

# THE ROLE OF MEDICAL ASSISTANT IN IDENTIFICATION AND INTERVENTION IN CASE OF INDIVIDUALS AT RISK OF HARMFUL ALCOHOL CONSUMPTION

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**Abstract:** Early alcohol detection refers to the identification of individuals with mild to moderate alcohol consumption before the onset of medical consequences. Rapid intervention involves between 1 and 5 sessions in which the patient is informed of the consequences of abusive alcohol consumption without having to refer to a specialist. This system of short intervention has been found to be effective because the patient is rapidly receiving information and, on the other hand, many patients refuse to be sent to a specialist or a specialized psychotherapist. The paper presents a staged perspective on how the nurse may be actively involved in early detection of harmful alcohol consumption through AUDIT Test.

## INTRODUCTION

Widespread social phenomenon, alcoholism is a psycho-physical state characterized by behavioural reactions related to the compulsive need to consume alcohol continuously or periodically in order to feel psychic effects or to suppress the state of indulgence following abstinence.(1) Unlike other addictions, alcoholism develops insidiously, beginning with occasional consumption.

The lack of intervention strategies encompassing the entire spectrum of alcohol consumers is reflected in alarming statistics that place Romania on the third place in the European Union taking into account the annual volume of alcohol consumed, after Belarus and Lithuania, second place in Europe according to the quantity of alcohol consumed at one occasion at least 5 units of alcohol at a time, at least once a week, and Europe's number one place in alcohol-related mortality in women and fourth in alcohol-related mortality in men. Mortality by alcohol-related accidents exceeds 3 times the EU average, cardiovascular disease and cirrhosis double the European average. More than half of the population has been at least once the victim of physical aggression due to alcohol. In 2012, the cost of patients hospitalized for alcohol-related illness exceeded 25 million Euros.(2-6) According to the Ministry of Health “over 17,000 people die in Romania annually because of alcohol consumption, and more than half of them die during the active part of their lives, between the ages of 20 and 64”.(7)

In most cases, the health care system only identifies hard drinkers, due to medical consequences that require medical attention. Patients with mild or moderate alcohol consumption are not identified and may become hard drinkers. In order to be able to prevent diseases and deaths due to alcohol abuse, it is necessary for both physicians and the sanitary staff to be involved according to their competencies in assessing all patients who come into contact with medical services and to quickly intervene in patients who consume alcohol before it causes health damage.

The paper presents a staged perspective on how the nurse may be actively involved in early detection and short interventions for individuals with mild and moderate alcohol consumption.

## What does early detection and short interventions mean?

The concept of detection/screening and rapid intervention is based on identification, by a rapid detection method, of exposed individuals and early intervention without the need for referral to a specialist. Rapid intervention involves between one and five sessions of maximum one hour. It has been found that this short-term system is effective because, on one hand, the patient is rapidly receiving information and, on the other hand, many patients refuse to be sent to a specialist or a specialized therapist, becoming exposed to the medical consequences and social consumption. Prophylactic interventions to promote responsible drinking should identify individuals at risk for the development of harmful alcohol consumption before it is installed.

## Obstacles in identifying people at risk for alcoholism

At present, in Romania, there are no legal regulations to apply the test on the population of patients in primary or secondary Health Care. The patient only addresses the family doctor only when he or she has a medical or mental problem, so that the doctor addresses the problem itself, regardless of whether it is the result of alcohol consumption or is of a different nature.

The medical consultation is based on a schedule, having an average duration. This time limit does not allow extension of patient investigation to other areas of life, especially for it is a patient-sensitive subject, which is almost impossible to achieve while other patients are waiting at the medical office's door. The overloading of medical staff is a major problem, so the medical activity is almost exclusively directed towards the disease for which the patient has addressed and, less or almost at all for the prophylaxis of other medical disorders. Prophylaxis is largely left to public health campaigns that do not address the individual, but the population, so that an individual who is confronted with a particular problem may not be informed or not feel targeted by that campaign. Excessive bureaucracy makes the patient to be “lost on the road” between institutions and health programmes.

Last but not least, alcohol consumption is a

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widespread habit in almost all cultures, with a collective mentality linked to the idea that “everyone drinks” and there is an excessive social tolerance about the social consequences of alcohol consumption, especially in socially deprived environments, cultural, educational and economic. Thus, some people are not aware that they have an alcohol problem. Where the problem is recognized, there is a tendency to conceal inappropriate behaviour both at the individual and family level, a sense of shame and a fear of consequences. I will present the stages of the intervention that can be done by the nurse. The following represents a model for rapid detection and intervention that can be done by the nurse at the level of the family medicine office.

### ***Stage 1. Theoretical training of the nurse and the formation of a proactive attitude***

For any health professional, either a physician, a psychologist, a nurse or a psychotherapist who wishes to be involved in an intervention that changes the lifestyle of a patient, it is essential to know the psychological patterns that determine patient choices in the lifestyle. Thus, nursing care in an intervention to prevent alcohol abuse supposes knowing what determines alcohol consumption in different patients, so that each patient’s approach is tailored to his or her consumption pattern. The nurse will be trained to have a flexible, empathic and collaborative attitude.

