

Alcohol Comorbidity Education

John Pead

Australian Centre for Posttraumatic
Mental Health

jpead@unimelb.edu.au;

www.acpmh.unimelb.edu.au

Kellie Marshall

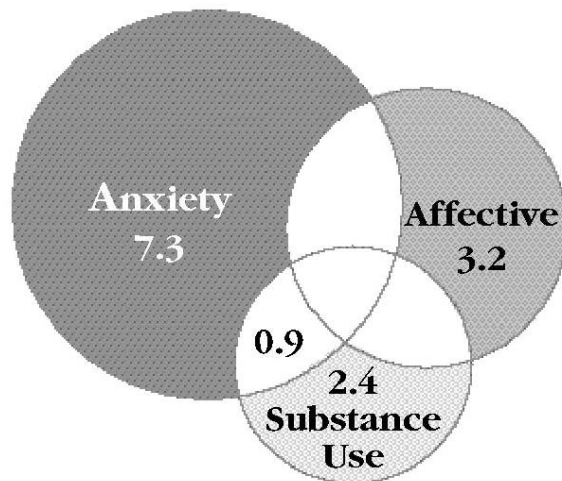
Illawarra Division of General Practice

kmarshall@idgp.org.au;

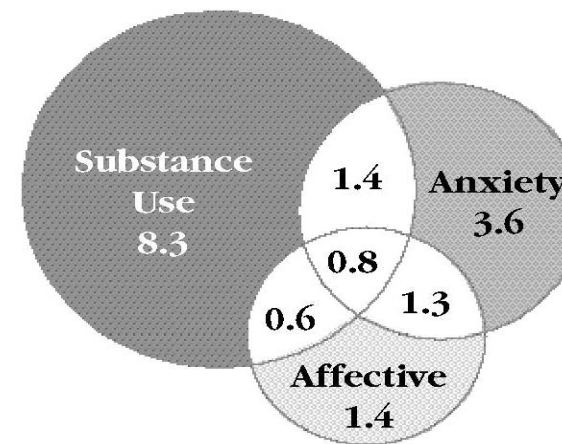
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Target mental health problems

Prevalence (%) of Single and Comorbid Anxiety, Affective and Substance Use Amongst Australian Females in the Past Year



Prevalence (%) of Single and Comorbid Affective, Anxiety and Substance Use Disorders Amongst Australian Males in the Past Year



Andrews (1999), The burden of mental health of Australians (p.34)

Target practitioners

- All general practitioners - screening, advice & useful tips
- General practitioners with public health interests: interventions and shared care
- Allied health practitioners working with GP's

Objectives

Knowledge, including epidemiology, nature and features, of unsafe alcohol use and the common comorbidities of anxiety and depression.

Identification of comorbidity and related needs and the means for achieving this including the clinical assessment and screening measures.

Advice and brief interventions, that are evidence –based where available, that can be readily implemented by the general practitioner.

Patient self-care resources to support screening, advice and intervention for comorbidity in general practice setting will form an integrated part of the training.

Referral and shared care arrangements for comorbidity including markers indicating needs that will usually fall outside the scope of general practice interventions alone and expectations and mechanisms for shared care with specialist services.

Outcomes that can reasonably be anticipated from the identification, advice and interventions delivered in general practice settings.

Service system development will be actively promoted by a module examining the implications of the training for practices, by encouraging the participation of allied health practitioners in the training and the relationship with Divisional comorbidity projects.

Key existing resources

Holmwood's guidelines

Illawarra Dual Diagnosis Education

Are there other existing education resources
with this target population ?

General messages

1. When a person presents with either an alcohol problem or a mental health problem then the GP should enquire about the other.
2. Active listening skills and a patient centred collaborative clinical method should be used to establish rapport, to develop a common understanding of the problems and an agreed plan.
3. Assessment should include determination of:
 - patterns of alcohol and drug use, problems associated with the alcohol use, reasons for the use
 - effect that the alcohol use might be having on the mental health problem
 - nature of the mental health problem, diagnosis, previous treatments and responses
 - readiness for change might be different for alcohol use than for the mental health problem.
4. The GP should aim to increase the persons awareness of the effects that the alcohol use and the mental health problem are having on each other.

