

Comorbidity of Alcohol and Depression: Management in Primary Care

David Kavanagh Helen Bartlett

Chris Del Mar Cindy Gallois

Robert King



Contacts

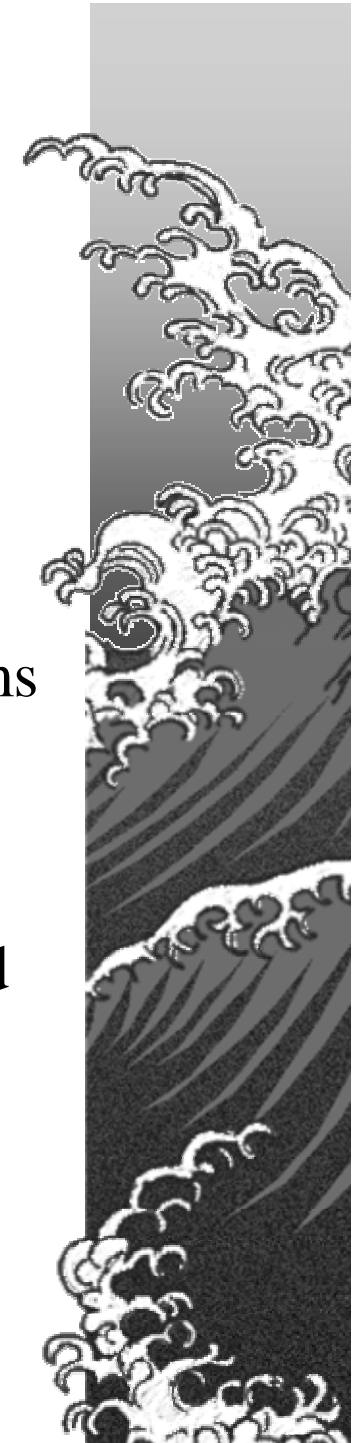
Website: www.uq.edu.au/health/aimhi

Email: Aimhi.enquiries@somc.uq.edu.au



AIMhi

- ▲ Aims to
 - ▲ disseminate sustainable methods
 - ▲ promote recovery & address physical risks of people with chronic/recurring mental health problems
- ▲ Three streams with different foci, contexts
 - ▲ Indigenous—remote communities in Cape, Top End
 - ▲ High Support—urban/regional in Vic, NSW, Qld
 - ▲ Rural—rural/regional towns in Qld



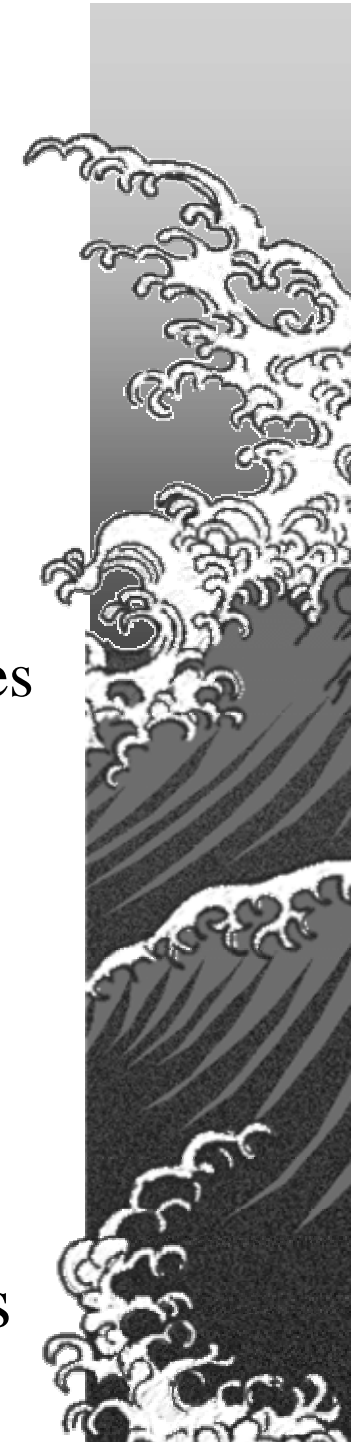
AIMhi Rural

- ▲ Currently 4 pairs of towns
 - ▲ Stanthorpe, Bundaberg, Biloela, Oakey first
 - ▲ then Mackay, Emerald, Goondiwindi, Chinchilla
- ▲ Foci
 - ▲ Early intervention for relapse
 - ▲ Physical risk behaviours—
 - ▲ smoking, **alcohol**, diet, exercise
 - ▲ Depression and anxiety
 - ▲ Agents: especially GPs, mental health workers

