

# Screening and Brief Intervention for Alcohol and Mental Health Comorbidity

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# What is this talk about?

- Screening and brief intervention for hazardous alcohol use among patients attending general practice with a range of disorders
- Relevance of brief alcohol interventions among patients who have common mental health disorders

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# What is Screening?

- Screening is the systematic identification of people with a specified disorder from within a whole population (such as patients attending general practice)
- Screening is a form of case finding
- Screening is only justified if there is a practical and effective treatment for the condition that is identified



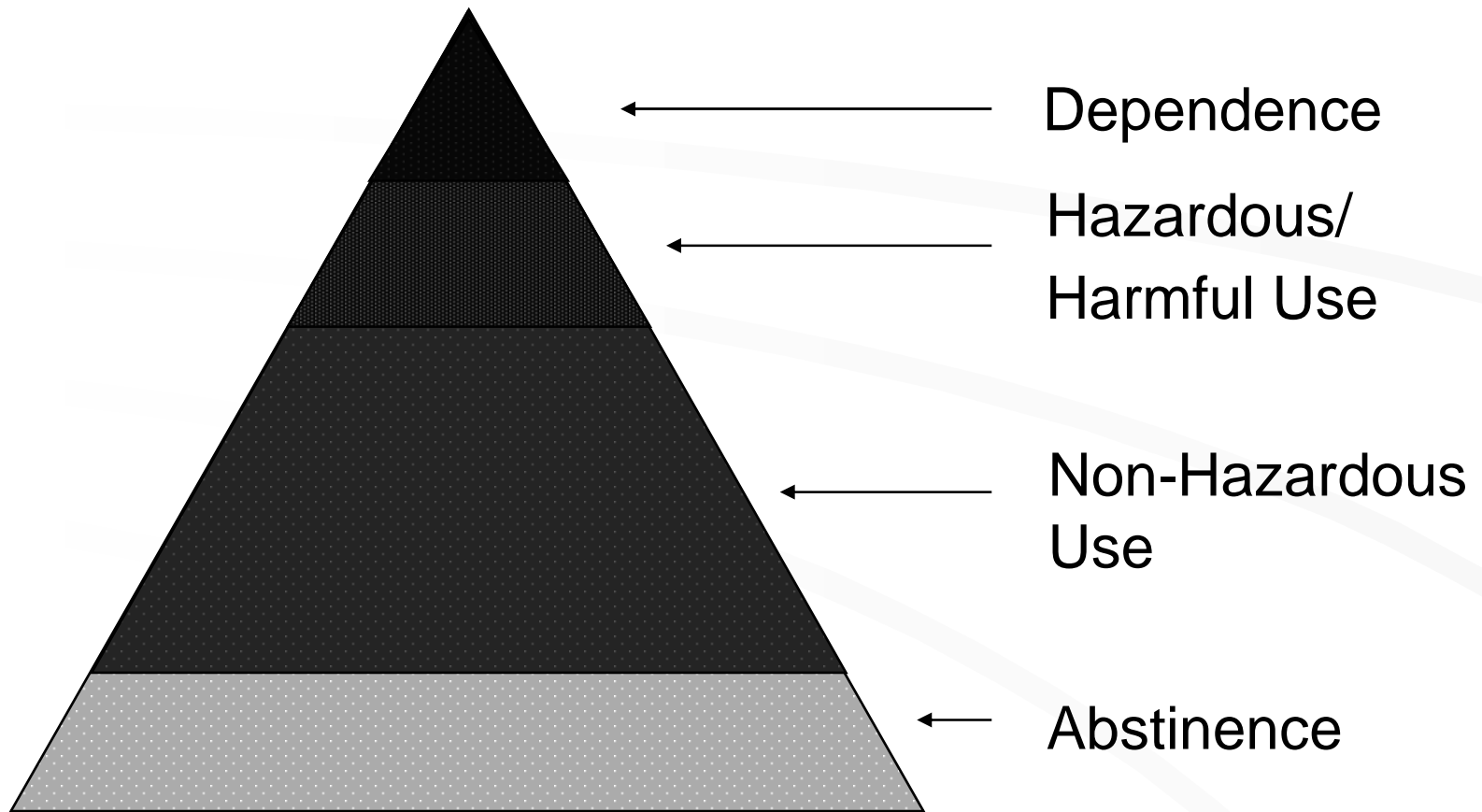
# What is Brief Alcohol Intervention?