### ***Stage 2. Rapid detection of individuals at risk of alcohol abuse using the AUDIT Test***

#### **Who should be investigated?**

The entire patient population coming into contact with health services needs to be evaluated for alcohol consumption. This desirability requires both physicians and health care professionals to be actively involved, depending on their competencies. It is advisable to carry out the test by nurses, and specific interventions should be carried out by specialists.

#### **Applying the questionnaire**

According to WHO recommendations, the AUDIT Test is a reliable tool for selecting the at-risk population to be subjected to subsequent prophylactic interventions. The AUDIT Test is a simple, quick, affordable and cost-effective questionnaire that allows for rapid detection of exposed individuals and early intervention without the need for referral to a specialist.(8-10) It is a short test, composed of 10 simple questions. The questionnaire can be applied by the medical assistant by reading the questions in order, or the patient can complete the listed test by himself. In some cases, the physician and nurse may work together to apply the test in a less obvious manner for the patient and so that he cannot hide the truth. Thus, the doctor may ask the test questions during the consultation and the nurse will fill out the score. Before applying the test, the nurse will explain what a unit dose of alcohol means.

### ***Stage 3. Scoring the AUDIT Test. Placing the patient in a risk group. Collaboration with the General Practitioner***

The assistant gives the score and calculates the score that is brought to the knowledge of the patient and the physician. Interpretation in the Romanian version of the test:

- a score higher than 10 points = high risk for alcohol misuse;
- a score of less than 10 points = low or no risk.(1)

#### **Collaboration with the patient and the General Practitioner**

Once the patient was found “positive” in the AUDIT Test, he should also be examined for the presence of physical signs of “alcoholism”. The doctor will attempt to corroborate this score with the history, clinical examination, paraclinical examinations, and family data in order to have a complete picture of the patient’s health condition and therapeutic

programme.

If only the test is “positive”, a score  $\geq 10$ , and the clinical signs of alcoholism are absent, the subject will be offered a brief intervention during the same clinical session or in a future individual or group meeting.

When it comes to alcohol consumption, e.g. exaggerated consumption, alcohol dependence syndrome or severe somatic complications, the patient will be advised for specialist consultation and treatment.

After a specialized treatment, the patient will be taken over by the family doctor for long-term follow-up of the issue.(1)

### ***Stage 4. Short intervention for individuals with harmful alcohol consumption. Information on the short and long-term effects of alcohol consumption***

Counselling aims to raise the awareness of the alcohol user about the risks of behaviour, increase the ability to control the desire to drink, and the need to solve the personal problems that favour or maintain alcohol consumption. Counselling takes place for a maximum of 3 weeks, with a weekly session frequency, with each session lasting approximately 30-60 minutes. During the counselling period, the patient can contact the therapist on the phone, observing a certain time interval, or ask for a meeting when he needs some guidance. In primary care, the role of a nurse may be to present the effects of harmful alcohol consumption in an individual or group meeting, respecting the patient’s desire for privacy or being part of a group.

The most appropriate is that the information materials to be taken from the websites of the official institutions, such as the Ministry of Health, the National Institute of Public Health, the national education-information campaigns, the websites of the international bodies in the field. The materials provided by these institutions are carried out by public health specialists in collaboration with specialists in preventive medicine, psychologists and clinicians. The materials are presented in an explicit, clear and accessible manner, regardless of the level of instruction. They are accompanied by a suggestive iconography that facilitates understanding and retaining information. On the other hand, the use of materials endorsed by health institutions certifies the accuracy of information and excludes subjective factors due to the lack of experience or personal attitude of the person who accomplishes the material in relation to the theme.(11,12)

The information material should contain brief information on alcohol-related morbidity and mortality at global and national levels; and a brief presentation of alcohol metabolism and tissue distribution, underlying the vulnerability of the nervous system to alcohol; the short-term and long-term effects of alcohol consumption on the human body.

Furthermore, in the case of hard drinkers, specialized interventions are carried out by a complex team bringing together psychiatrists and somatic medicine, psychologists, nurses and social workers, who are joined by the social support network of the patient, including their family, friends and colleagues who actively support the individual as well as non-governmental institutions such as the Alcoholics Anonymous Association.

## CONCLUSIONS

By working with the General Practitioner, the primary health care assistant can play an active part in detecting and prophylaxis of harmful alcohol consumption.

On the other hand, the involvement of the nurse, within the limits of his or her competence, allows delegating some of the responsibilities of the physician and thereby, the

efficiency of the medical activity.

Involvement of the nurse facilitates the orientation of the health care to prophylactic actions.

Last but not least, involvement of the assistant increases the degree of mutual collaboration and trust between the members of the therapeutic team and may have beneficial effects on the increase of the therapeutic alliance between the health care provider and the patient.

Patient-to-patient care provides greater availability to obtain relevant information about the patient's general health and lifestyle, as well as his/her family members, offering the opportunity to identify other people at risk.

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