SCREENING AND BRIEF INTERVENTION FOR RISKY ALCOHOL USE IN PRIMARY CARE

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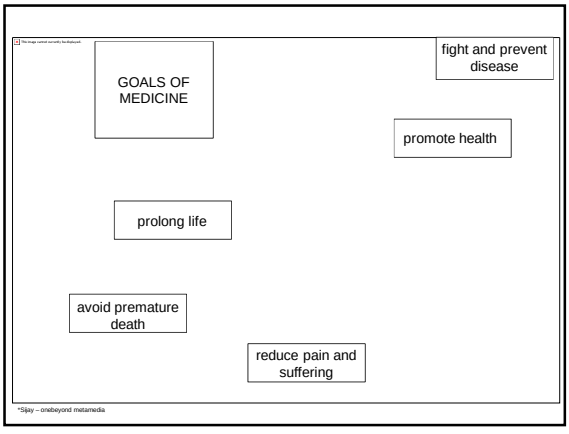
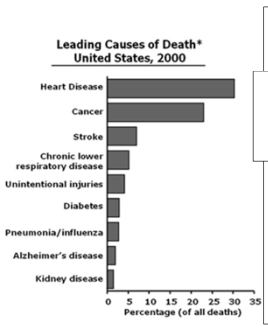
Agenda

- Rationale for screening and brief intervention
- Evidence for screening and brief intervention protocol
- Screening and brief intervention protocol
- Practice
- Discussion





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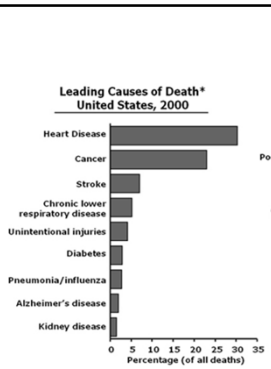
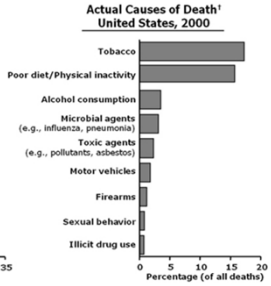
"Modifiable behavioral risk factors are leading causes of mortality in the United States."


SPECIAL COMMUNICATION

Actual Causes of Death in the United States, 2000





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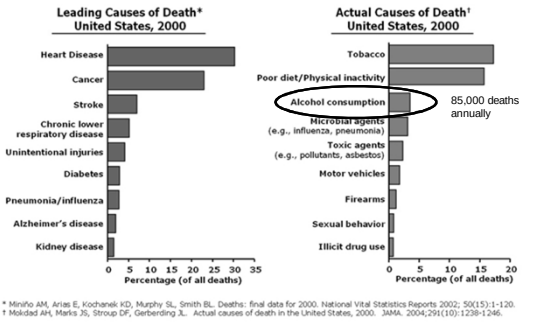
BEHAVIORAL CHANGE

- Most, if not all, medical issues reduce to the need for behavioral change
- Whether or not *and* the way in which providers interact with patients around issues of behavioral change can dramatically influence the probability that change will occur



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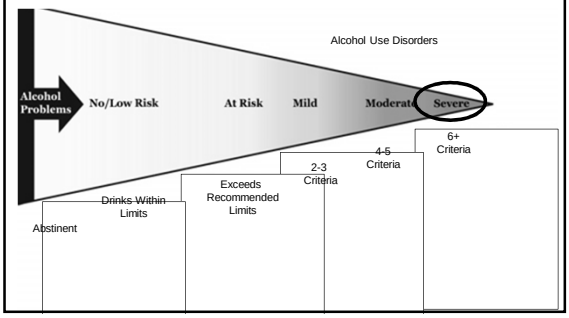
- Think of a patient that you have worked with for whom alcohol was a problem.

Continuum of Alcohol Problems



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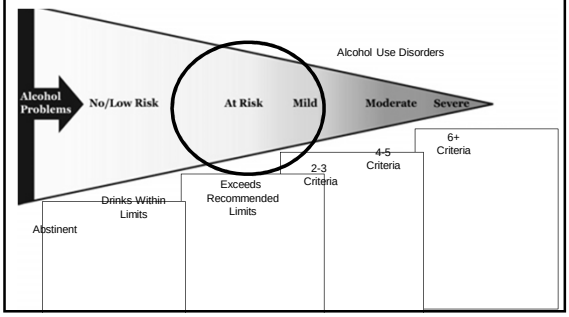