- A brief and flexible form of therapy, comprising advice to reduce hazardous alcohol consumption and brief strategies to achieve this
- Ranges from 4 - 5 minutes to 2 - 3 sessions of up to 30 - 60 minutes
- Appropriate for people with hazardous alcohol use and a range of common mental health disorders
- Can complement other treatments for people who have an alcohol dependence syndrome

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# The Spectrum of Alcohol Use and Misuse



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# Aims of Brief Alcohol Intervention

- Advice is usually to reduce drinking, rather than abstinence
- Aims to prevent exacerbation of drinking and alcohol-related harm and progression to dependence
- Can complement the treatment of alcohol dependence but is not appropriate as the sole treatment



# Where does brief intervention fit within the totality of our responses to alcohol misuse?

## 1. Primary prevention

- Aims to reduce uptake of alcohol and risky/hazardous drinking in the whole population or specific sub-groups

## 2. Secondary prevention (eg brief intervention, early intervention)

- Aims to reduce alcohol use in risky-hazardous drinkers to prevent alcohol-related harm



# Where does brief intervention fit within the totality of our responses to alcohol misuse?

3. Tertiary intervention (treatment and rehabilitation)
  - Aims to treat people with existing (often severe) problems including alcohol dependence
4. Quaternary intervention
  - Palliation or harm reduction for people with late stage disease (eg multivitamins to prevent further brain damage)



# Approaches to Screening

- Use of the AUDIT (WHO-approved)
- Brief versions of the AUDIT
- Single question screening (Q 3):
  - How often do you have six or more drinks in one occasion?



# Audit

Select from the answers below and place the number that corresponds with your answer in the box

- |  |          |                                 |                           |                             | <b>Score</b>                |                          |
|--|----------|---------------------------------|---------------------------|-----------------------------|-----------------------------|--------------------------|
| 1. How often do you have a drink containing alcohol?   | 0 Never  | 1 or less                       | 2 2 to 4<br>times a month | 3 2 to 3<br>times a week    | 4 4 or more<br>times a week | <input type="checkbox"/> |
| 2. How many standard drinks do you have on a typical day when you are drinking?  | 0 1 or 2 | 1 2 to 4                        | 2 5 or 6                  | 3 7, 8 or 9                 | 4 10 or more                | <input type="checkbox"/> |
| 3. How often do you have six or more drinks in one occasion?   | 0 Never  | 1 Less than monthly             | 2 Monthly                 | 3 Weekly                    | 4 Daily or almost daily     | <input type="checkbox"/> |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started?                       | 0 Never  | 1 Less than monthly             | 2 Monthly                 | 3 Weekly                    | 4 Daily or almost daily     | <input type="checkbox"/> |
| 5. How often during the last year have you failed to do what was normally expected from you because of drinking?                     | 0 Never  | 1 Less than monthly             | 2 Monthly                 | 3 Weekly                    | 4 Daily or almost daily     | <input type="checkbox"/> |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | 0 Never  | 1 Less than monthly             | 2 Monthly                 | 3 Weekly                    | 4 Daily or almost daily     | <input type="checkbox"/> |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking?   | 0 Never  | 1 Less than monthly             | 2 Monthly                 | 3 Weekly                    | 4 Daily or almost daily     | <input type="checkbox"/> |
| 8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?     | 0 Never  | 1 Less than monthly             | 2 Monthly                 | 3 Weekly                    | 4 Daily or almost daily     | <input type="checkbox"/> |
| 9. Have you or someone else been injured as a result of your drinking?   | 0 No     | 2 Yes, but not in the last year |                           | 4 Yes, during the last year |                             | <input type="checkbox"/> |
| 10. Has a relative, a friend, a doctor or another health worker been concerned about your drinking or suggested you cut down?        | 0 No     | 2 Yes, but not in the last year |                           | 4 Yes, during the last year |                             | <input type="checkbox"/> |