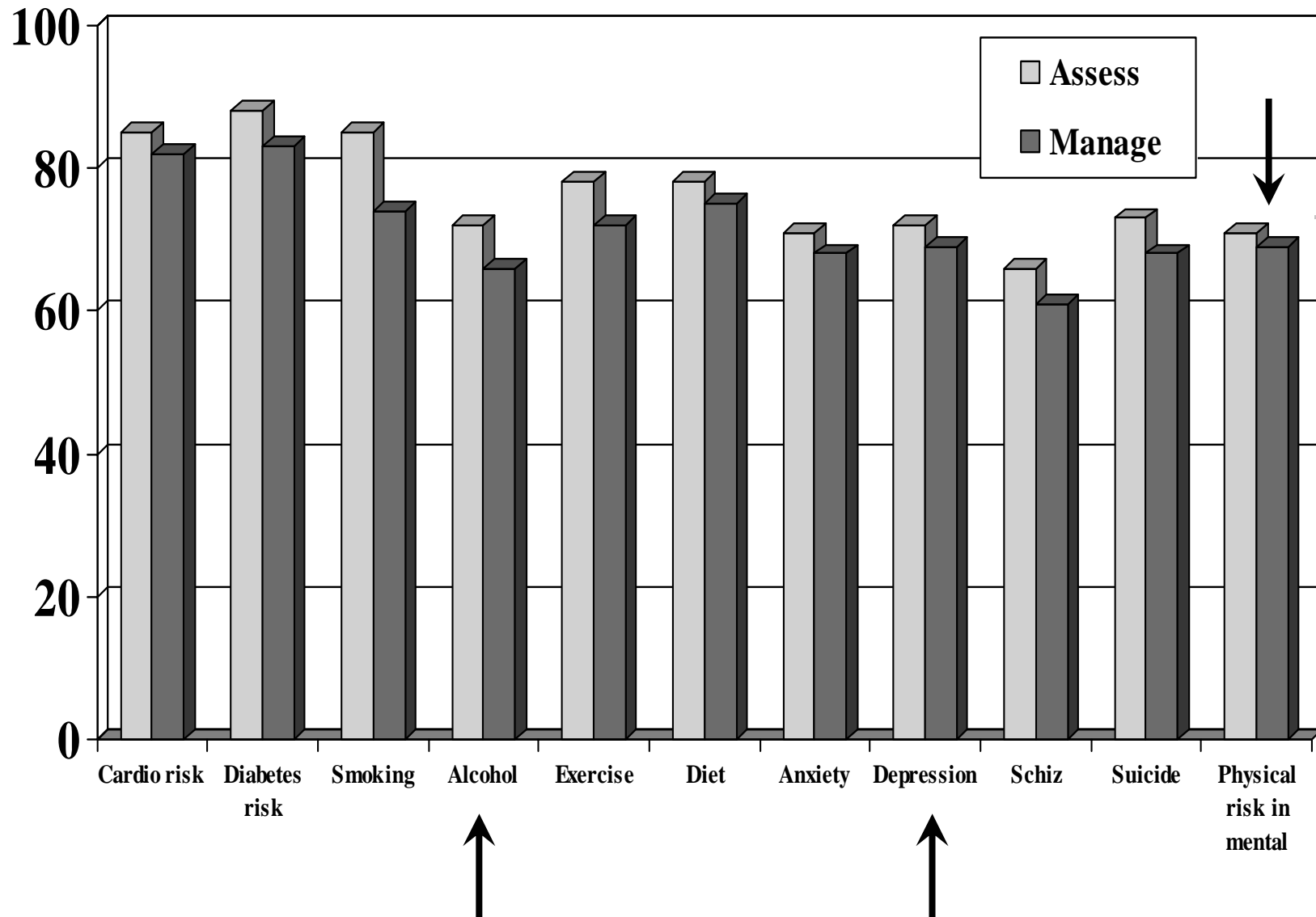


Recruitment

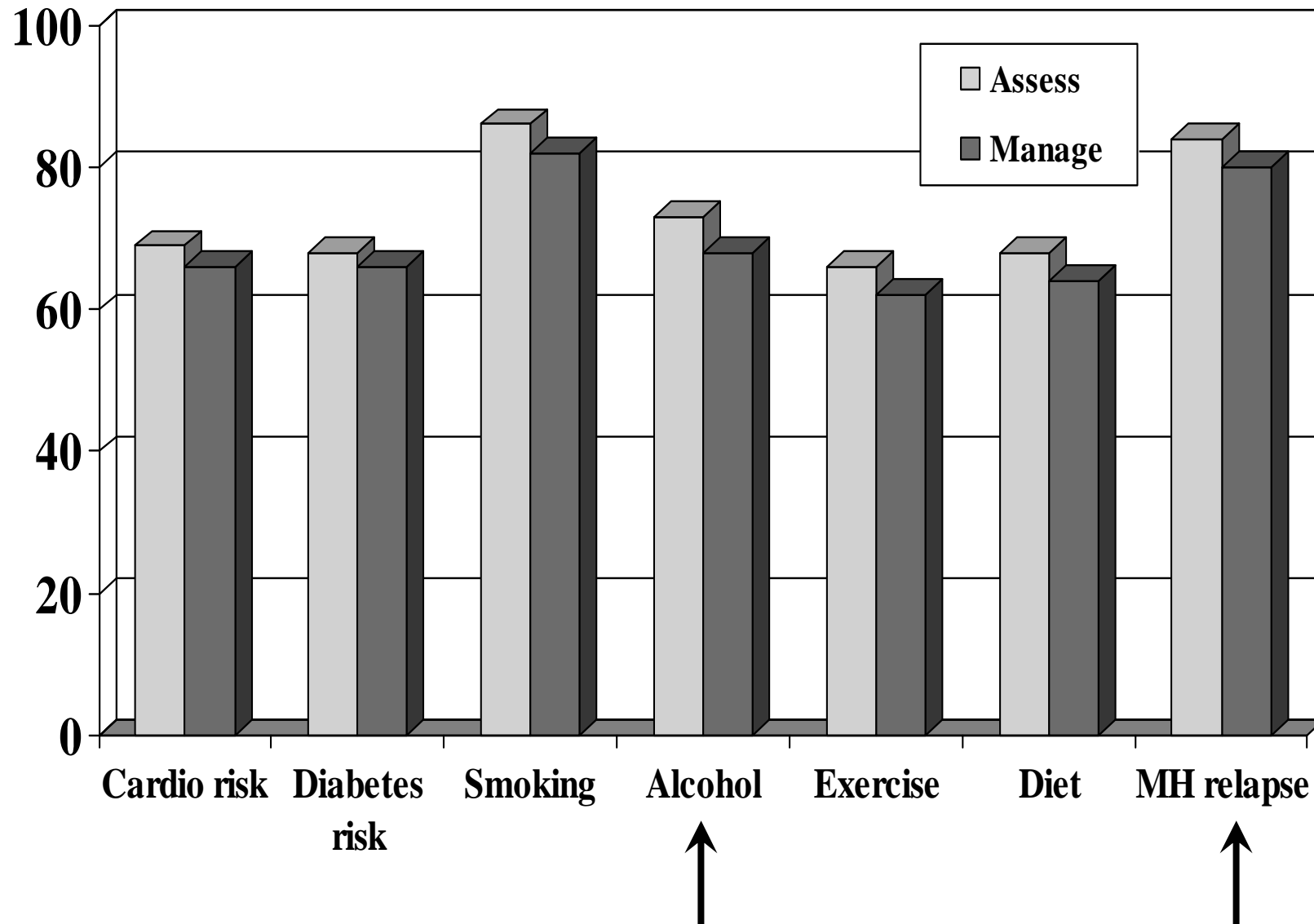
- ▲ Issues in selling this to GPs
 - ▲ Concurrent programs, expanding role
 - ▲ Time pressure, GP shortages, \$\$
 - ▲ Concern re support if “take on” mental health issues
- ▲ Marketed as
 - ▲ Way to reduce practice crises
 - ▲ Way to get more support
 - ▲ Brevity, simplicity of recommended interventions
- ▲ Very strong support, particularly in smaller towns



