

POSTER ABSTRACTS

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Translating a Screening and Brief Intervention (SBI) Program for At-Risk Drinking into Everyday Clinical Practice

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Background: At-risk drinking increases the chances of exacerbating existing health conditions or developing alcohol-related liver disease. Sensible drinking limits recommended by the U.S.D.A. include two drinks per day for men and one drink per day for women. Approximately 20% of people are considered at-risk drinkers. Lovelace Health Systems (LHS) participated in Cutting Back", a SBI technique to identify and counsel "at-risk" drinkers in a clinical setting. The findings showed reductions in at-risk drinking at the intervention clinics: 26% and 29% at three-month and 12-month follow up respectively. This led to translating Cutting Back" into practice across the Lovelace primary care system.

Methods: We incorporated several aspects of the Cutting Back" approach into the routine care process and began by integrating the three validated Cutting Back" prescreen questions identifying frequency, quantity, and intensity of alcohol use into history forms completed by patients. We developed a brochure with illustrations of appropriate drinking levels, additional screening questions, and self-help techniques for reducing drinking levels. We trained primary care providers in the SBI technique.

Results: An audit captured the number of Cutting Back" questions answered and, if the score was positive for at-risk drinking, whether patients received an intervention. Chart reviews were performed on 341 patients. The overall patient completion rate was 87% (242 of 279 with forms available in charts). The number of patients screening positive (score > 8 or 9) was 7.8%. Of those patients who scored positive, 68% received an intervention.

Conclusions: SBI for at-risk drinking has been shown to be acceptable to patients in a clinical setting, to prompt health care providers to administer a brief intervention, and to result in reductions in self-reported at-risk drinking. Two-thirds of those who scored positive were given a brief intervention by the health care providers. SBI for at-risk drinking is acceptable to both patients and providers in the context of a busy clinical setting. The cost of SBI is low (limited printed materials and training of professionals) and the benefits to the individual and society are likely to be large.