

All shook up !

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Definitions -

- **Hazardous drinker**

- Heavy or binge drinkers with drinking patterns that pose a considerable risk to their own and others' health.

- **Harmful drinker**

- Clear evidence that alcohol use is responsible for (or substantially contributes to) physical or psychological harm, which may lead to disability or have adverse consequences for interpersonal relationships.

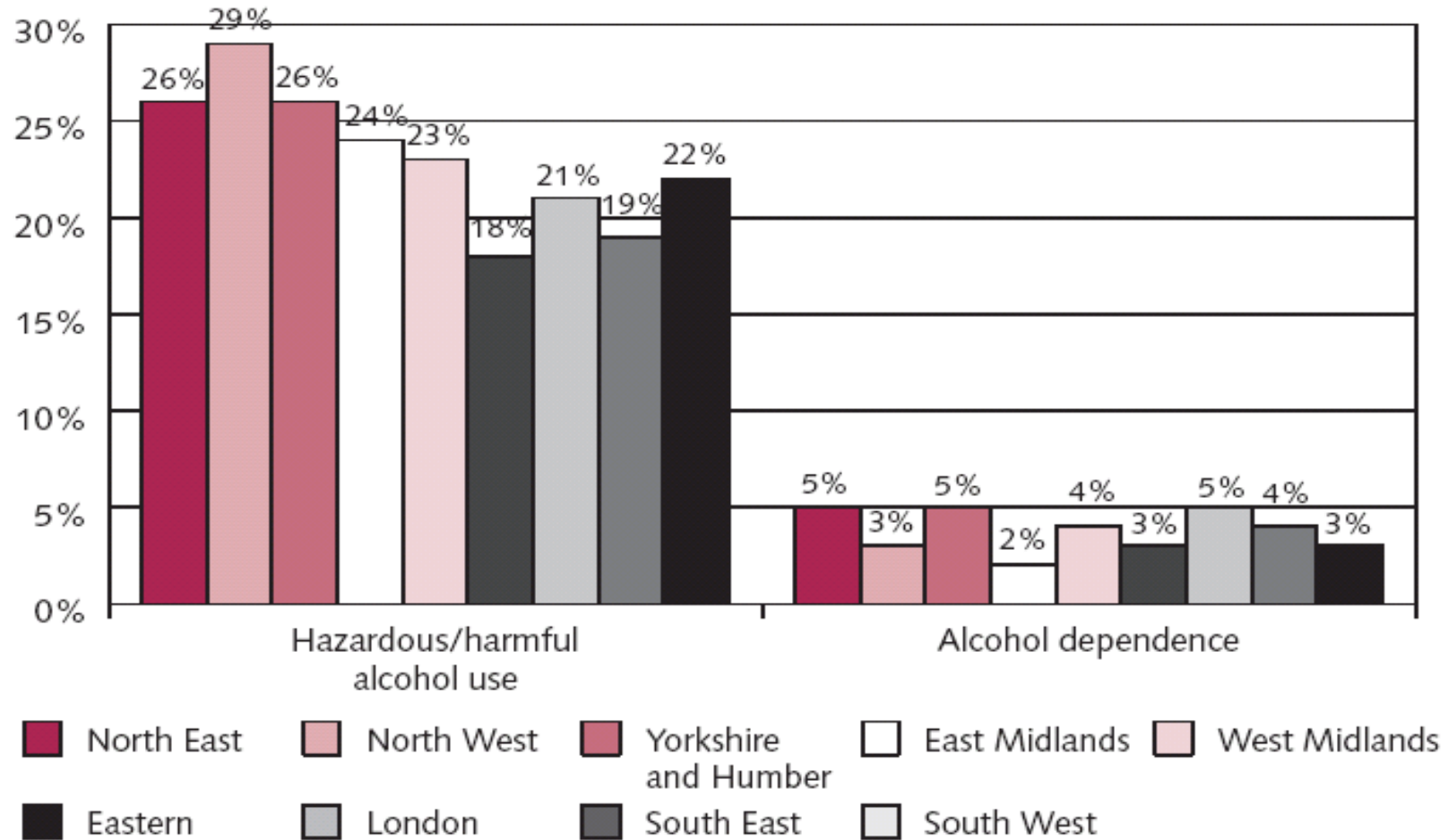
COI –New Definitions

- Sensible = low risk
- Hazardous = increased risk
- Harmful = High risk

Management of resistance

- There is often an over emphasis on discussion beyond sensible limits, this leads to
“paralysis by analysis”