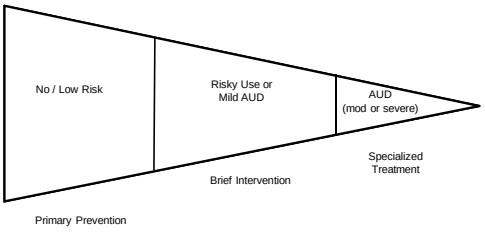
Targeting Risky Use

- On a population level, most alcohol-related harm is not due to drinkers with severe alcohol dependence but attributable to a much larger group of hazardous or harmful drinkers whose consumption exceeds recommended drinking levels and who experience a wide range of physical, psychological or social problems (Kaner, 2009)

The Prevention Paradox

- >50% of health consequences of alcohol occur in risky and problem drinkers (not dependent drinkers).
- A large number of people at small risk contribute more cases than a smaller number of people who are individually at greater risk.

Continuum of Intervention



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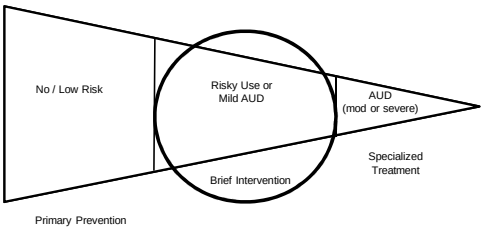


SBIRT

Screening	**B**rief **I**ntervention	**R**eferral to **T**reatment
• Quickly assess the severity of alcohol use and identify the appropriate level of treatment.	• Increase insight and awareness of alcohol use; motivation toward behavioral change.	• Provide those identified as needing more extensive treatment with access to specialty care.

Oregon SBIRT, 2011

SBIRT Benefits: Primary Care Settings

- Meta-analyses & reviews
  - -More than 34 randomized controlled trials
  - -Focused primarily on risky drinkers in medical settings
  - -Result: **10-30%** reduction in alcohol consumption at 12 months

Oregon, 2012; Moyer et al, 2002; Whitlock et al, 2004; Bertholet et al, 2005

SBIRT Benefits: Primary Care Settings

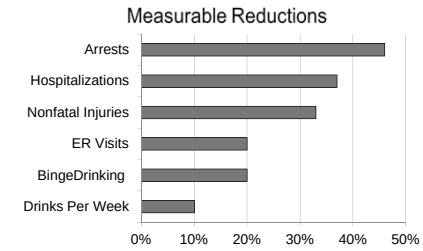
If you see on average, 40 patients per week.

Four to eight of these patients are at risk (10-20%).

With brief intervention, 1-3 patients weekly are likely to lower their risk.

Oregon, 2012; Moyer et al, 2002; Whitlock et al, 2004; Bertholet et al, 2005

SBIRT Benefits: Primary Care Settings*



*SAMHSA, 2012

Review and Special Articles

Primary Care Intervention to Reduce Alcohol Misuse

Ranking Its Health Impact and Cost Effectiveness

Leif I. Solberg, MD, Michael V. Maciosek, PhD, Nichol M. Edwards, MS

SBIRT Benefits: Primary Care Settings

- Clinically preventable burden: total quality adjusted years of life gained if a clinical preventive service is delivered at recommended intervals

-4

- Cost effectiveness: average net cost per quality adjusted year of life gained by offering the clinical preventive service

-5

- Combined score

-9

Table 1. Scoring ranges

Score	CPB range: QALYs saved, undiscounted	CE range: $/QALY saved, discounted
5	≥360,000	Cost saving
4	≥185,000 <360,000	>0 <14,000
3	≥40,000 <185,000	≥14,000 <35,000
2	≥15,000 <40,000	≥35,000 <165,000
1	<15,000	≥165,000 <450,000

CE, cost effectiveness; CPB, clinically preventable burden; QALY, quality-adjusted life year.

*Maciosek, 2006

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"These results make alcohol screening and counseling services one of the highest-ranking preventive services …evaluated using standardized methods."

Review and Special Articles

Primary Care Intervention to Reduce Alcohol Misuse
Ranking Its Health Impact and Cost Effectiveness

Leif I. Solberg, MD, Michael V. Maciosek, PhD, Nichol M. Edwards, MS

"Similar to screening for colorectal cancer, hypertension, vision (in adults over 65)."

Review and Special Articles

Primary Care Intervention to Reduce Alcohol Misuse
Ranking Its Health Impact and Cost Effectiveness

Leif I. Solberg, MD, Michael V. Maciosek, PhD, Nichol M. Edwards, MS

"Similar to influenza or pneumococcal immunization."

Review and Special Articles

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U.S. Preventive Services Task Force

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Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

This topic page summarizes the U.S. Preventive Services Task Force (USPSTF) recommendations on screening and behavioral counseling interventions in primary care to reduce alcohol misuse.

