

PATIENT'S EXPECTATIONS REGARDING ALCOHOL MISUSE PREVENTION IN GENERAL HOSPITALS

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SUMMARY

Background: The general hospital can be regarded as a suitable place to provide secondary prevention for patients with alcohol misuse. It appears that screening and/or brief interventions on alcohol are acceptable for patients in hospital wards. The aim of this exploration study is to assess patients' expectations regarding the prevention of alcohol misuse carried out in general hospitals.

Method: This study is based on the results of an online survey conducted in February 2023. The survey was in free access on the CHU UCL Namur hospital's website.

Results: Only the alcohol consumption of 18.9% of our sample is usually assessed by hospital caregivers; however, we observe a high level of satisfaction with receiving information on the prevention of alcohol misuse. Among the proposed prevention interventions, screening feedback seems to be the most popular approach.

Conclusion: This study confirms the recommendations on the role of the general hospital in the prevention of alcohol misuse. The big challenge remains to understand why the level of screening for alcohol misuse in general hospitals is so low. Future studies should assess the determinants of alcohol abuse screening behaviors among caregivers to understand why the screening rate is so low.

Key words: Alcohol Use Disorder - general hospital - secondary prevention - screening and brief interventions

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INTRODUCTION

Health professionals working in general hospital environments have regular contact with individuals who abuse alcohol (Kaner et al. 2018). Hospital-based surveys indicate that up to one-third of men admitted to medical and surgical wards have alcohol-related problems (Hearne et al. 2002). In the emergency department, the figure may be as high as 40% (Hearne et al. 2002). The general hospital can therefore be regarded as a suitable place to provide secondary prevention for patients with alcohol misuse (Rumpf et al. 1999) and to raise awareness of any links between their health problem and alcohol (Saitz et al. 2007). Indeed, to be confronted with a somatic disease caused by alcohol has an impact on the motivation to change (Bombardier et al. 1997, Rumpf et al. 1999) and may represent a teachable moment to encourage heavy alcohol users to change (Soderstrom et al. 2007).

Last years, alcohol treatment and prevention paradigm has shifted, the disease model of alcoholism has been expanded with the concept of a continuum of use and misuse (Nilsen et al. 2008). Alcohol misuse has been widely defined into three categories: hazardous drinking, harmful drinking and alcohol dependence determined by the amount of alcohol consumed, together with the physical and psychological consequences (Kaner et al. 2018). Traditionally, interventions were offered only when individuals were diagnosed as alcohol dependent, though recent evidence has suggested possible benefits from intervening earlier using screening

and brief interventions (BI) (McQueen et al. 2011). BI are targeted at non-treatment seeking, hazardous and harmful drinkers (non-alcohol dependent) and are intended as an early intervention (Nilsen 2010). Miller and Sanchez (1994) have described the critical elements of BI as FRAMES. This acronym consists of 'Feedback' of personal risk for impairment, emphasis on personal 'Responsibility' for change, clear 'Advice' to change, 'Menu' of alternative change options, therapeutic 'Empathy' as counseling style and enhancing 'Self-efficacy' or optimism. This "stepped-care approach" to alcohol misuse (Sobell & Sobell 2000) proposes that initial interventions should be as minimal and unrestrictive as possible, with increases in intensity and duration only if initial interventions are unsuccessful (Groves et al. 2010).

There is consistent systematic review evidence that brief interventions that are effective in primary care settings (Kaner et al. 2018) are also considered to be potentially effective in settings such as emergency care and secondary care (Moyer et al. 2002).

It appears that screening and/or BI on alcohol are acceptable for patients in General practice, hospital wards and Emergency department (Mistiaen et al. 2015) when lifestyle issues are commonly addressed (Johnson et al. 2011). The appropriateness of context in which discussions take place was reported as an acceptability factor for patients and practitioners (e.g. new patient registration sessions provide a potentially acceptable context to discuss drinking behaviour) (Johnson et al. 2011).

Patients appear to expect more discussion around alcohol consumption with practitioners in general hospitals (Johnson et al. 2011) and we know that expectations influence judgments of novel health information (Chang et al. 2012). Therefore, we have to understand what the patient's expectations are regarding the content of these discussions. The aim of this exploration study is to assess patients' expectations regarding the prevention of alcohol misuse carried out in general hospitals.

SUBJECTS AND METHODS

This study is based on the results of an online survey conducted in February 2023. The survey was in free access on the CHU UCL Namur hospital's website.

We used a 5-point likert scale (1= never, 5 = always) to answer the following question: "When you go to the hospital, does the nursing staff assess your alcohol consumption?"

In order to assess the level of satisfaction with the different prevention intervention, we used a 5-point likert scale (1= totally disagree, 5 = totally agree). Participants indicated their level of satisfaction with the following proposals: "If my alcohol consumption represented a risk to my health, I would like the hospital caregiver (1) let me know (screening feedback),

(2) assess my drinking habits, (3) assess my knowledge about the impact of alcohol on health, (4) assess my health skills (ability to make positive decisions for my health), (5) assess my motivations to change my consumption habits, (6) gives me advice on how to reduce my consumption, (7) direct me to specialized help."

Finally, we used the AUDIT-C (a 3-item questionnaire approved by the World Health Organization) to screen for the risk of alcohol misuse.

RESULTS

The sample is composed of 106 participants (65% women and 35% men). Participants are between 16 and 76 years old (M = 40 years old). Most of them have a high level of education (36% have a Bachelor's degree; 32% have a Master's and 3% have a Doctorate). The education level of the rest of the sample (= low education) is General (10%), Vocational (8%) or Technical (11%) secondary education.

