

Kort intervention – hvad nu?

Hospitalspatienten

National Alkoholkonference 2016

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Alkohol og hospitaler Betyder det noget?

- **60 alkoholrelaterede sygdomme**
- **Andre alkoholrelaterede problemer:**
 - Fejdiagnoser
 - Dårlig compliance
 - Medicin interaktioner – ex. AK-beh
 - Postoperative komplikationer
 - Større ressourceforbrug
 - Unødvendige undersøgelser
 - Dårligere behandlingsresultater
 - Især kroniske sygdomme

Kort intervention hospitaller

- **Hospitaler**

- **Skadestuer – 28 studier – meget lille effekt**

Review Schmidt et al 2016

- **Almen hospitalsafdelinger – ingen effekt**

McQueen et al. Cochrane review 2011

FOREBYGGELSE I ALMEN PRAKSIS OG PÅ SYGEHUS

GUIDE TIL SUNDHEDSPERSONALE

Hjælp din patient til et bedre helbred
og behandlingsresultat



Sundhedsstyrelsen

Sygdomsforebyggelse på sygehus og i almen praksis



Effekt af elektronisk sceening og kort intervention til ambulante hospitalspatienter med storforbrug og skadeligt forbrug: randomiseret studie

- Prof Kypros Kypri *
- Dr Natalie Johnson *
- Prof John B Saunders, USyd
- Prof Richard Saitz, BU (USA)
- Prof John Attia *
- Prof Jim McCambridge, York (UK)
- Prof Adrian Dunlop *
- Prof Chris Doran *
- Prof Patrick McElduff *
- Prof Luke Wolfenden *

Deltagere

- **Voksne (18+)**
- **I stand til at selvadminisrere Kort – elektronisk intervention på IPAD**
- **Ingen anden alkoholbehandling**
- **AUDIT-C score ≥ 5 og ≤ 9**

Feedback på AUDIT score



YOUR RESULTS

Thanks for completing the survey Jane.

Here you will find some feedback based on the answers you provided as well as some information on reducing the risk of harm which you may find useful.

Your Alcohol Use



Some of the questions you answered regarding your drinking come from the Alcohol Use Disorders Identification Test, a questionnaire developed by the World Health Organisation to determine whether a person's drinking might be becoming problematic.

Your AUDIT score was 8

HAZARDOUS DRINKING (8-14) High risk of experiencing alcohol related harm and some people in this range may already be experiencing significant harm.

The main way to reduce your risk level (and AUDIT score) is to reduce the number of drinks you consume per occasion. You may like to check out the TIPS section on the next page for ideas on reducing your consumption.

1. National Health and Medical Research Council (NHMRC). Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC; 2009.

Feedback på estimat af promille ved sidste binge episode

Your estimated Blood Alcohol Content (BAC) for your heaviest drinking occasion is **0.21%**

Your BAC is an indication of how intoxicated you are, with a higher BAC corresponding with a greater likelihood of experiencing alcohol-related harm, especially when driving.

This estimate takes into account your gender, weight, the number of standard drinks consumed and the number of hours over which you reported drinking this amount.

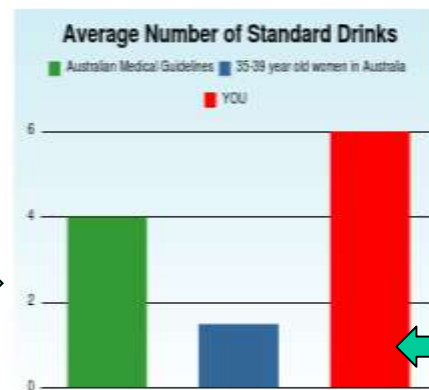


At a BAC of 0.15 and above you are **380 times more likely** to be killed in a single-vehicle crash than a driver with a zero BAC.

Your Money

Depending on where you buy your drinks (i.e. a bottle store, pub or club), you have spent between **\$1,170** and **\$4,680** on alcohol in the last year.

Australske guidelines (NHMRC 2009) & Normative feedback (AIHW 2008)

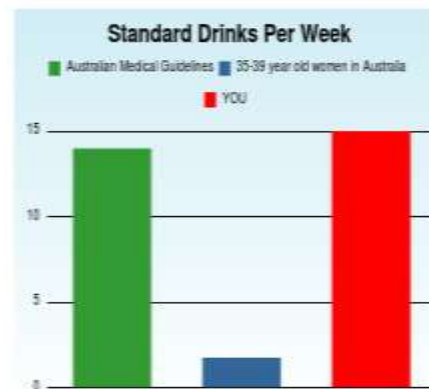


Deltager

above shows how this compares to medical guidelines¹ and to other people your age and sex².