RECORD TOTAL OF SPECIFIC ITEMS HERE

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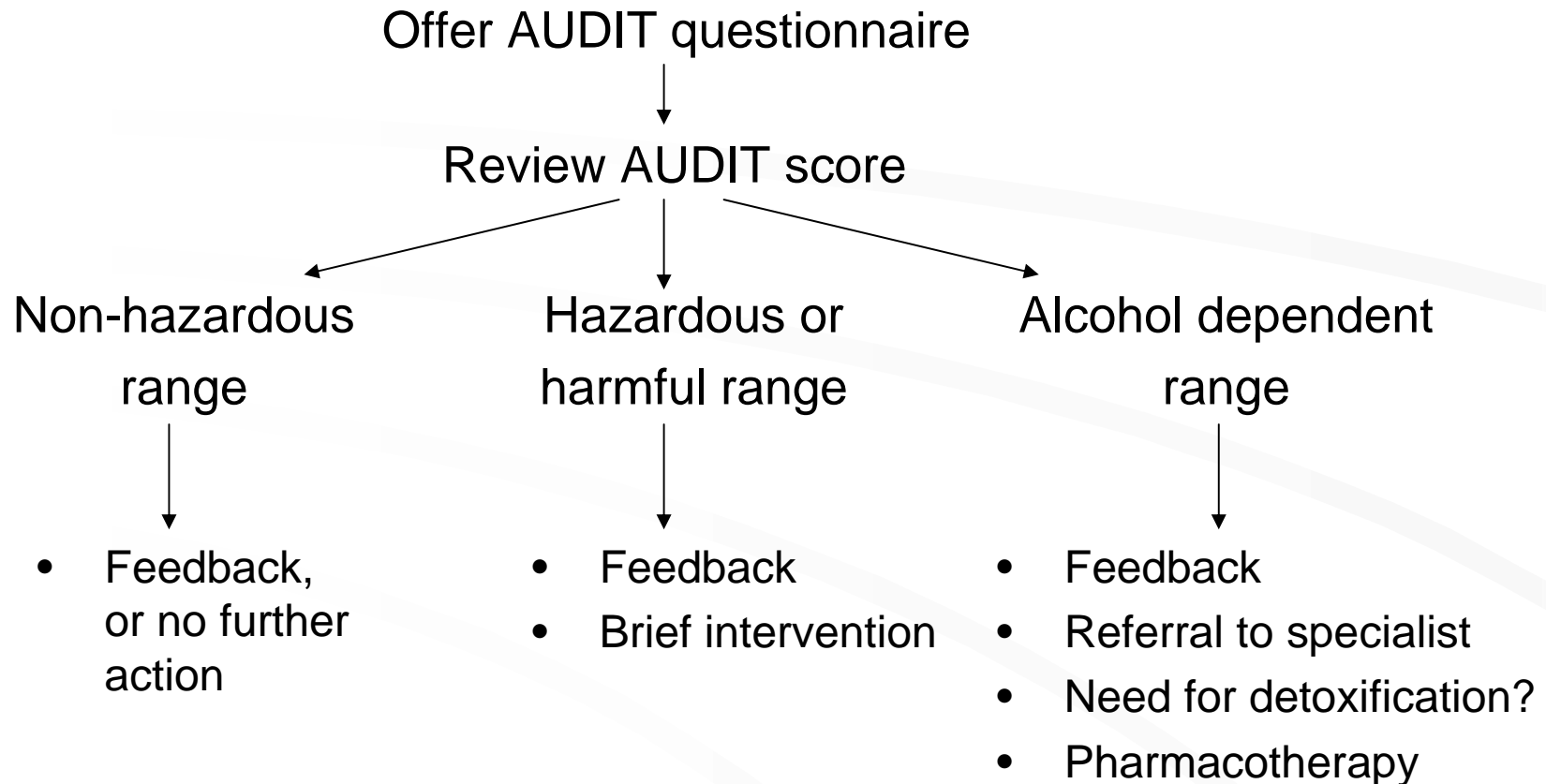
# Interpretation of the AUDIT Score

0	Abstainer
1-7	Non-hazardous "safe" drinking
8-12	Hazardous or harmful alcohol use
13+	High risk of alcohol dependence

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# Decision Tree



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# Laboratory Markers of Alcohol

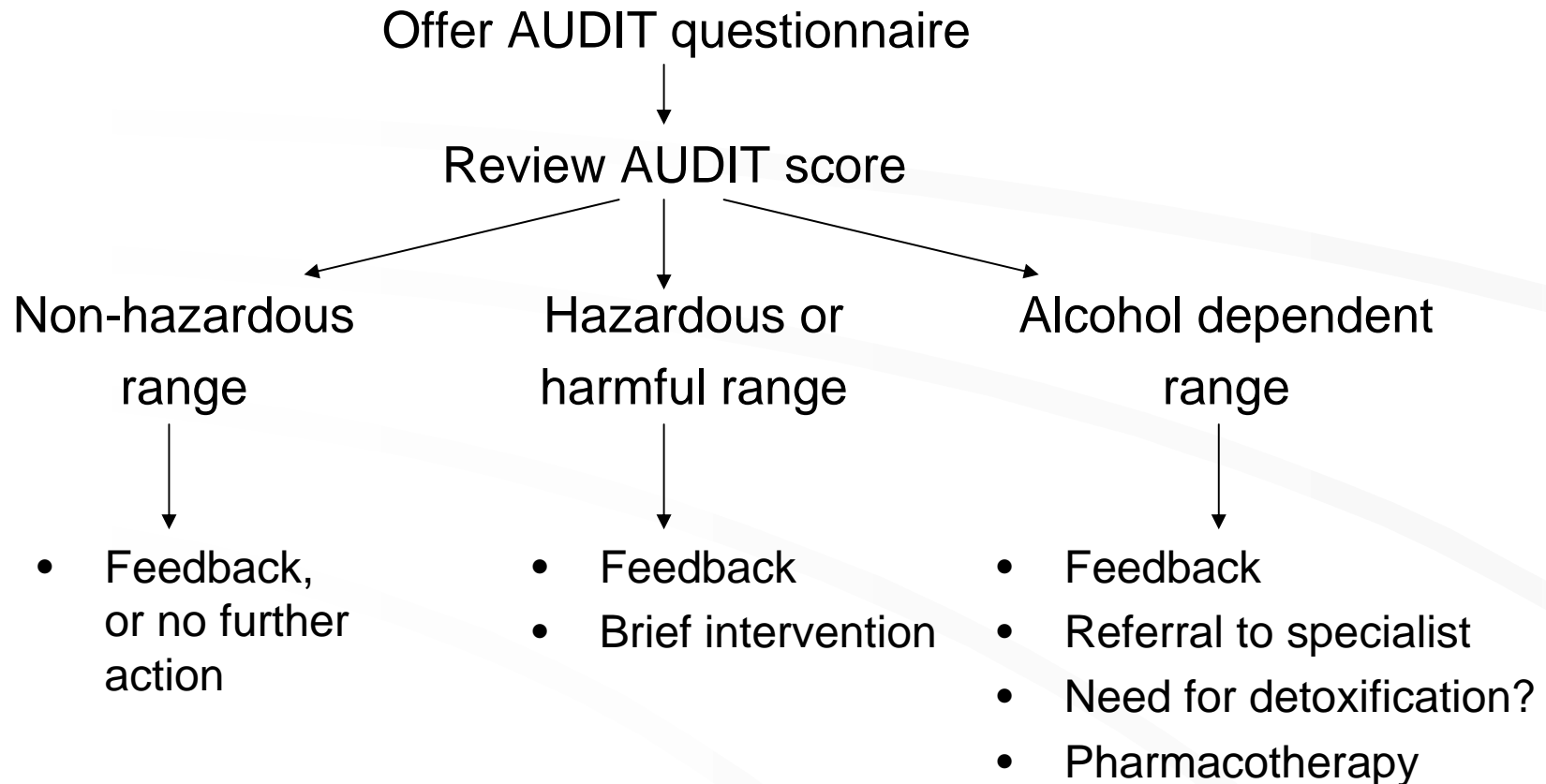
- GGT
- AST, ALT
- Uric Acid
- HDL Cholesterol
- CDT
- 5HTOL: 5HIAA
- Acetaldehyde - protein adducts