GP self-report (n = 50): Mean GP confidence



Opportunistic appropriateness



Cross-section of patients

- ▲ N = 905 (67% female) from the 8 towns
- ▲ Median age group 40-49
- ▲ 4% unemployed, 24% pension/retired, 18% home duties
- ▲ 21% smokers, 57% drink alcohol
- ▲ 23% ever treated for mental health problem
 - ▲ 80% of these with depression
 - ▲ 47% depression only



Cross-section of patients: MH comparisons

▲ Gender

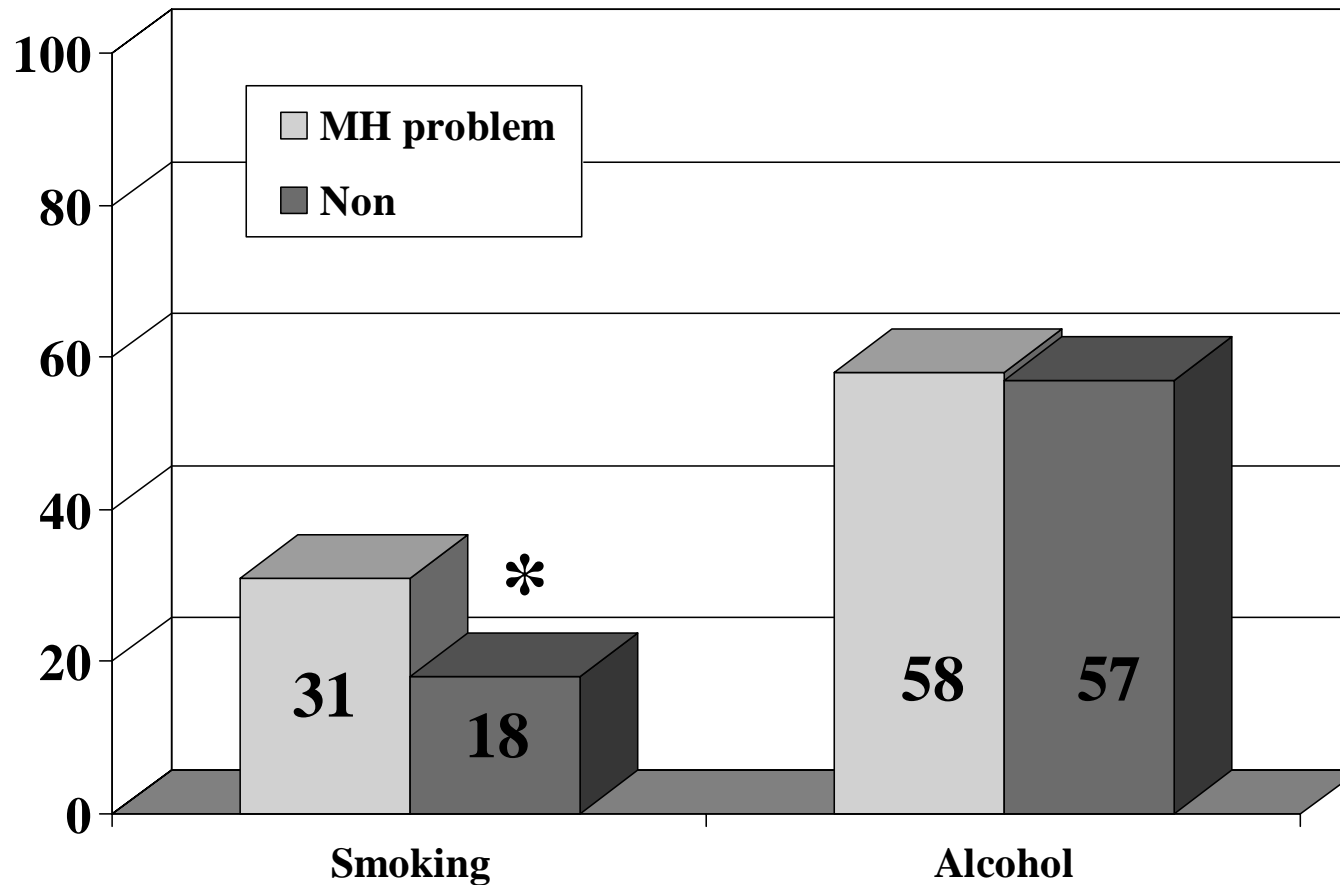
- ▲ 16% of men, 27% women
- ▲ (77% people with MH problem female)

