

## A Brief Intervention for Hospitalized Patients with Unhealthy Alcohol Use

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The full report is titled “Brief Intervention for Medical Inpatients with Unhealthy Alcohol Use. A Randomized, Controlled Trial.” It is in the 6 February 2007 issue of *Annals of Internal Medicine* (volume 146, pages 167-176). The authors are R. Saitz, T.P. Palfai, D.M. Cheng, N.J. Horton, N. Freedner, K. Dukes, K.L. Kraemer, M.S. Roberts, R.T. Guerriero, and J.H. Samet.

### What is the problem and what is known about it so far?

Unhealthy alcohol use damages health. It can hurt relationships; increase risks for accidents and violence; and causes problems with the liver, brain, and heart. A form of unhealthy alcohol use known as “risky drinking” does not always signal alcohol dependence, but it does put people at risk for future problems. Several standard questions can help identify people who have such alcohol problems as risky drinking or dependence. Brief counseling by doctors or other health care professionals in outpatient settings can help people cut back or stop drinking if they are drinking too much. It is not known whether brief counseling delivered to patients during a hospital stay can reduce unhealthy alcohol use.

### Why did the researchers do this particular study?

To find out if brief counseling delivered during hospitalization decreases alcohol use in patients who reported risky drinking and helps link dependent patients to services to help with alcohol problems.

### Who was studied?

341 patients drinking risky amounts who were hospitalized in an urban hospital. The researchers defined risky drinking as more than 14 drinks per week or 5 or more drinks per occasion for men younger than 66 years and as more than 11 drinks per week or 4 or more drinks per occasion for all women and for men 66 years and older.

### How was the study done?

The researchers used standard questionnaires to ask patients about alcohol use. They used this information to determine whether people had alcohol dependence in addition to risky drinking behaviors. Next, about half of the patients received either 30 minutes of alcohol-related counseling by trained counselors before they left the hospital. The other half of the patients were simply told that they could discuss their alcohol use with their doctors. Twelve months later, the researchers contacted patients to see whether their alcohol intake decreased. They also asked patients with alcohol dependence whether they had received any specific care to help with their drinking problem since hospital discharge.

### What did the researchers find?

Of the 341 patients in the study, 261 had alcohol dependence. The rest drank risky amounts but were not dependent. Patients who received counseling were not more likely to have reduced alcohol intake at 12 months than those who did not receive in-hospital counseling. Alcohol-dependent patients who received brief counseling in the hospital also were not more likely to have received alcohol-related care than those who did not receive the in-hospital counseling.

### What were the limitations of the study?

Patients who did not receive counseling were told that they could discuss their alcohol use with their doctors. This is more alcohol-related advice than typically received in hospital settings and could at least partly explain the lack of difference between the groups.

### What are the implications of the study?

Brief counseling for hospitalized patients who drink unhealthy amounts of alcohol is not sufficient for reducing alcohol use or for linking dependent patients to assistance. Other strategies for reducing unhealthy alcohol use are required.

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