ODHIN PROJECT FACTSHEET
- WP4 –

Managing alcohol problems in general practice in Europe: results from the European ODHIN survey of general practitioner views

Key facts

Fact 1 - Three things were found to be associated with a report of more patients advised for their heavy drinking:

- GPs who had received more education on managing alcohol problems – for every extra 10 hours of education received as part of professional training, 2-3 more heavy drinking patients were reported as being advised during the previous year.
- GPs who felt more able to give advice – for every extra point on the ability score, 1 more heavy drinking patient was reported as being advised during the previous year.
- GPs who felt more inclined to give advice – for every extra 5 points on the inclination score, 2 more heavy drinking patients were reported as being advised during the previous year.

Fact 2 - Two things were found to be associated with a report of less patients advised for their heavy drinking:

- GPs who were more attuned to a disease model of medicine when dealing with alcohol.
- GPs who thought that individuals should be responsible for managing their own drinking.

Background

Alcohol is an important cause of ill-health and premature death. In Europe, where alcohol consumption is highest in the world, about 1 in 7 of all deaths in men and about 1 in 12 of all deaths in women aged between 15 and 64 years are due to alcohol (Rehm et al. 2012). About one quarter of European 15-64 year olds drinks at least heavily (four or more drinks a day for a man; two or more drinks a day for a women), with such drinking consumption being responsible for two-thirds of all deaths due to alcohol. Simple advice given by a general practitioner (GP) to a heavy drinker to cut down on their drinking leads to reduced drinking, which improves health and prevents premature death (O'Donnell et al 2013). Unfortunately, less than one in ten of heavy drinkers are offered brief advice by their GP (Drummond et al 2013).

Methodology of work

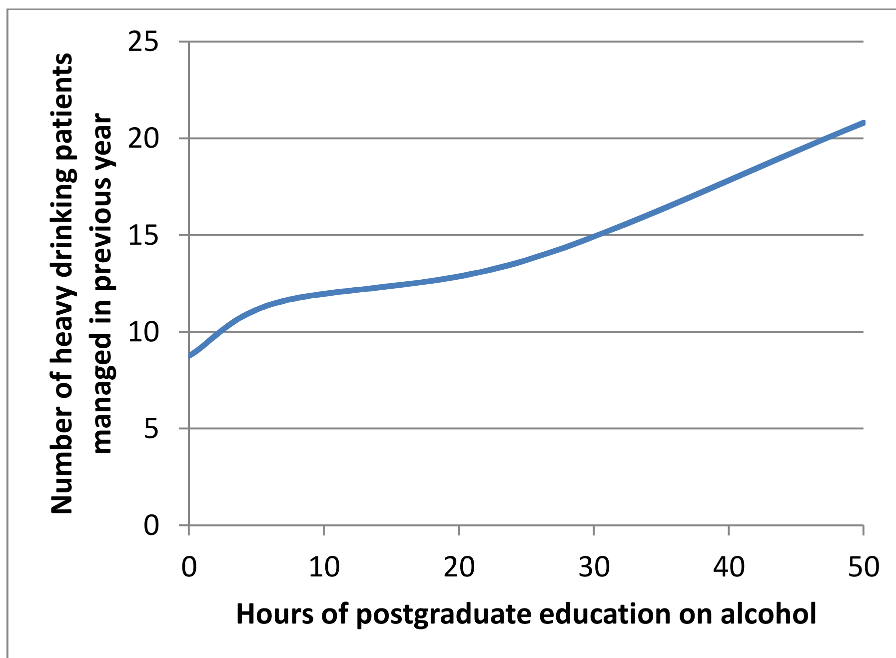
Through a survey conducted in 2012 (in England, conducted in 2009), we asked 2345 GPs from Catalonia, Czech Republic, England, Italy, the Netherlands, Poland, Portugal, and Slovenia for their views and attitudes in giving advice to heavy drinkers, with a view to better understanding of how brief advice activity could be increased (Anderson et al. 2014; Wojnar et al. 2014).