General messages

5. Intervention should be determined by the persons readiness for change, alcohol risk level and severity of the mental health problem.
6. Family or carers should also be engaged where possible.
7. Consider referral when:
 - Self-harm risk or risk to others is present.
 - Acute exacerbation of mental health problems occur.
 - Drug dependence with major associated problems (legal,health,social)is present.
 - Complicated alcohol withdrawal is anticipated.
8. GPs should have links with local specialist mental health or drug and alcohol services (where they exist).

Structure of the education

Face to face training supported by, pretest/posttest quiz, powerpoint slides, video vignettes, participant workbook, trainers notes, and CD of linked resources

Module 1 (2 hours)

Knowledge, including epidemiology, nature and features, of unsafe alcohol use and the common comorbidities of anxiety and depression.

Identification of comorbidity and related needs and the means for achieving this including the clinical assessment and screening measures.

Module 2 (2 hours)

Advice and brief interventions, that are evidence –based where available, that can be readily implemented by the general practitioner. Patient self-care resources

Module 3 (2 hours)

Referral and shared care arrangements for comorbidity

Service system development encouraging the participation of allied health practitioners in the training and the relationship with Divisional comorbidity projects.

Structure of the education content

Alcohol Risk Levels	Adjustment	Anxiety	Depression
Low risk			
Risky hazardous	Major life events, injury, losses	Agoraphobia, panic disorder, social phobia, PTSD	Major depressive disorder, low mood, anger, dysthymic disorder
High risk			
Dependent			

Specific messages: Anxiety disorders & low risk drinking

Alcohol risk levels

Anxiety disorders

General

At low levels of drinking the anxiety disorder should be the focus of treatment; at higher risk levels the alcohol use should be the focus. At risky/hazardous levels, alcohol use and the anxiety disorder should be treated in an integrated way.

Low risk drinking

Identification

AUDIT Score = 0-7; Recommended anxiety screening measures

Intervention: *Anxiety focussed*

People with all anxiety problems should be warned about the risks of increasing their drinking. Information and advice, self-monitoring diary

Alcohol interventions: Information and advice about possible harms

Anxiety interventions: Education, arousal management, cognitive restructuring, exposure therapy, SSRI pharmacotherapy if required

Referral/coordination

GP provides education, arousal management, pharmacotherapy, advice on self-directed exposure. Exposure therapy should be undertaken by a competent mental health practitioner (usually clinical psychologist)

Specific messages: Anxiety disorders & medium risk drinking

Alcohol risk levels

Anxiety disorders

Risky/hazardous drinking

Identification

AUDIT Score = 8-15 + Anxiety disorder

Interventions: *Combined anxiety and alcohol interventions*

Alcohol: Education and advice on safer alcohol use. Motivational interventions Costs and benefits of alcohol use Self-help guide Self-monitoring Setting goals Limit setting Tips for cutting down & staying within limits

Anxiety: arousal management. Exposure can commence once min three alcohol free days a week and can attend sessions alcohol free.

Referral/coordination

Referral to competent mental health practitioner required for exposure treatment

Specific messages: Anxiety disorders & high risk drinking

Alcohol risk levels

Anxiety disorders

High risk/harmful

Identification

AUDIT Score = 16-19 + Anxiety disorder

Interventions

Alcohol focussed

Coping skills training Self-help Planning for risk situations Reviewing progress

Relapse prevention Craving pharmacotherapy. Exposure therapy

contraindicated

Referral/coordination

Specialist shared care is required for effective intervention

Dependent

Identification

AUDIT Score > 20 + Anxiety disorder

Interventions

Alcohol focussed

Alcohol withdrawal treatment Relapse prevention Craving pharmacotherapy

Anxiety: arousal management. Exposure therapy contraindicated.

Referral/coordination

Specialist shared care is required for effective alcohol intervention

Timeline

Confirm target problems & structure at ADGP workshop

Draft education resources (December/January)

Trial 'train the trainer' workshop (February)

Finalize education resources (March)

Second train the trainer workshop (March)

Third (rural) train the trainer workshop (April)

Seek funding for standalone CD education resource

Issues for discussion

Target mental health needs

Structure & delivery of education

Key messages

Other issues ?