60.3% of the sample would have a risk of alcohol misuse according to the AUDIT-C test (58.8% of women, 63.2 of men).

38.7% of participants responded that their alcohol consumption was never assessed by caregivers in general hospitals (Figure 1).

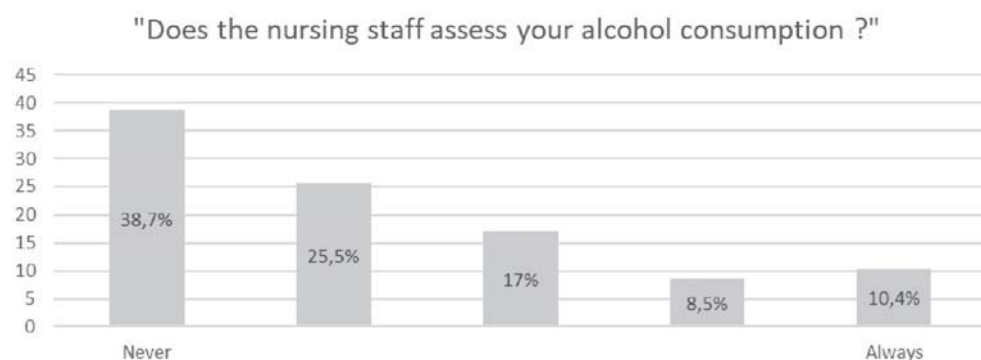


Figure 1. Assessment of patients' alcohol consumption by hospital caregivers

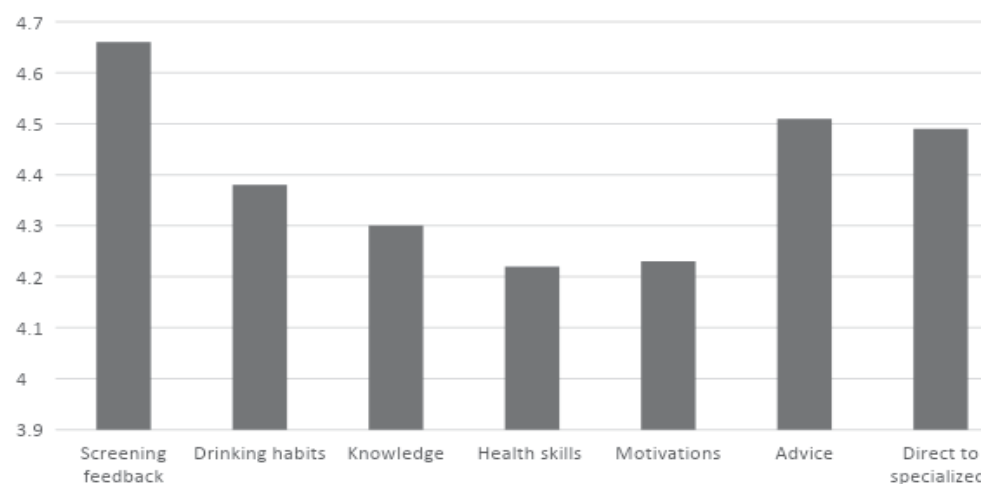


Figure 2. Satisfaction with different prevention approaches

Among the proposed prevention interventions, screening feedback seems to be the most popular approach. The least popular prevention intervention is health skills assessment. Overall, the absolute score of the interventions is high (for the average of the 7 items: $M=4.4$).

We aggregated the 7 scores of "prevention interventions" into an overall score "satisfaction of alcohol misuse prevention". In our analyses, we did not observe any significant difference in terms of satisfaction of alcohol misuse prevention between the two "high education" and "low education" groups. In our sample, there is no correlation between age and "satisfaction of alcohol misuse prevention" (Figure 2).

Men in our sample are marginally more at risk of misusing alcohol than women ($p<0.1$). Participants with a "high education" are marginally more at risk than participants with a "low education" ($p=0.1$). There is no correlation between age and the risk of alcohol misuse.

In the group of participants with a "high level of education", there is a marginal negative correlation between being at risk and being satisfied with the prevention message.

DISCUSSION

The main limitation of this exploratory study is the size of its sample, which explains why we obtained only marginal relationships between the variables. The second limit is a selection bias in recruiting participants (The survey was free access on the CHU UCL Namur hospital's website). Indeed, it is possible that this format only attracted participants interested in the prevention of alcohol misuse.

Only the alcohol consumption of 18.9% of our sample is usually assessed by hospital caregivers; however, we observe a high level of satisfaction with receiving information on the prevention of alcohol misuse, regardless of age or level of education. Only the group of participants with a high level of education and presenting a risk seemed to have a more moderate level of satisfaction. This result confirms that prevention is well accepted and must be carried out systematically in general hospitals.

Feedback on screening for alcohol misuse seems to be the most popular prevention intervention. Since the prevention of alcohol misuse must be considered as a "step by step approach", it would therefore seem that the general hospital is a relevant place to carry out early intervention such as a short screening feedback.

CONCLUSIONS

This study confirms the recommendations on the role of the general hospital in the prevention of alcohol misuse. The big challenge remains to understand why the level of screening for alcohol misuse in general

hospitals is so low. Future studies should assess the determinants of alcohol abuse screening behaviors among caregivers to understand why the screening rate is so low. Future research could also investigate the link between awareness of suffering from alcohol dependence and willingness to seek help. Further, the organizational context of the hospital as well as the availability of human resources should be considered.

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Contribution of individual authors:

All authors made a substantial contribution to the design of the study, and/or data acquisition, and/or the data analysis and its interpretation.

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