Current Recommendations

Release Date: May 2013

- **The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.**
  Grade: B Recommendation.
- **The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.**
  Grade: I Statement.

Supporting Documents

Supporting Document	Related Items
Recommendation Statement (PDF File, 86 KB; PDF Help)	Clinical Summary (PDF File, 58 KB; PDF Help)
	Consumer Fact Sheet (PDF File, 80 KB; PDF Help)
Evidence Report (PDF File, 209 KB; PDF Help)	Comparative Effectiveness Review (PDF File, 3.2 MB; PDF Help)

Current as of May 2013

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USPSTF Program Office • 540 Gaither Road, Rockville, MD 20850

SBIRT Protocol

SCREENING, BRIEF INTERVENTION, REFERRAL TO TREATMENT POCKET CARD

- **ASK PERMISSION:** *Would it be okay to spend the next few minutes talking about alcohol?*

ALCOHOL USE

- **PRESCREEN:** *Do you sometimes drink beer, wine, or other alcoholic beverages?*
- **SCREEN:** *How many times in the past year have you had 5 (4) or more standard drinks in a day?*

NO/LOW RISK =0: AFFIRM, ADVISE, OPEN DOOR, RESCREEN ANNUALLY **AT RISK DRINKING > 0**

QUANTITY & PATTERN

- *On average, how many **days** a week do you have an alcoholic drink?*
- *On a typical drinking day, how many **drinks** do you have? (explain standard drink)*
- *What is the **maximum** number of drinks you have on any occasion?*

SAFE DRINKING LIMITS: Healthy Men: < 4/day AND 14/ week || Healthy Women & Men>65: < 3/day AND 7/ week

ASSESS FOR ALCOHOL USE DISORDER (AUD) *neg to both, AUD unlikely

DSM-5 CRITERIA FOR SUD: *How has drinking affected your life in the last year?*

- Risk of bodily harm*
- Exceeded own limits*
- Role failure
- Relationship trouble
- Repeated failed attempts to quit/control use
- Physical or psychological consequences
- Gave up other meaningful activities
- Spent much time using, procuring, recovering
- Withdrawal
- Tolerance
- Craving

In 12 month period:
Mild: 2-3 criteria
Moderate: 4-5
Severe: 6+

ASSESS FOR OTHER CONSEQUENCES: MEDICATION INTERACTIONS, MEDICAL COMPLICATIONS

RISKY USE OR MILD AUD → BI
MODERATE OR SEVERE AUD → BI + MEDICAL MANAGEMENT AND/OR RT

SBIRT Protocol

- Mechanics + Interpersonal Style

SBIRT

- **S**creening quickly assesses substance use severity and identifies the appropriate level of treatment
- **B**rief **I**ntervention focuses on increasing patient awareness of own substance use and motivation to change
- **R**eferral to **T**reatment provides those needing more extensive treatment with access to specialty care

SBIRT

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Screening

- Ask Permission

Screening

- Ask Permission
- Agenda Set
- Normalize

How Much is Too Much?*

- For healthy adults age 65 and under:

- For people *over* 65, exceeding 3 drinks a day or 7 drinks a week is not recommended.
- Women who are pregnant or may become pregnant should not drink.

*SAMHSA, 2012

Single Question Alcohol Screen

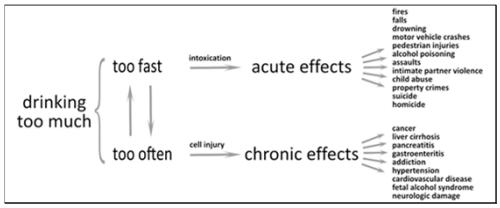
How many times in the past year have you had 5 (4 for women or men > 65) or more drinks in a day?

Positive Screen = 1 or more

- 82% sensitive, 79% specific for any ***unhealthy use***
- 84% sensitive, 78% specific for ***risky use***
- 88% sensitive, 67% specific for a current ***alcohol use disorder***
- Nearly three-fourths of U.S. adults never exceed these limits

Source: Smith (2009) J Gen Intern Med 24(7):783–8

Physiological Consequences of Risky Drinking



*SAMHSA, 2012

Negative Screen

- Affirm
- Advise
- Open Door
- Rescreen Annually

Positive Screen

- Assess further

Assess for Severity

- Quantity, frequency, max (explain standard drink)
- Open-ended vs. Closed-ended