Overall, they are less sensitive than the AUDIT

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# Decision Tree



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# The Evidence Base for Brief Alcohol Intervention

- The WHO Collaborative Study
- Meta-analyses

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# WHO Brief Intervention Study - findings from Australian Centre I

**Aim:** To determine the effectiveness of three types of brief intervention to assist persons with hazardous or harmful alcohol consumption reduce their intake and risk of harm

**Design:** Controlled clinical trial with random assignment to:

- (1) No treatment control
- (2) Simple advice (5 minutes and leaflet)
- (3) Advice and brief counselling (20 minutes + manual)
- (4) Advice and extended counselling (40 minutes over 2 - 3 sessions)

Saunders et al (1998)

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# WHO Brief Intervention Study - findings from Australian Centre II

**Subjects:** Males and females aged 17 - 70 years, fulfilling mean intake or binge drinking criteria

**Settings:** General practice, general outpatient clinics, health screening programs

**Follow Up:** at 9 months, 2 years and 10 years

**Measures:** Average weekly alcohol intake, frequency of drinking to intoxication, occurrence of hazardous drinking, alcohol-related problems score, laboratory test results

**Evaluation:** By repeated measures analysis of variance and regression modelling

Saunders et al (1998)

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# The Drinkless Approach

- Feedback
- Listen
- Advice
- Goals
- Strategies

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# WHO - RPAH Early Intervention Trial Results at nine months

## Average weekly alcohol intake (grams)

Condition	Intake at Recruitment	Intake at Follow up	% reduction
Control	402	402	0
Simple advice	424	307	27.5
Advice and counselling	480	341	29.0
Extended counselling	460	285	38.0

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# WHO - RPAH Early Intervention Trial Results at nine months

## Frequency of intoxication

Condition	Intoxication Frequency at Recruitment	Intoxication Frequency at Follow up	% reduction
Control	4.4	3.7	15.5
Simple advice	5.0	3.7	27.5
Advice and counselling	5.0	3.6	29.0
Extended counselling	4.9	3.6	27.9

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# Additional Findings in WHO Study

- Brief interventions led to a reduction in alcohol-related problems and biochemical abnormalities for at least 2 years
- No differential response according to gender or age
- Response in patients with co-morbid anxiety disorders and depression as good as in those without such conditions

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# Meta-analysis of Brief Interventions for Alcohol Problems in Non-Treatment-Seeking Populations

Moyer et al (2002)

- A meta-analysis of 34 randomised controlled trials, which compare brief interventions to control conditions in hazardous drinkers identified opportunistically
- Provides compelling evidence for the effectiveness of brief interventions
- Effects evident for at least one year, and in some studies for longer

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# Aggregate Effect Sizes for Brief Intervention versus Control in Non-Treatment-Seeking Populations

Moyer et al (2002)

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# Conclusions for Meta-analyses

- Brief interventions lead to a reduction in hazardous alcohol use, alcohol-related problems and biochemical abnormalities for at least 12 months
- No differential response according to gender or age