- 1. National Health and Medical Research Council (NHMRC). Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC; 2009.
- 2. Australian Institute of Health and Welfare (AIHW). 2007 National Drug Strategy Household Survey: detailed results. Drug Statistics Series number 22. Cat. no. PHE 107. Canberra: AIHW; 2008.

Standard Drinks Consumed Per Week



You reported consuming approximately 15.0 drinks per week, and 60.0 drinks per month. The graph above shows how this compares to medical guidelines¹ and to other people your age and sex².

Feedback på Leeds Dependence Questionnaire (Raistrick et al 1994)

Your Risk Of Alcohol Dependence

How in control of your drinking are you? The 10 questions you answered at the end of the questionnaire were from the Leeds Dependence Questionnaire, a validated clinical measure of the severity of alcohol dependence.

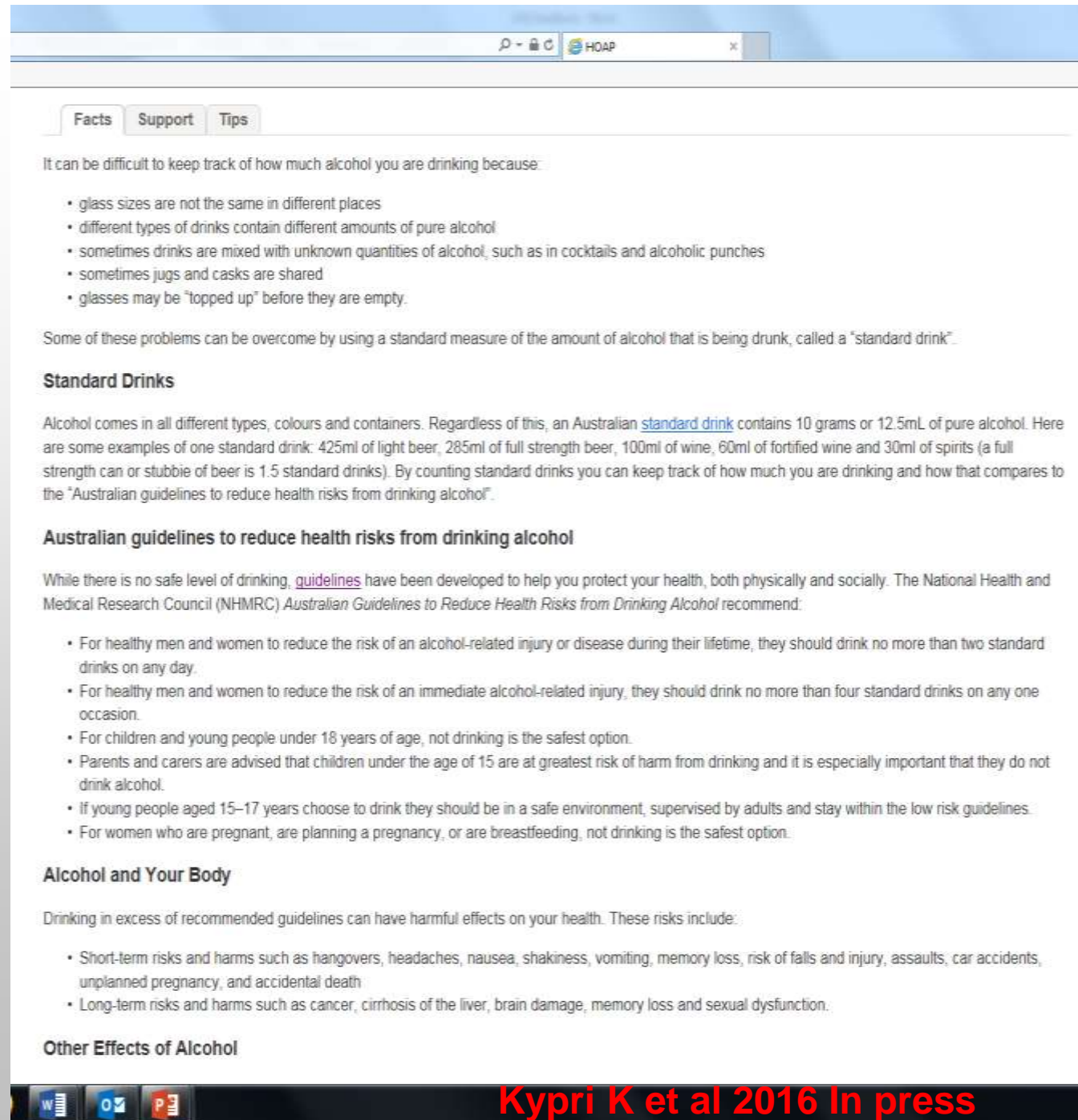
Generally speaking, the higher the score the more reason for concern that your drinking may be out of control. Your score was **4** and suggests that...

