDIT. Its scoring of units is rapid and specific to the UK. PAT is recommended for use in UK Accident and Emergency Departments,

Recent reports on the prevalence of alcohol misuse among patients attending British Accident and Emergency Departments (AEDs) estimate that up to 40% present with alcohol related problems, and between the hours of midnight and 5.00am this proportion may rise to over 70% (Strategy Unit, 2003). The Alcohol Use Disorders Identification Test (AUDIT) (Babor TF *et al.*, 1989) may be considered to be too time-consuming to use in a busy medical setting such as the AED; thus shorter screening instruments such as the Paddington Alcohol Test (Smith SGT *et al.*, 1996) have been specifically developed for use in this setting. Within the confines of an AED it is not practicable to screen every patient, therefore the PAT is targeted at those patients who present with conditions associated with alcohol misuse (Huntley JS *et al.*, 2001) to counter clinical inertia – failure of health care providers to initiate or intensify therapy when indicated (Phillips LS *et al.*, 2001).

Since it was first published in 1996 the PAT has been revised to increase its reliability and validity. Huntley *et al.*, (2001) amended the PAT by refining the list of 21 presenting conditions likely to be associated with hazardous drinking to develop the “top ten” conditions that accounted for 77% of hazardous drinkers. An initial screening question addressing whether or not a patient ever consumes alcohol (Patton & Touquet, 2002) has also been added. For those patients identified as hazardous drinkers the PAT pro forma now encourages the clinician to provide health consequences feedback, specifically ‘We gently advise you this drinking is harming your health’. A retrospective analysis of the impact of this feedback demonstrated a 23% increase in the proportion of patients willing to accept brief intervention (Patton *et al.*, 2003).

The latest version of the PAT (figure 1) amends item 3 (frequency of heavy drinking episode) to include a monthly cut off. In recent study (unpublished) 468 patients who presented to our local AED completed the PAT and the AUDIT. Levels of concordance are presented in table 1. The introduction of the monthly cut-off represents considerable improvement to figures reported by Hodgson *et al.* (2003), which were based on the 1996 version of the instrument.

Table 1. Concordance of PAT (2003) compared to AUDIT

N (%)		AUDIT		Total
		Positive	Negative	
PAT	Positive	143 (97.3)	38 (11.8)	181 (38.7)
	Negative	4 (2.7)	283 (88.2)	287 (61.3)
Total		147 (100.0)	321 (100.0)	468 (100.0)

The time taken to complete the PAT and the AUDIT was recorded for a sub-sample of 47 participants. It was found to be 20 seconds for the PAT (SD = 9.53) and 1 minute 13 seconds

for the AUDIT (SD = 27.6). Based on our experiences of a randomised controlled trial of screening and brief intervention based in our local AED (in preparation), we estimate that 5750 patients may be screened over one year. A trainee doctor (Senior House Officer) costs £23 per hour, so screening with PAT would add £735 to annual department costs, compared to £2682 for AUDIT.

The PAT features a table of commonly encountered beverages coded in British units. This offers an advantage over other questionnaires such as the AUDIT that require the *participant* to convert traditional measures into standard drinks (US coding); any misinterpretation at this point could lead to a significant underestimation of alcohol consumed. The PAT also allows for the different relative strengths of certain products, thus differentiating between a patient who may consume 2 pints (i.e. 4 'drinks') of normal strength beer (4 units) and the same amount of 'strong' lager (10 units). By providing the best indication of total units, the PAT is well placed for UK users to provide an indication of hazardous drinking patterns.

Whilst we acknowledge that the AUDIT provides a reliable assessment of hazardous drinking, we feel that the time saved using the PAT may be vital when encouraging staff to screen patients within busy medical settings such as the AED.

PAT has been recommended by SIGN for use in AED (SIGN, 2003)

Lengthening the timeframe over which alcohol consumption is assessed to one month allows the detection of 'binge' drinkers who may not otherwise be identified. The increased sensitivity, the minimal time taken to complete the questions and the potential impact of drawing the patients' attention to the relationship between their alcohol consumption and attendance to the AED, all commend the use of the PAT as the instrument of choice for detecting hazardous drinkers within busy medical settings.