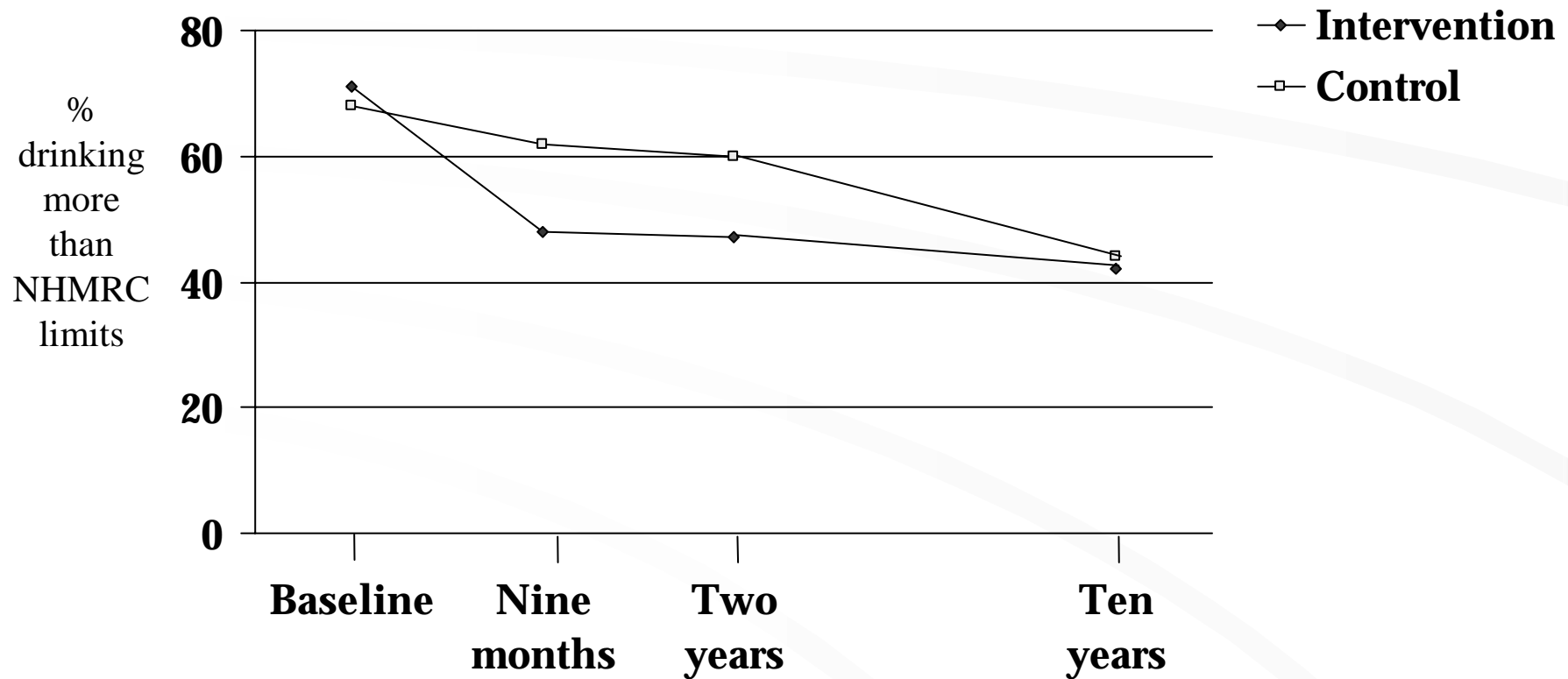
# Brief Alcohol Intervention in the Long Term

- The WHO Collaborative Study
- US Multi-center Study
- Malmo Medical Intervention Study

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# WHO Brief Intervention Study - Outcome at Two and Ten Years



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# Four-year Outcome after Brief Intervention



Fleming et al (2002)

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# Brief Intervention: Two Cautionary Notes

- What is the current level of involvement and self-confidence of general practitioners in delivering brief interventions?
- Don't try to achieve everything in one go



