

Managing problem drinking of alcohol – screening and brief intervention

Abstract

It is important to identify and manage problem drinking as it causes a significant burden of disease. There are simple screening procedures and management techniques which are effective in outpatient settings. All doctors should educate themselves and master these skills.

Introduction

According to the WHO there are over 2 billion people who use alcoholic beverages and 76.3 million people with diagnosable alcohol problems. There is a causal relationship between alcohol consumption and more than 60 types of disease and injury. The disease burden is not equally distributed. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries [1]. An epidemiological survey in Sri Lanka of a sample of 7643 people reveals a surprisingly high incidence of alcohol dependence among males over the age of 25 years (29 per 1000) [2]. According to the Ministry of Health, the number of cases of those hospitalised for alcohol psychosis, alcohol dependence and alcohol withdrawal increased by 4436 cases from 1998 to 1999. All Sri Lankan medical practitioners regardless of speciality or seniority need to be familiar with the management of problem drinking.

Screening

Screening identifies apparently asymptomatic people at risk for current alcohol problems. AUDIT is a simple screening for excessive drinking developed by the WHO to assist in brief intervention [3]. The AUDIT has 10 questions each scored from 0 to 4. The total indicates the risk zone which determines the intervention. (Annexure).

Panel 1. AUDIT score and appropriate intervention

<i>Risk Zone</i>	<i>Intervention</i>	<i>Audit Score</i>
Zone 1	Alcohol education	0-7
Zone 11	Simple advice	8-15
Zone 111	Simple advice plus brief counselling and continued monitoring	16-19
Zone 1V	Referral to specialist for diagnostic evaluation and treatment	20-40

A cutoff of 5 on this test has a sensitivity of 84%, a specificity of 90% and a likelihood ratio for a positive result of 8.4. The briefer CAGE questionnaire is probably less sensitive but more specific, a score of 3 or more being almost 100% specific [4].

Panel 2. The CAGE Questionnaire

Have you ever felt you should cut down on your drinking?

Have people annoyed you by criticizing your drinking?

Have you ever felt bad or guilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

This is best used in a clinical setting as part of a general clinical history taking. Questions about alcohol intake should not precede the CAGE. Open-ended introduction dramatically enhances its sensitivity [5]. A total score of 2 or greater is clinically significant (sensitivity of 93% and a specificity of 76%) and identifies problem drinking [6].

Some laboratory tests are useful in the assessment of the problem drinker. The blood alcohol concentration is the most direct measure. It does not differentiate between one heavy episode of drinking and chronic use. Breathalysers are not available in Sri Lankan hospitals. Gamma-glutamyl transpeptidases (GGT) are elevated in 80% of problem drinkers. The mean corpuscular volume (MCV) is raised in 60%. If other causes can be excluded an increased GGT or MCV strongly suggests harmful drinking. The GGT values return to normal in 1 to 3 weeks and the MCV later after the last bout of heavy drinking. Carbohydrate-deficient transferrin (CDT) is another useful measure. It is more accurate in men as a marker of alcohol problems and has a lower false positive rate than either GGT or MCV.

Interventions

Alcohol education

A person who scores less than 8 in the AUDIT is in Risk Zone 1 and indicates low risk drinking. Even in these individuals alcohol education is appropriate. It increases general awareness in the community, helps people who have not revealed the true extent of their drinking on the questionnaire and reminds those who have reduced their drinking about the hazards of returning to harmful drinking. Alcohol education counters alcohol and media stories on