Towards a new strategy for systematic screening for hazardous and harmful alcohol consumption in primary health care

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Abstract

Alcohol consumption is the third largest risk factor for morbidity and mortality in developed countries. In order to counteract the negative effects of the increasing alcohol consumption in Sweden, there is an urgent need to disseminate and integrate screening for hazardous and harmful alcohol use into the existing routines of primary health care. Although the primary health care system is considered well placed to implement prevention of alcohol-related harm, this is still seldom done. This should be seen in the light of good evidence with regard to the efficacy of screening and intervention methods, which take little time to deliver.

The primary aim of this thesis was to explore the prevailing status of alcohol preventive measures in a primary health care setting. The focus was upon the staff’s knowledge, skills and attitudes concerning routine screening of patients for hazardous and harmful alcohol consumption. The secondary aim was to formulate a renewed screening strategy for primary health care.

The thesis includes five studies performed in the county of Östergötland, Sweden. Alcohol is by far disseminated into the existing routines in primary health care. Alcohol is the lifestyle factor that is most seldom raised by the health care staff. The groups of patients who receive some advice about their alcohol consumption are mainly those in least need of screening and advice such as older men with advanced illness on recurring scheduled visits, in contrast to younger persons with hazardous drinking.

The health care staff are mainly screening patients in whom they expect to find excessive alcohol consumption, in one sense making screening unnecessary. Both primary health care nurses and physicians are uncertain and reluctant to screen for hazardous alcohol consumption when there are no established medical symptoms. The staff mainly find alcohol screening to be practical and justified when a patients’ complaint is perceived to be related to alcohol consumption, i.e. when the patient is thought to have harmful consumption. The great proportion of patients with hazardous drinking, i.e. above recommended limits but with no developed harm, are thus mostly not screened and therefore not identified. However, this group of individuals has the best potential to respond positively to brief alcohol intervention when delivered by a nurse or physician.

A truly preventive measure would be to screen all patients for excessive alcohol consumption including both hazardous and harmful drinkers, but the current organisation of the primary health care does not allow this approach. Instead, both nurses and physicians in the studies suggest a more selective strategy to mainly not include hazardous drinkers without symptoms. In order to establish which patient groups are the most appropriate to select for screening, taking into account the demands from the health care staff, as well as ensuring that even hazardous drinkers are included, a model was developed and empirically tested in order to identify such groups of patients. The model appears to be a reasonable means to identify groups of patients who should be included in a selective screening strategy by their presenting complaint. However, the hazardous drinkers were distributed within the various complaints fairly evenly and thus there was not enough strength in the study to identify specific patient groups despite the inclusion of all consecutive patients during a 2-week period.

The criteria for a selective screening strategy suggested in this thesis take into consideration the demands from primary health care staff as well as the need for a truly preventive approach that includes hazardous drinkers with no established alcohol-related harm. The suggested model for identifying groups of patients fulfilling these preconditions can be used in future research in order to identify relevant groups of patients to be included in a selective screening strategy that has the potential to be integrated into the existing routines of primary health care.

Keywords: Primary health care, alcohol prevention, screening strategy, attitudes