▲ K10

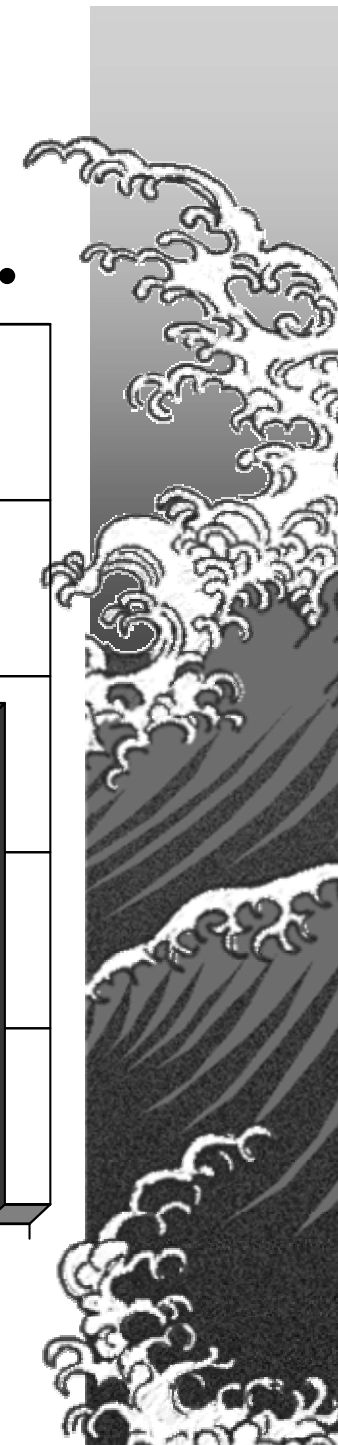
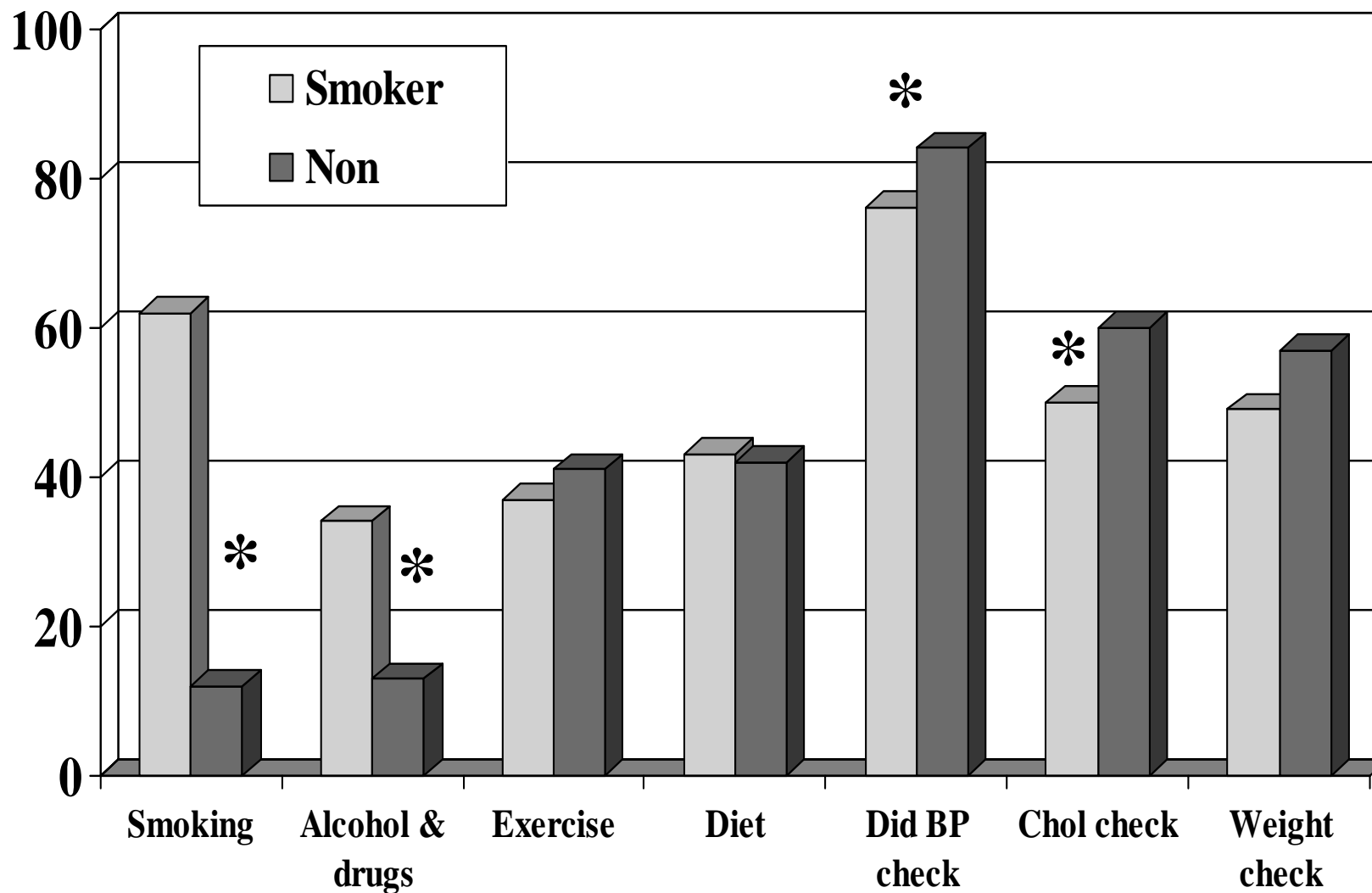
- ▲ Means 21.5 vs. 15.4***
 - ▲ 68% vs 36% “Medium or high risk”
 - ▲ 20% vs 4% “High risk”



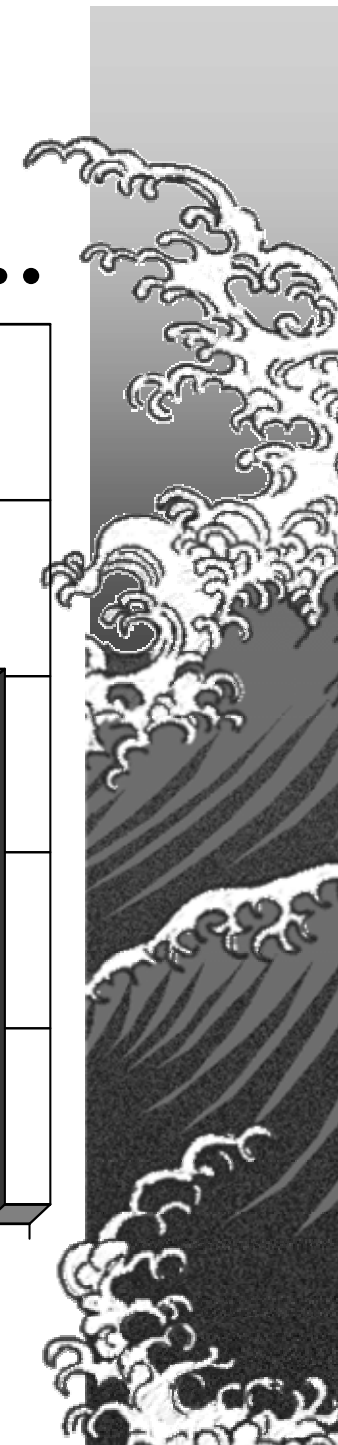
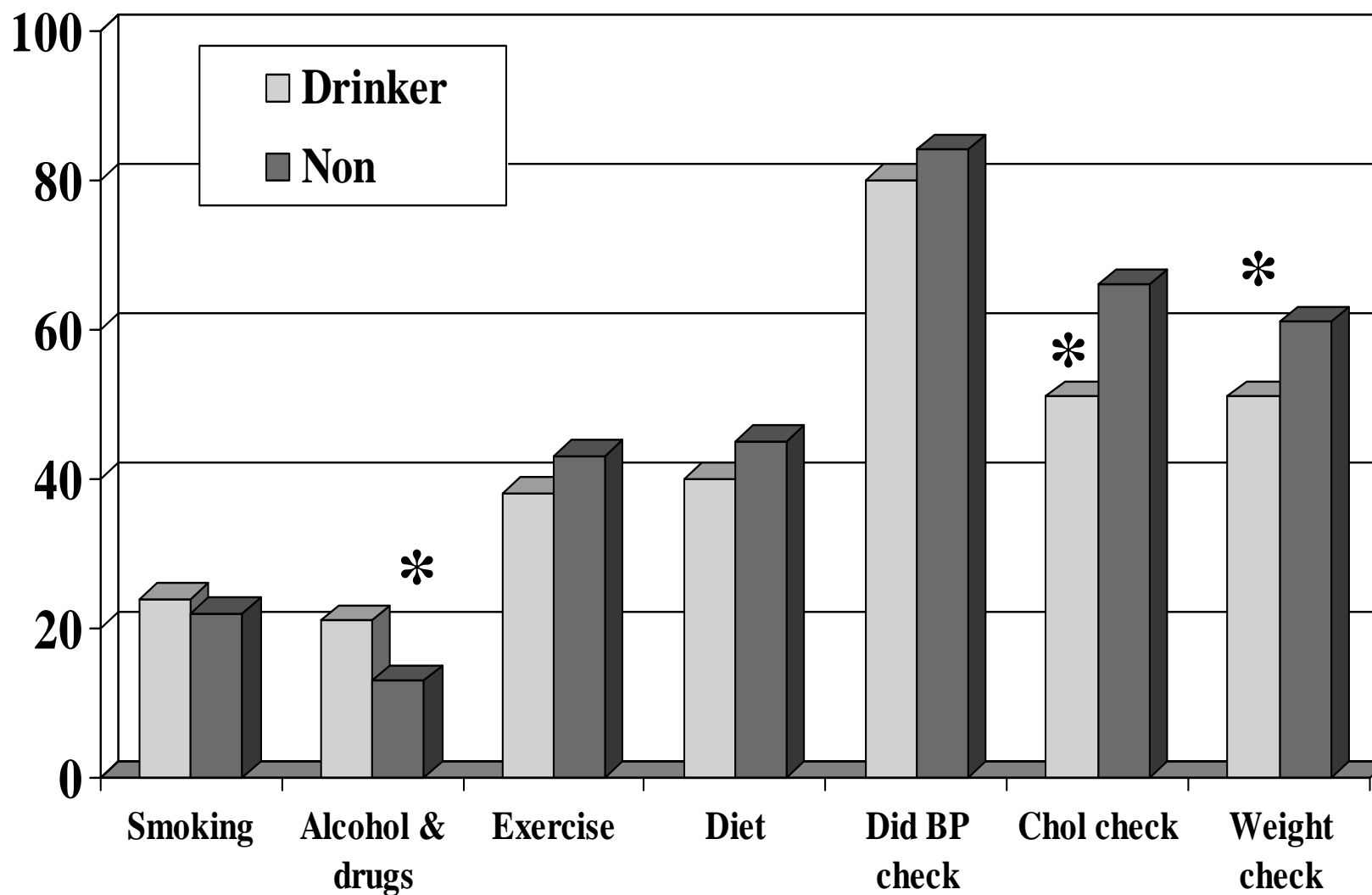
Cross-section of patients: Extent of comorbid substance use