Alcohol Consumption



ONS 2004

ANARP 2005

Alcohol Consumption in Children

- 30% of males and 20% of females in secondary schools have consumed more than 5.5 pints on one occasion

Plant et al, 1990

- Ten-fold increase in admission to A&E Department between 1985 and 1996 among under-15s

Robson, 1998

Drinking in 15 – 16 year olds

- 84% Pupil Drink
- Drinking in Public places
- 30% binge weekly
- All demographics
- 34% buy their own
- If bought by parents 1,64 times less likely to binge

LJM – Risky Drinking 2008

Cochrane review

- 20 out of 56 studies showed evidence of ineffectiveness of prevention interventions
- Strengthening Families Program SFP showed promise
- NNT =7
 - Foxcroft et al 2004

Aim

What does / should a services do?

1. Detect Heavy Drinking

- **Failure to detect may lead**
 - Unnecessary investigations
 - Alcohol withdrawal syndrome
 - Recurrent harm (end-organ damage)
 - Recurrent hospital attendance

Detection of Heavy Drinking

- History and examination
- Investigations
- Screening questionnaires

Examination

- Often completely normal
- Clinical findings poor as early indicators of alcohol related harm (*WHO, 1987*)

Investigation: The Ideal Test

- High sensitivity
- High specificity
- Discriminate between safe drinking and hazardous drinking
- Should distinguish between non-alcoholic liver disease and alcohol-related damage
- Non-invasive
- Cost-effective

Laboratory Markers

- Blood/urine/breath alcohol
 - No information regarding severity
 - Objective evidence of recent drinking
 - Low sensitivity
- Serum gamma glutamyl transferase (GGT)
- Mean corpuscular volume (MCV)
- Carbohydrate-deficient transferrin (CDT)

2. Screening Questionnaires

- Paddington Alcohol Test (PAT)
- The Michigan Alcohol Screening Test (MAST)
- The CAGE Questionnaire (CAGE)
- The Alcohol Use Disorders Identification Test (AUDIT)

3. Optimising the Medical Management of Alcohol Withdrawal

- Assess motivation and compliance
- Assess level of dependence
- Provide advice on appropriate medication
- Support staff in caring for the patient
- Refer the patient to appropriate services

4. Brief interventions: general aspects

- Giving advice and support
- Follows as soon after assessment as possible
- Takes 15 to 30 minutes on two or three occasions

Effective Health Care Bulletin, 1993

Reasons for Detecting Heavy Drinking

- **Intervention following detection can be successful**

Intervention (n=170)

	<u>Pre</u>	<u>Post</u>	<u>P value</u>
No drink days	7	1	<0.001
Daily units	12	2	<0.001
Weekly units	70	4	<0.001
AUDIT score	17	4	<0.001

RLUH Lifestyle Clinic

Conclusions

- Detection of heavy drinkers is important
- An opportunity for intervention
- Intervention can be successful
- Improved detection should be accompanied by facilities and personnel for interventions

Alcohol Specialist Nurses in the UK: Questionnaire survey of acute hospital Trusts

1999

- 256 Trusts sent questionnaires
- 138 (54%) returned questionnaires
- 6 Trusts (4%) had alcohol specialist nurses
 - **4 full time, 2 part-time**
 - **3 RN(M), 2 Dual, 1 RN(G)**

110 Trusts (78%) were aware of the RCP report

37 Trusts (17.7%) are hoping to develop a post in the next year

2003

- 209 Trusts sent questionnaires
- 164 (78.4%) returned questionnaires
- 21 Trusts (12.8%) had alcohol specialist nurses
 - **17 full time, 4 part-time**
 - **8 RN(M), 2 Dual, 11 RN(G)**