# WHO Phase III Study - Strand I Survey

## Perceptions and practices in preventive medicine and alcohol interventions

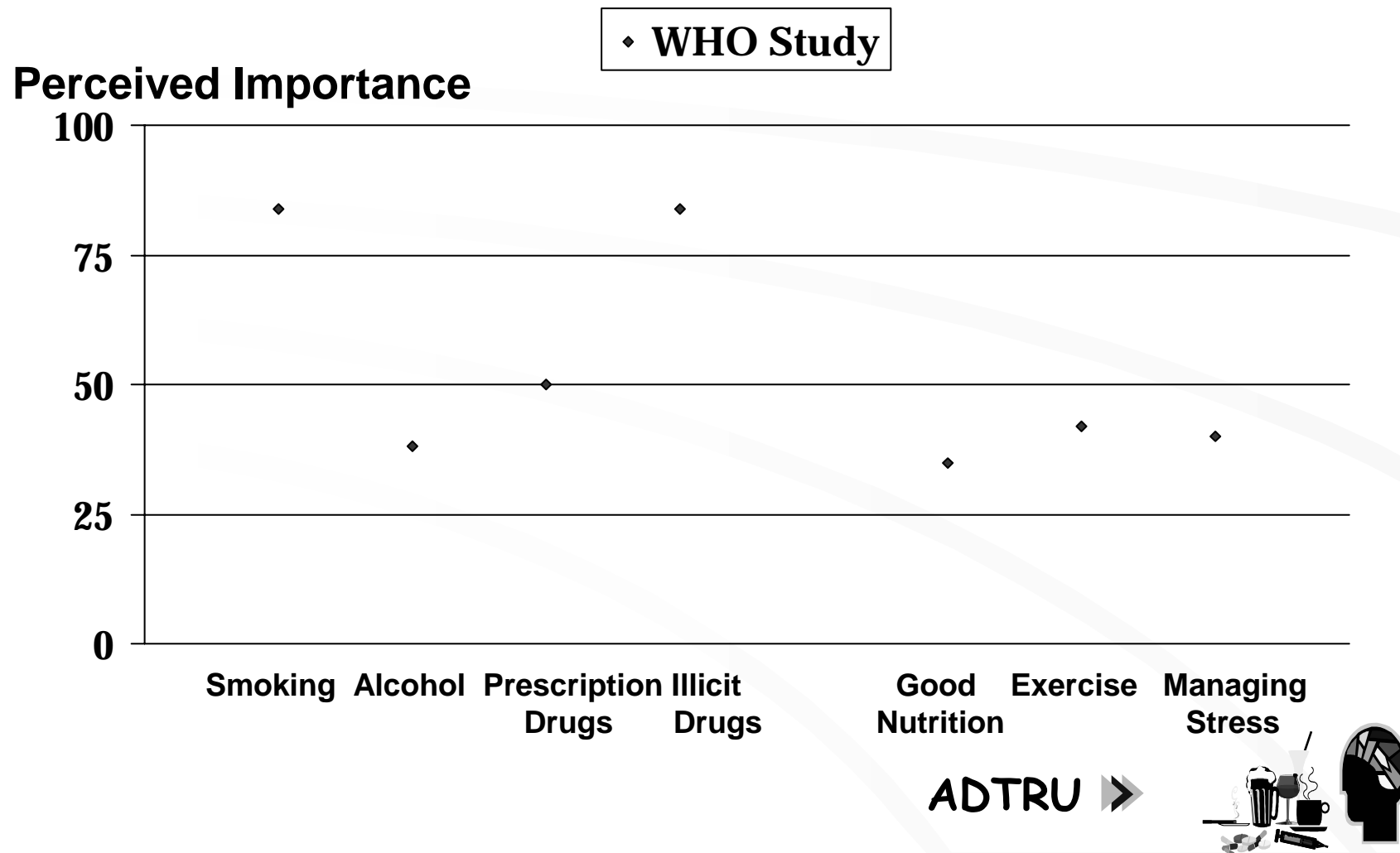
- Perceived Importance
- Role Legitimacy
- Preparedness
- Systematic Enquiry
- Self-efficacy

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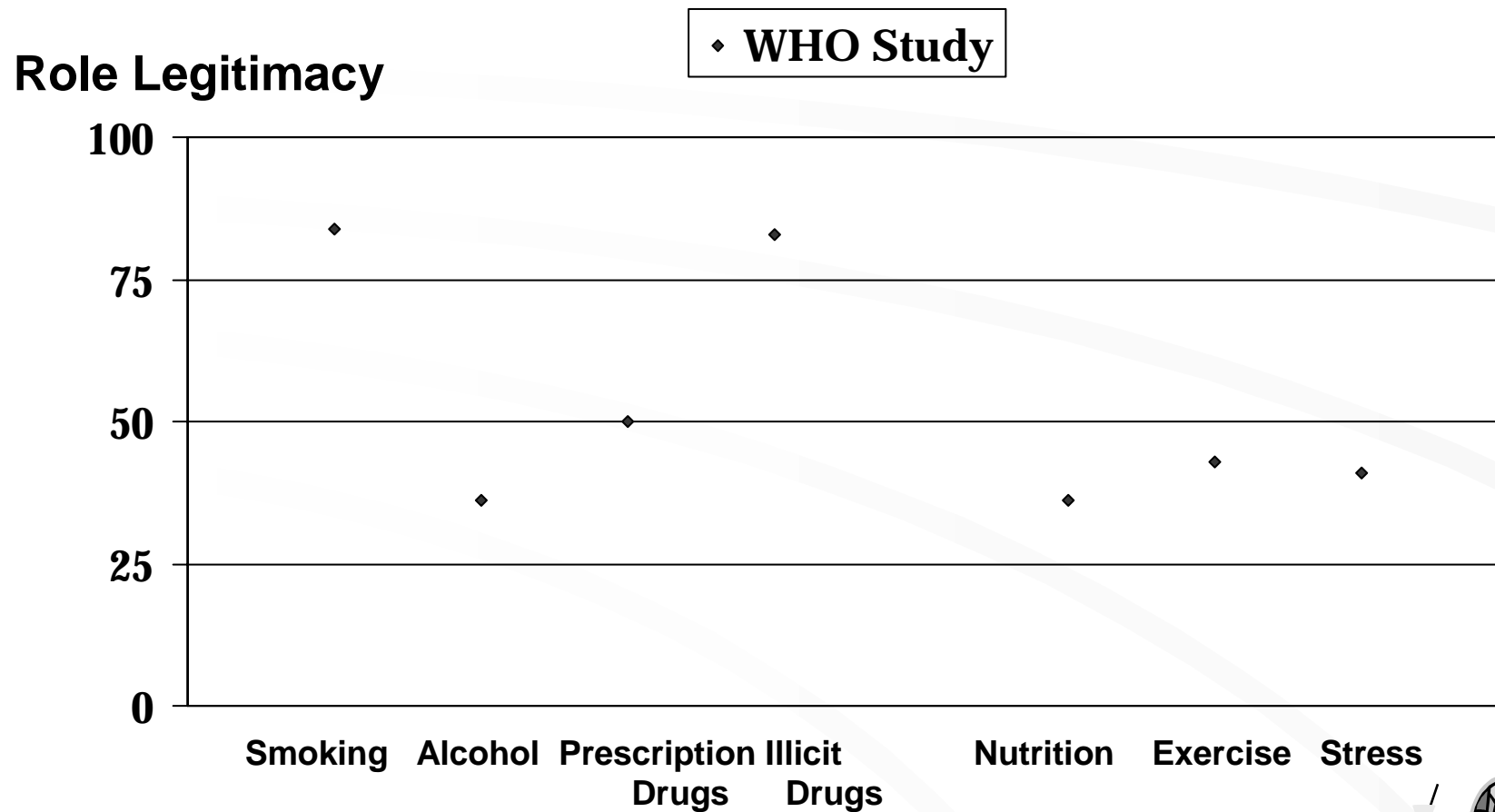
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## Perceptions of preventive medicine and alcohol interventions