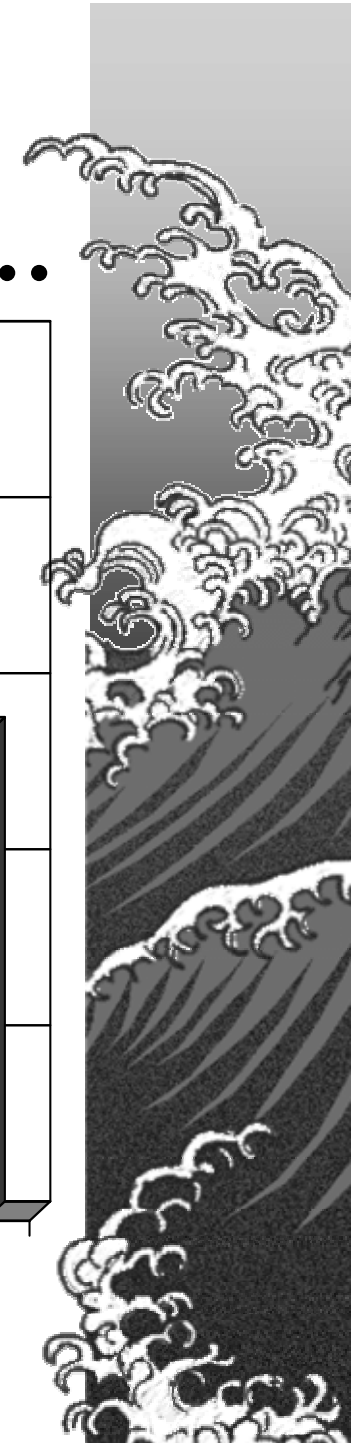
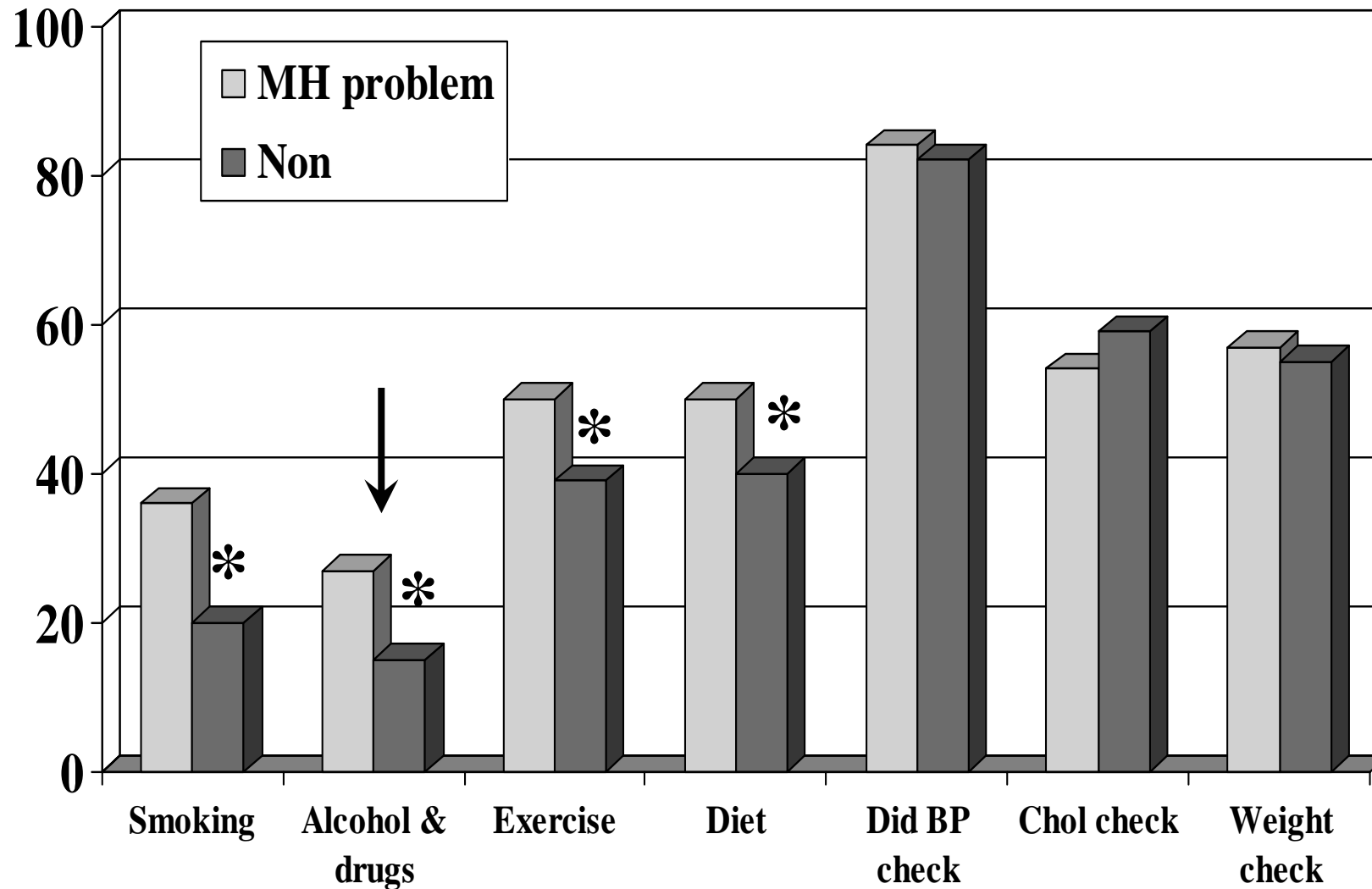
Cross-section of patients: In last 12 months, GP talked about...