...you are showing some signs of loss of control of your drinking. It is worth thinking seriously about whether your drinking is causing you or others problems. Is your drinking really OK - do the costs outweigh the benefits?

Please see the SUPPORT section on the next page for options.

Continue

Information om skadelige effekter



It can be difficult to keep track of how much alcohol you are drinking because:

- glass sizes are not the same in different places
- different types of drinks contain different amounts of pure alcohol
- sometimes drinks are mixed with unknown quantities of alcohol, such as in cocktails and alcoholic punches
- sometimes jugs and casks are shared
- glasses may be "topped up" before they are empty.

Some of these problems can be overcome by using a standard measure of the amount of alcohol that is being drunk, called a "standard drink".

Standard Drinks

Alcohol comes in all different types, colours and containers. Regardless of this, an Australian [standard drink](#) contains 10 grams or 12.5mL of pure alcohol. Here are some examples of one standard drink: 425ml of light beer, 285ml of full strength beer, 100ml of wine, 60ml of fortified wine and 30ml of spirits (a full strength can or stubbie of beer is 1.5 standard drinks). By counting standard drinks you can keep track of how much you are drinking and how that compares to the "Australian guidelines to reduce health risks from drinking alcohol".

Australian guidelines to reduce health risks from drinking alcohol

While there is no safe level of drinking, [guidelines](#) have been developed to help you protect your health, both physically and socially. The National Health and Medical Research Council (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* recommend:

- For healthy men and women to reduce the risk of an alcohol-related injury or disease during their lifetime, they should drink no more than two standard drinks on any day.
- For healthy men and women to reduce the risk of an immediate alcohol-related injury, they should drink no more than four standard drinks on any one occasion.
- For children and young people under 18 years of age, not drinking is the safest option.
- Parents and carers are advised that children under the age of 15 are at greatest risk of harm from drinking and it is especially important that they do not drink alcohol.
- If young people aged 15–17 years choose to drink they should be in a safe environment, supervised by adults and stay within the low risk guidelines.
- For women who are pregnant, are planning a pregnancy, or are breastfeeding, not drinking is the safest option.

Alcohol and Your Body

Drinking in excess of recommended guidelines can have harmful effects on your health. These risks include:

- Short-term risks and harms such as hangovers, headaches, nausea, shakiness, vomiting, memory loss, risk of falls and injury, assaults, car accidents, unplanned pregnancy, and accidental death
- Long-term risks and harms such as cancer, cirrhosis of the liver, brain damage, memory loss and sexual dysfunction.

Other Effects of Alcohol

Primary outcomes

Outcomes	Median (range) or No (%)		Effect estimate		
	Control group (n=362)	Intervention group (n=331)	Measure	Intervention vs. Control* (95% CI)	P value
Volume consumed (No. of drinks per week)	10.5 (0.0, 60.0)	12.0 (0.0, 93.0)	Incidence rate ratio	1.12 (0.96 to 1.31)	0.17
AUDIT score	7.0 (0, 31)	7.0 (0, 37)	Mean difference	0.28 (-0.42 to 0.98)	0.44

*Adjusted for AUDIT-C score at baseline

Kort intervention hospitaller

- **Kan det virke i veludførte videnskabelige undersøgelser**
 - **Ja – men lille effekt**
- **Vil det virke I den virkelige verden**
 - **det ser det ikke ud til**
 - **vi har ikke knækket koden**

Hvad skal vi gøre ??

- **Kort intervention**
 - Flere pragmatiske / effectiveness studier / evidens daglig praksis
 - Det virker – implementeringer problemet
- **Husk forskningsbaseret evaluering**
- **Procesevaluering**
 - The 'Black box' skal åbnes !
 - Hvad er det for barrierer/faktorer
 - - patienterne, - personalet, -behandlingsinstitutionerne
 - Formen / behandlingsrelationen
- **Forløbsprogrammer**
 - Diabetes som eksempel
- **Ingenting?**