Results

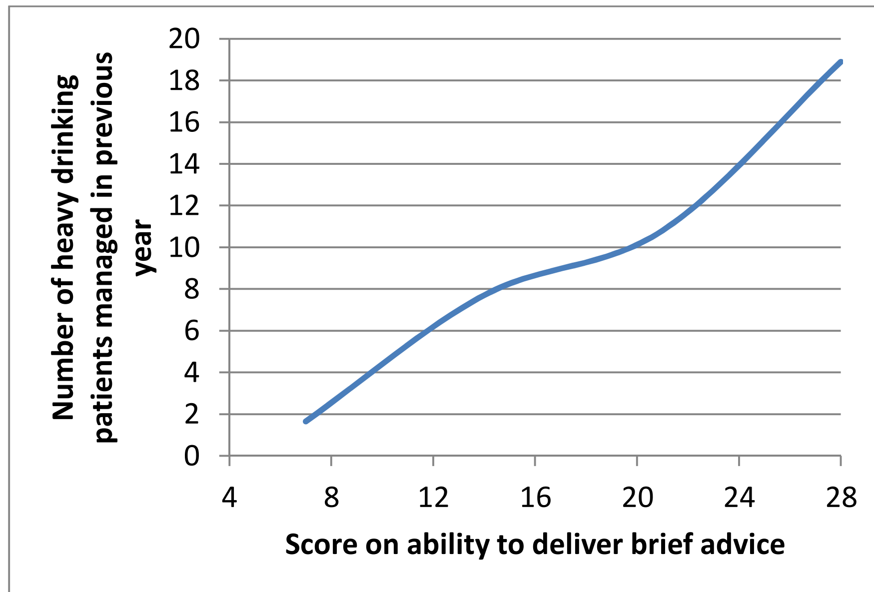
On average, the GPs reported that they had received about ten hours of postgraduate education or training on managing alcohol problems. In general, they felt capable[1] of giving advice to heavy drinkers, but were rather neutral in how inclined[2] they were to actually give such advice. The more education on alcohol that the GPs had reporting receiving, the more likely they were to feel able and inclined to deliver brief advice. On average, the GPs reported that they had advised about 10-11 heavy drinking patients over the previous year.

Three things were found to be associated with a report of more patients advised:

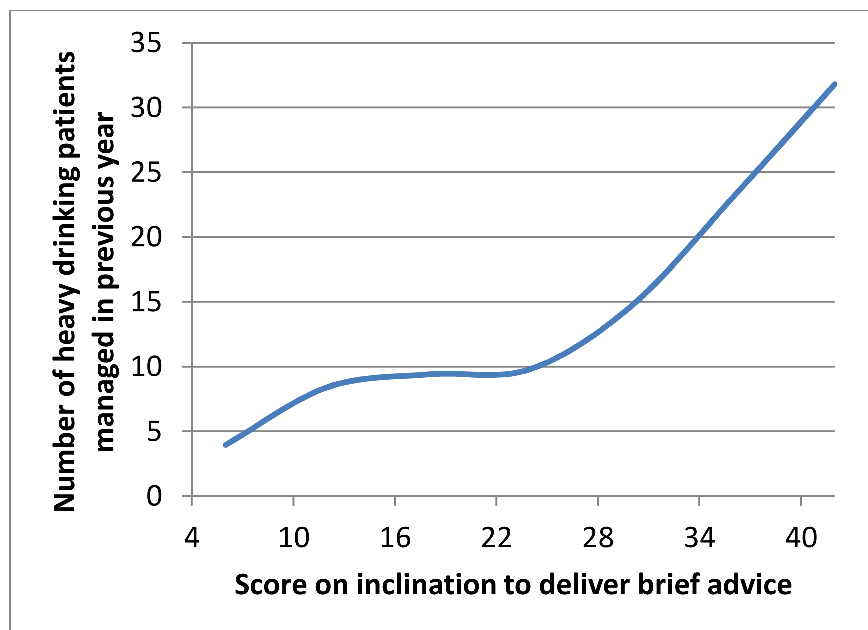
1. GPs who had received more education on managing alcohol problems – for every extra 10 hours of education received as part of professional training, 2-3 more heavy drinking patients were reported as being advised during the previous year.