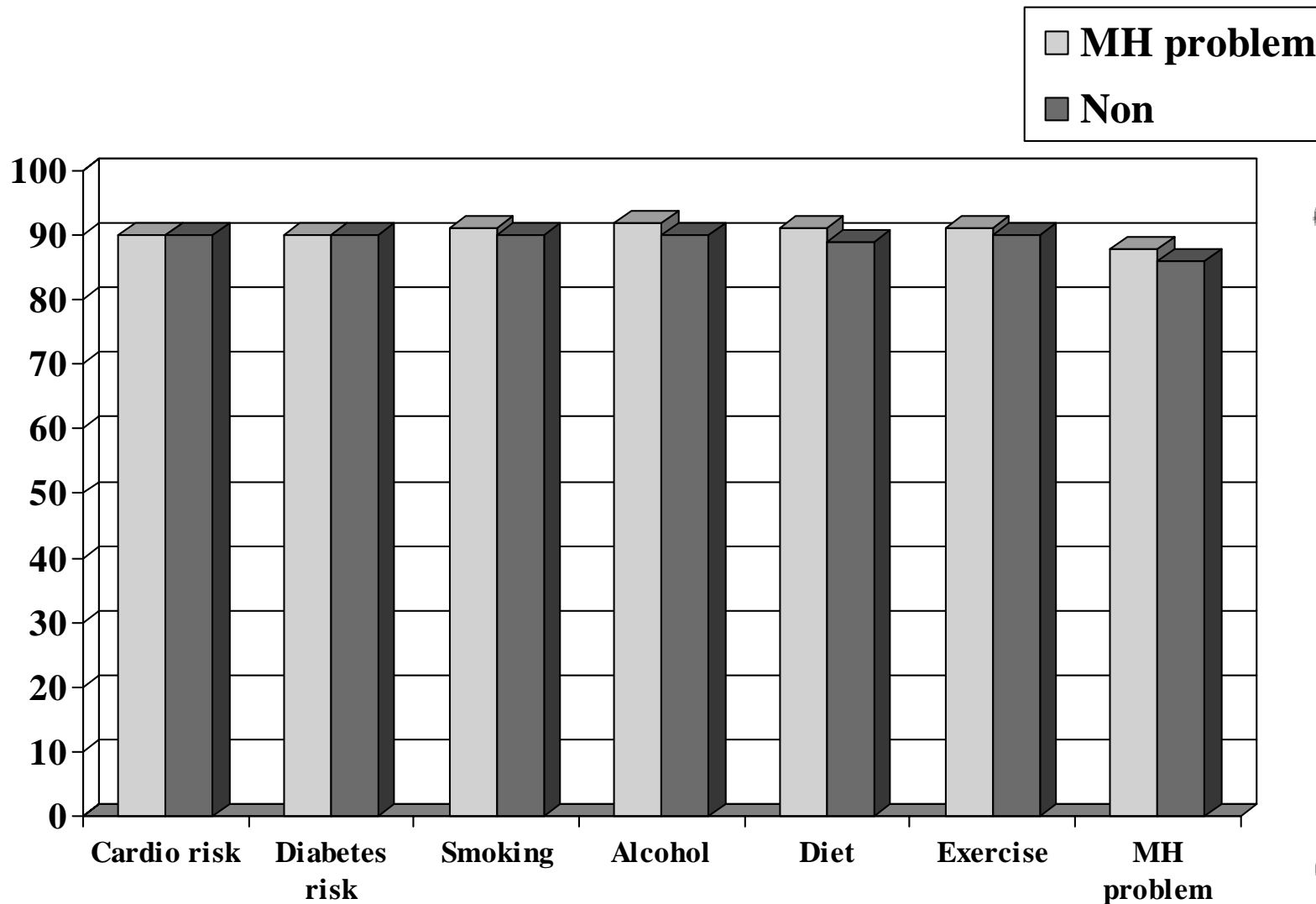
Cross-section of patients: In last 12 months, GP talked about...



Cross-section of patients: In last 12 months, GP talked about...



Cross-section of patients: Confidence in talking to GP about...