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Figure 1. The Paddington Alcohol Test (2003)

Circle number(s) - for specific trigger(s); consider for ALL the **TOP 10**.

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|----------------------------|---|----------------------------|-----------------------|
| 1. FALL (i. trip) | 2. COLLAPSE (i. fits) | 3. HEAD INJURY (i. facial) | 4. ASSAULT |
| 5. ACCIDENT (i. Burn, RTA) | 6. UNWELL (i. Request detox / help, self neglect) | 10. REPEAT ATTENDER | 7. NON SPECIFIC GI |
| 8. PSYCHIATRIC | 9. CARDIAC (i. Chest pain) | | Other (specify) _____ |

PADDINGTON ALCOHOL TEST (2003)

PATIENT IDENTIFICATION STICKER:



After dealing with patient's 'agenda,' i.e. patient's reason for attendance: -

1	"We routinely ask all patients in A&E if they drink alcohol - do you drink?"	YES > 2. (No)
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2	"Quite a number of people have times when they drink more than usual; what is the most you will drink in any one day?" (Pub measures in brackets; home measures often x3!)		
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Beer/lager/cider	__ Pints (2)	__ Cans (1.5)	Total units/day
Strong Beer/lager/cider	__ Pints (5)	__ Cans (4)	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Wine	__ Glasses (1.5)	__ Bottles (9)	
Fortified Wine (Sherry, Martini)	__ Glasses (1)	__ Bottles (12)	
Spirits (Gin, Whisky, Vodka)	__ Singles (1)	__ Bottles (30)	

3	If this is <u>more than 8</u> units/day for a man or 6 units/day for a woman, "does this happen...."		
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Once a week or more? = **PAT +ve** (every day: ? Pabrinex)
or if less frequently

At least once a month = **PAT +ve** <1/12 = PAT -ve (trumped by 4.)

4	"Do you feel your current attendance is related to alcohol?"	YES = PAT+ve No = PAT -ve
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REFERENCES

- Babor, T. F., de la Fuente, R. J., Saunders, J. and Grant, M. (1989) *AUDIT The Alcohol Use Disorders Identification test: Guidelines for use in Primary Health Care*, World Health Organisation, Geneva.
- Hodgson, R., John. B., Abbasi, T., Hodgson, R. C., Waller, S., Thom, B. and Newcombe, R. G. (2003) Fast screening for alcohol misuse. *Addictive Behaviours* **28**, 1453-1463.
- Huntley, J. S., Blain, C., Hood, S. and Touquet, R. (2001) Improving detection of alcohol misuse in patients presenting to an accident and emergency department. *Emergency Medicine Journal* **18**, 99-104.
- Patton, R., Crawford, M. J. and Touquet, R. (2003) Impact of health consequences feedback on patients acceptance of advice about alcohol consumption. *Emergency Medicine Journal* **20**, 451-452.
- Patton, R. and Touquet, R. (2002) The Paddington Alcohol Test. *British Journal of General Practice* **52**, 59-59.
- Phillips, L. S., Branch, W. T., Cook, C. B., Doyle, J. P., El-Kebbi, I. M., Gallina, D. L., Miller, C. D. and Ziemer, D. C. (2001) Clinical Inertia. *Annals of Internal Medicine* **135**, 825-834.
- SIGN (2003) The Management of Harmful Drinking and Alcohol Dependence in Primary Care: A national clinical guideline. Scottish Intercollegiate Guidelines Network (SIGN) www.sign.ac.uk Accessed 28.1.04
- Smith, S. G. T., Touquet, R., Wright, S. and Das Gupta, N. (1996) Detection of alcohol misusing patients in accident and emergency departments: the Paddington Alcohol Test (PAT). *Journal of Accident and Emergency Medicine* **13**, 308-312.
- Strategy Unit (2003) Alcohol harm reduction project: Interim analytical report. Cabinet Office www.strategy.gov.uk/files/pdf/SU%20interim_report2.pdf Accessed 08.1.04