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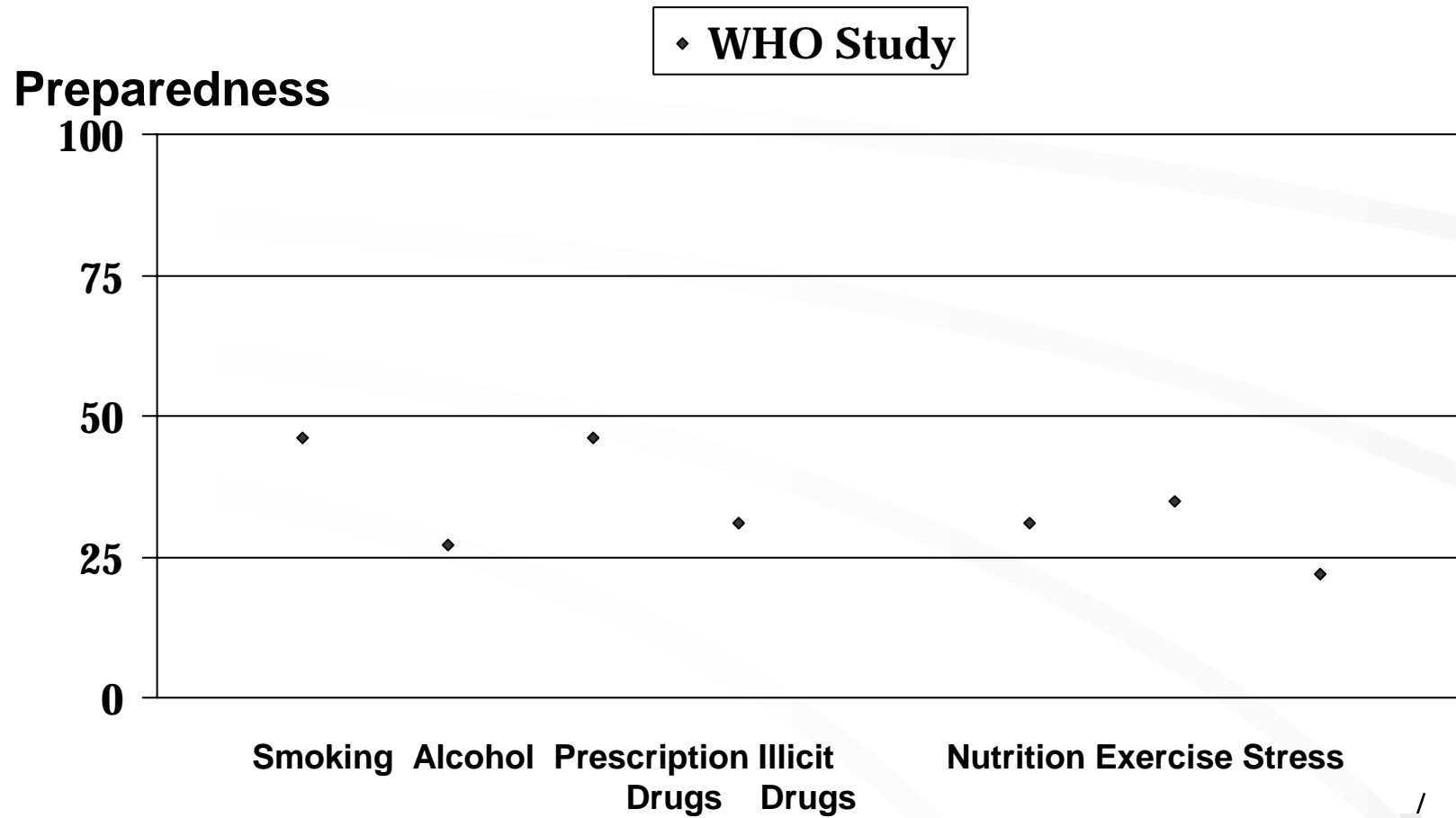