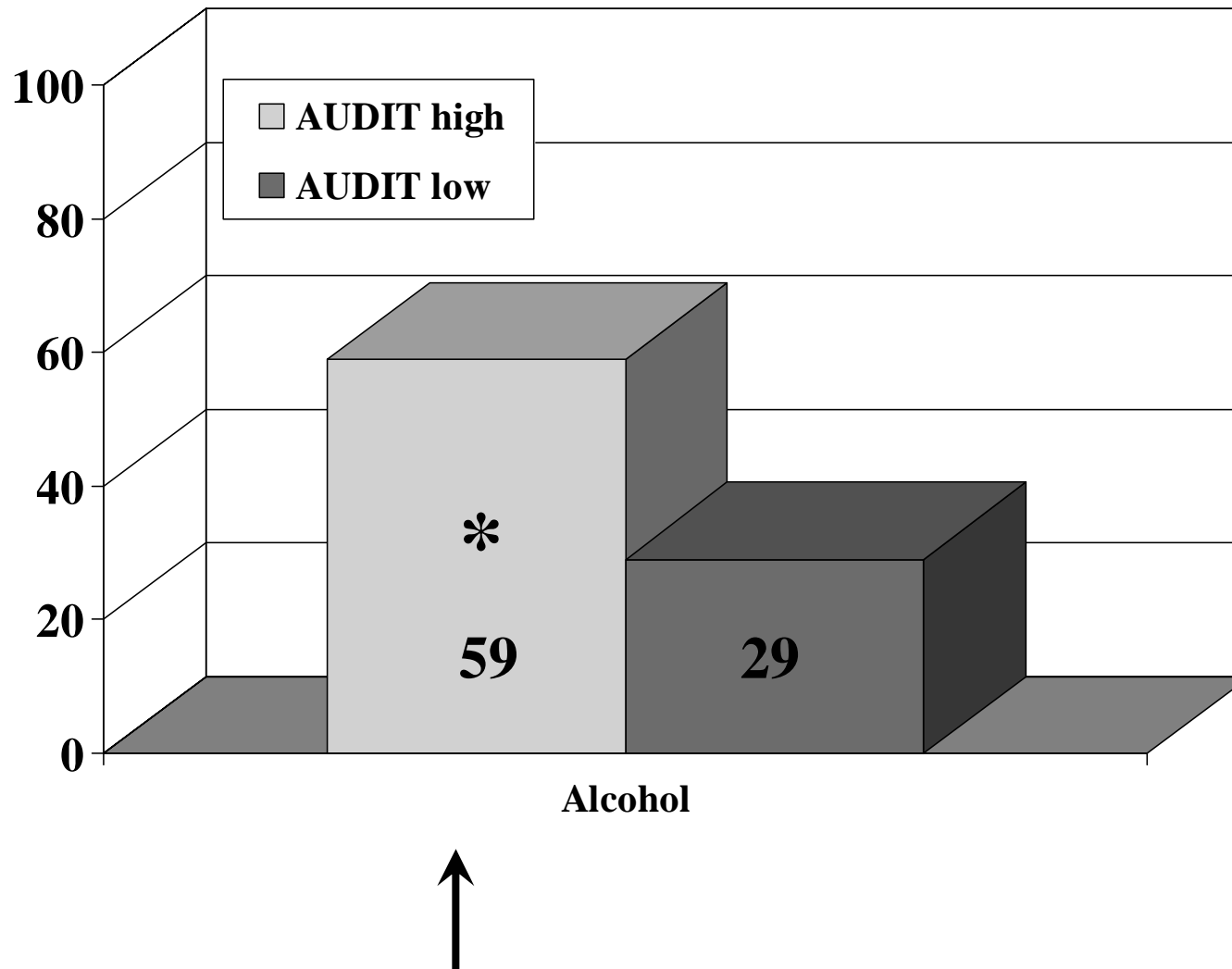
Longitudinal sample with mental health problems

- ▲ N = 82 (68% female)
- ▲ Median 45 yrs, 65% with partner
- ▲ 4% unemployed, 31% pension/retired, 26% home duties
- ▲ 33% smokers (65% ever smoked)

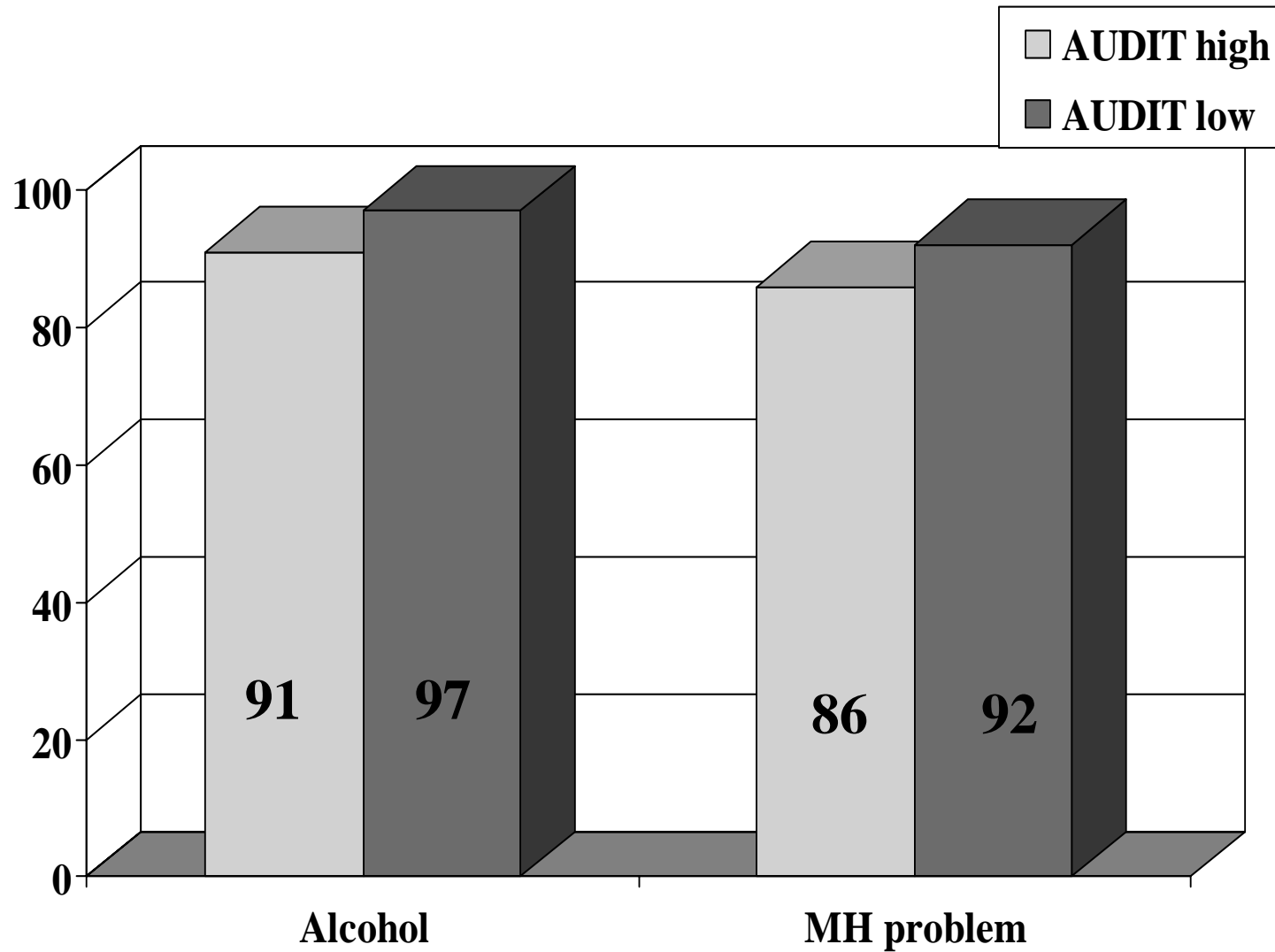
- ▲ 59% drink alcohol
 - ▲ AUDIT M = 4.7 (Med 2.0)
 - ▲ 27% men ≥ 7 , 28% women ≥ 6