Assess for AUDs

THE AMERICAN JOURNAL OF PSYCHIATRY
psychiatryonline

DSM-5 Criteria for Substance Use Disorders

	DSM-IV Abuse[a]		DSM-IV Dependence[b]		DSM-5 Substance Use Disorders[c]	
Hazardous use	X	≥1 criterion	–		X	≥2 criteria
Social/interpersonal problems related to use	X		–		X	
Neglected major roles to use	X		–		X	
Legal problems	X		–		–	
Withdrawal[d]	–		X	≥3 criteria	X	
Tolerance	–		X		X	
Used larger amounts/longer	–		X		X	
Repeated attempts to quit/control use	–		X		X	
Much time spent using	–		X		X	
Physical/psychological problems related to use	–		X		X	
Activities given up to use	–		X		X	
Craving	–		–		X	

[a] One or more abuse criteria within a 12-month period and no dependence diagnosis; applicable to all substances except nicotine, for which DSM-IV abuse criteria were not given.
[b] Three or more dependence criteria within a 12-month period.
[c] Two or more substance use disorder criteria within a 12-month period.
[d] Withdrawal not included for cannabis, inhalant, and hallucinogen disorders in DSM-IV. Cannabis withdrawal added in DSM-5.

Source: Am J Psychiatry. 2013;170(8):834-851.

Assess for AUDs

- Open-ended vs. Closed-ended

2 Item Scale

Recurrent drinking in hazardous situations

In the last 12 months, have you been intoxicated on alcohol (or drugs) where you could have hurt yourself or others?

Drinking more than intended

In the last 12 months, how often did you drink (or use more) than you intended?

2-Item test characteristics for current AUD in positive screens

Sample	N	Sensitivity	Specificity
Acute injury in ED, 1998-2000	959	95%	77%
Random digit dialing	494	94%	62%
Five family medicine practices in Georgia, 2004-05	280	95%	66%
National Epidemiologic Survey on Alcohol and Related Conditions, 2001-02	7,890	77%	86%
18-20 year olds in ED	181	88%	90%

Sources: Vinson D, Kruse RL, Seale JP. Alcohol Clin Exp Res. 2007;31(8):1392–1398. Kelly TM, et al. Addict Behav. 2009;34(8):668-774.

Decision Rule

- Risky Use / Mild AUD >>> Brief Intervention
- Moderate or Severe AUD >>> Brief Intervention with Goal of Medical Management and/or Referral to Treatment

Feedback: How

- #1: Summarize results of screening and assessment

Feedback: How

• Decide what might be the most helpful piece of feedback
-Severity level (risky, AUD)
-Safe drinking limits
-Health implications
-Relationship to medical issues
-Others?

Feedback: How

• Ask permission: Can I share some information with you about…?

Feedback: How

• Elicit (open-ended question): what patient already knows about topic

• Provide: information, recommendation

• Elicit (open-ended question): reaction, what patient plans on doing with information

Feedback: How

- Elicit (open-ended question): what patient already knows about topic

-Reflect

- Provide: information, recommendation

- Elicit (open-ended question): reaction, what patient plans on doing with information

-Reflect

Assess Readiness for Change

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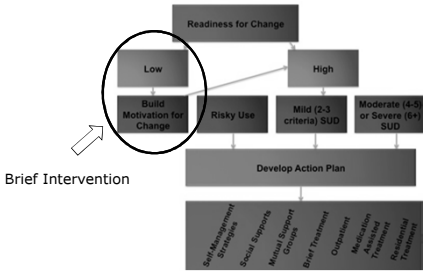
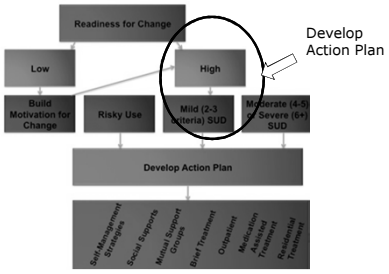


Brief Intervention

Assess Readiness for Change



Build Motivation for Change

- Brief intervention can be used to build motivation
- Use of effective communication skills can enhance brief interventions (OARS)
- Brief intervention should seek to evoke the patients own motivation (change talk)

Build Motivation - How Option A: Pros and Cons

- Drinking:
  - *What are the good things about drinking beer? What are some of the not so good things about it?*

    How might things be better or different if you cut back? If you continue at this level what are some of the worst things that might happen? If you cut back what are some of the best things that might happen?

Building Motivation – How
Option B: Ruler

- You can use a ruler to determine the patient's perceived importance, confidence, or readiness to change behavior.
- The actual number that the patient gives you isn't the important part. The goal is to evoke change talk, using follow-up questions.

Building Motivation – How
Option C: Values Clarification

- Identify and explore values or goals that the patients finds important.
- Use OARS to draw out and explore discrepancies (if any) between these values and the patient's alcohol or drug use.

Practice

- Form pairs
- Practice using the role play scenarios

Discussion / Questions

Contact

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