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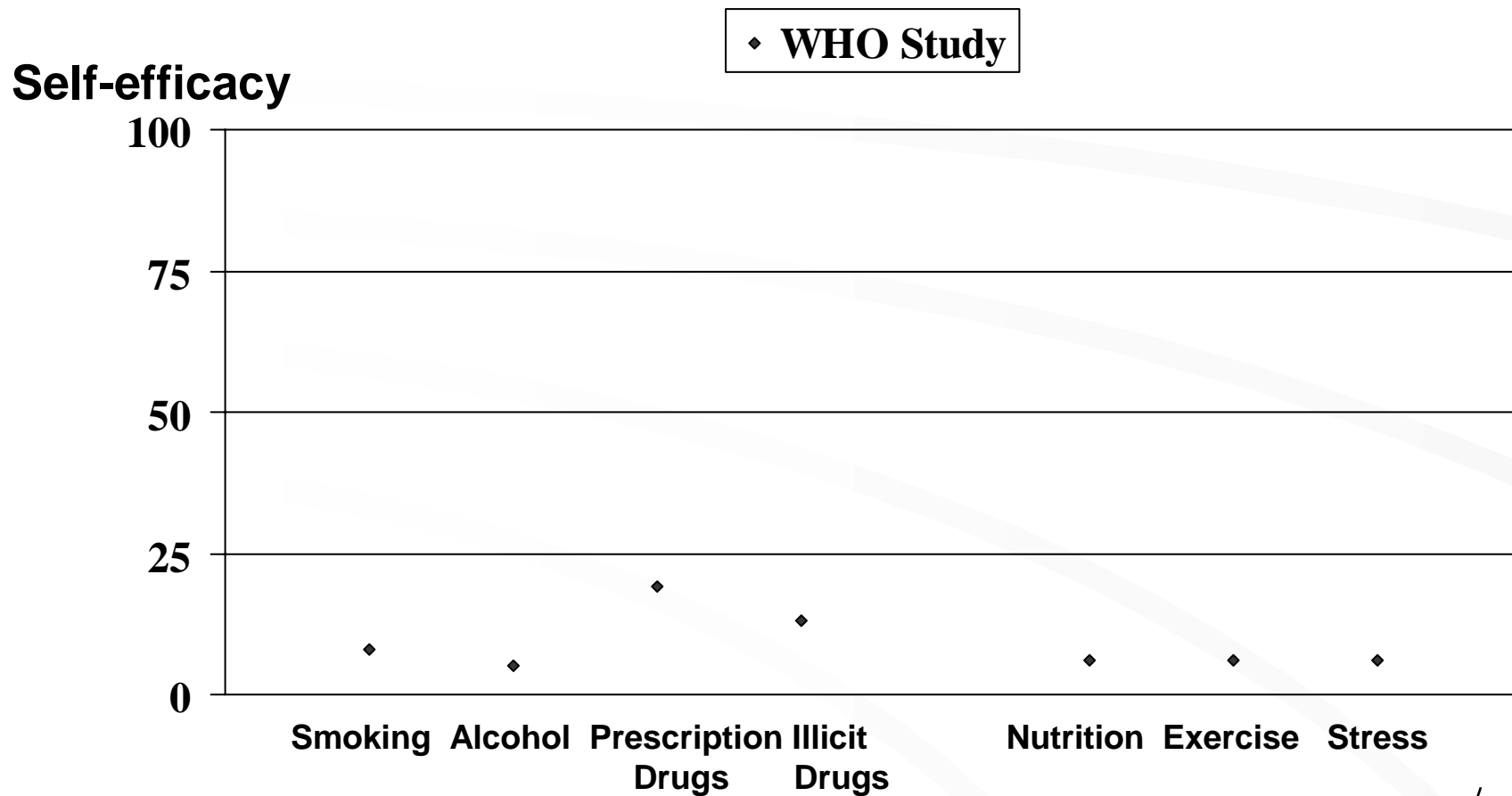


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# WHO Phase III Study - Strand I Survey

## Self-efficacy of general practitioners



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# Psychological Therapies for Dual Diagnosis - a Cautionary Note

- Employing a psychological intervention for both the substance use disorder and the mental health disorder may result in dilution of the treatment effect

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# The Future

- Developing brief intervention approaches that are practical in general practice
- Training and support
- Role of the SNAP Program
- MBS fees for screening and brief intervention

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