2. GPs who felt more able to give advice[1] – for every extra point on the ability score, 1 more heavy drinking patient was reported as being advised during the previous year.



3. GPs who felt more inclined to give advice[2] – for every extra 5 points on the inclination score, 2 more heavy drinking patients were reported as being advised during the previous year.

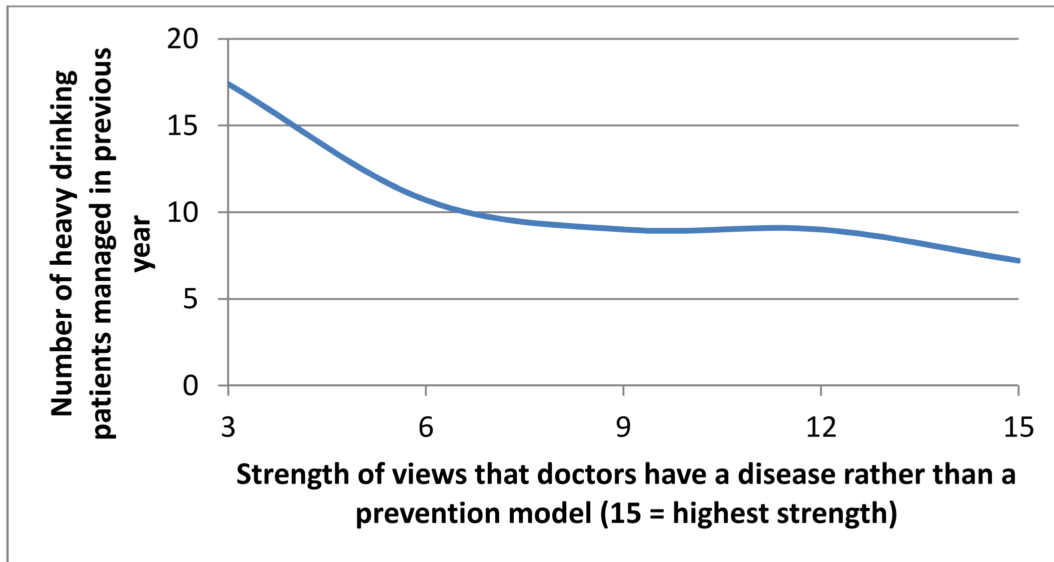


[1] Role security scale from the short form of the Alcohol and Alcohol Problems Perception Questionnaire (Anderson & Clement 1987).