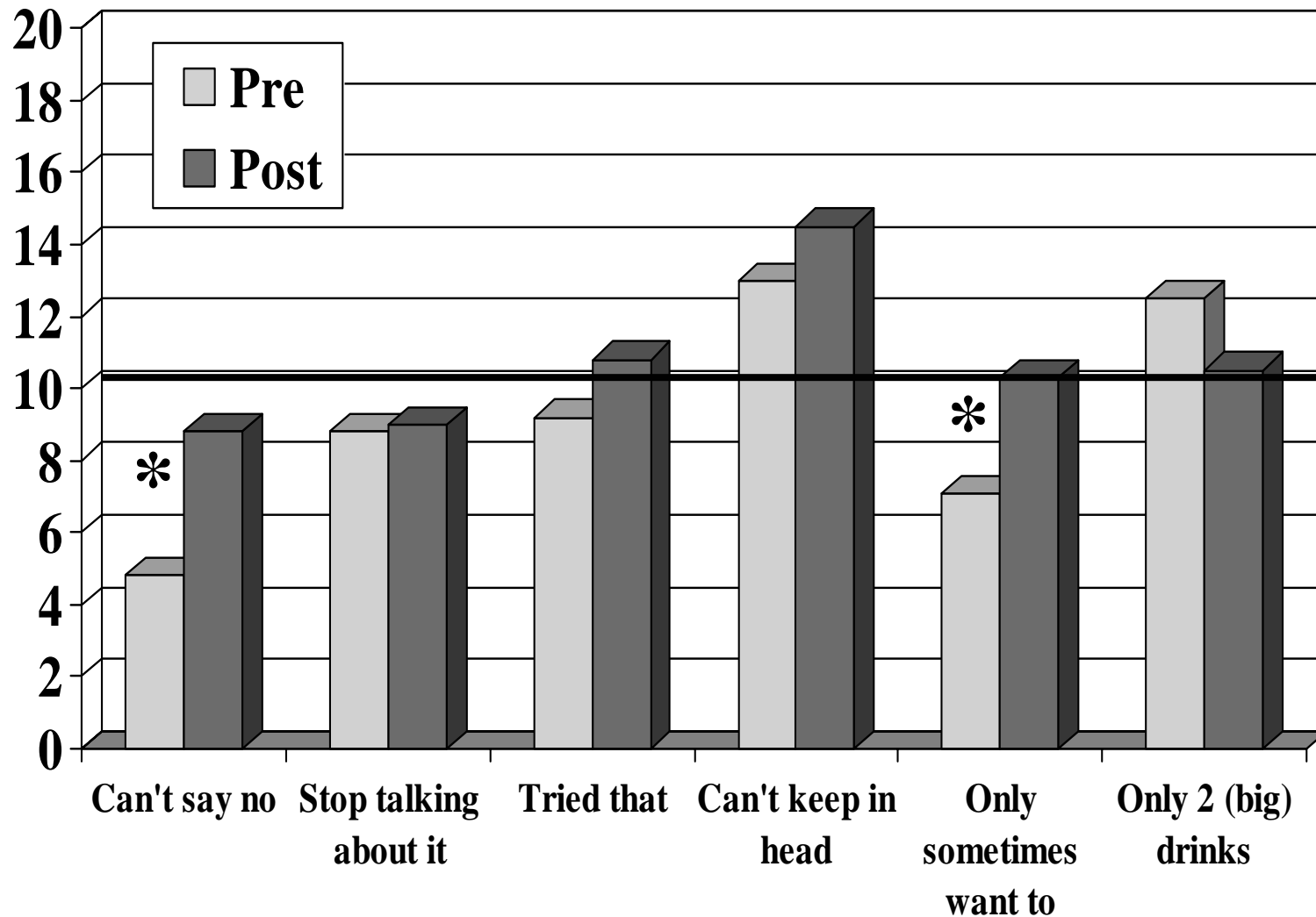
Did GP talk to you about alcohol or other drugs?



Confidence in talking to GP about...



GP knowledge pre/post workshop (n = 20)



Implementation

- ▲ Time pressure, multiple tasks, demands
 - ▲ Skills and confidence
 - ▲ Attention/prompting
 - ▲ Incentives
 - ▲ Prioritised
 - ▲ Do respond to patient demands



So..a second prong

- ▲ Patient interventions directly, by letter
 - ▲ Prompts GP
 - ▲ Takes pressure of longer consultations off
 - ▲ Provides support for difficult cases
- ▲ Strong effects from previous controlled trials of alcohol management by letters



**A current project:
Alcohol + Depression treatment by
correspondence
funded by Aus Rotary HF**

- ▲ GP treatment alone for 3 mths
- ▲ GP + letters for alcohol
- ▲ GP + integrated letters for both

- ▲ GP alone group then receives one of additional interventions

- ▲ **Can take referrals at least until March 2005**



DrinkRight Hotline

1300 300 164

Contacts

Chief Investigators:

A/Prof David Kavanagh

Professor John Saunders

Professor Ross Young

Project Officer:

Ann-Maree Jacobson

Tel: (07) 1300 300164

ajacobson@somc.uq.edu.au