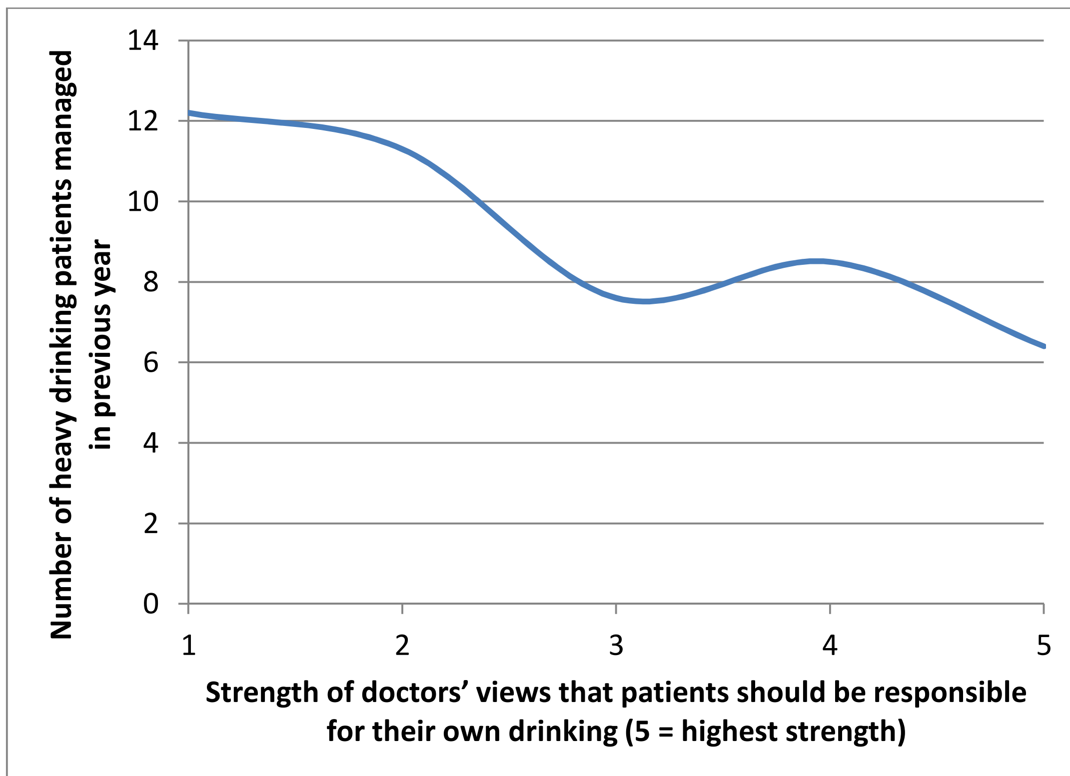
[2] Therapeutic commitment scale from the short form of the Alcohol and Alcohol Problems Perception Questionnaire (Anderson & Clement 1987).

Two things were found to be associated with a report of less patients advised:

1. GPs who were more attuned to a disease model of medicine when dealing with alcohol.



2. GPs who thought that individuals should be responsible for managing their own drinking.



GPs who had received more education on alcohol were less likely to adhere to a disease model for alcohol, although not less likely to believe that individuals were responsible themselves for their drinking.

Similarities to other studies: The most similar study was a survey of general practitioners undertaken in 1995 from seven European countries plus Canada and New Zealand. The findings were very similar. In the previous study, education, ability and inclination to give brief advice were all independently associated with managing a greater number of patients (Anderson et al 2003).

Drawbacks of the survey: There are an important number of caveats to be borne in mind when interpreting the results. The most important is the low overall response rate. With the exceptions of England, Czech Republic and Poland, response rates were less than 50%. The extent to which the GPs surveyed is representative of the views, attitudes and practices of all GPs in each country is not fully known. Second, the questionnaire provides self-report responses, with no external means of validation. Thus, the extent to which the number of patients managed for heavy drinking, a key part of the analyses, is a true reflection of the number of patients actually managed is not known. And, third, the design is a cross sectional survey and the analyses rely on correlational relationships between different items in the survey, making the inference of causal pathways problematic. For example, there is a strong association between reported ability to give brief advice and the reported number of patients managed for heavy drinking. We do not know if it is ability that predicts a higher number of patients reported as managed, or if it is that providers who report that they have managed a higher number of patients score higher on ability. It is probably a bit of both.

Conclusions for Policy and Research

Three important conclusions for policy and future research seem to derive from this work.

First, education seems to be related to increased ability and inclination to deliver brief advice, and each of education, ability and inclination were associated with a reported increase in number of patients given advice for heavy drinking. This would suggest the importance of scaled-up education and training for managing heavy drinking patients in primary health care settings.

Second, belief in the importance of a disease model in reducing brief advice activity seemed to impair ability and inclination and brief advice activity. This would suggest a disease-based approach linking alcohol to other physical comorbidities (such as high blood pressure) or the use of pharmacotherapies might be considered and studied as an alternative means to get GPs more engaged in providing brief advice for heavy drinking.

Third, a belief in individual patient responsibility seemed to impair management activity. This would suggest that patient owned identification and brief advice technologies (such as downloadable apps and internet based approaches) that could be explored and developed might broaden the number of heavy drinkers exposed to actions to reduce their drinking.

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