Prescribing alcohol in a general hospital:

‘Not everything in black and white makes sense’

ABSTRACT — The policies and practicalities of prescribing alcohol for inpatients at a teaching hospital were examined. Sources of information easily available to hospital medical staff were searched for guidance on the prescription of alcohol. No guidance relevant to clinical practice was found. Current practice in a single hospital was examined using a semi-structured staff interview. While nurses and doctors suggested a wide range of indications for prescribing alcohol, most of these are not supported by evidence and for some, such as alcoholism and depression, alcohol would be contra-indicated.

The persistence of alcohol prescribing in hospital is based on tradition rather than evidence of its effectiveness. It sends an undesirable message to patients who may be suffering from alcohol-related medical disorders, and it is time to discontinue this outdated clinical practice.

Recently, one of us (AOH) received an urgent referral. A patient with known alcohol dependency syndrome had been admitted with melaena; he became disturbed during the second day of his admission and attacked a nurse. In the 24 hours prior to the assault, alcohol had been prescribed by the admitting team, and administered as whisky via a nasogastric tube, with the aim of preventing a withdrawal syndrome. This episode led us to examine the policies and practicalities of prescribing alcohol for inpatients at our large teaching hospital.

Method and results

Literature search

We examined those sources of easily available information most likely to be consulted by medical or surgical staff wishing to prescribe alcohol.

We undertook a ‘Medline’ search of articles published between 1976 and 1996, combining the search terms ‘ethanol alcohol’ with ‘administration and dosage’ and ‘therapeutic use’, ‘appetite’ and ‘sleep’. This search yielded three groups of papers: most articles were related to the controversial issue of whether regular, moderate alcohol consumption protects subjects from developing coronary heart disease; a few articles described the therapeutic use of pure ethanol injections where the alcohol acts as a sclerosing agent; some articles were related to the negative effects alcohol has on sleep, such as reduction of REM sleep and wakefulness caused by its diuretic effect. None of the articles suggested that alcohol had a beneficial effect on sleep. We found no articles describing its effects on appetite, and none on the prescription of oral alcohol as a therapeutic agent.

A search in the British national formulary1 revealed the comment: ‘where therapeutic qualities of alcohol are required, rectified spirit should be prescribed’. What those therapeutic qualities are was not stated. The Monthly index of medical specialties (MIMS)2 offered no information on the prescription of alcohol. The Compendium of data sheets published by the Association of the British Pharmaceutical Industries (ABPI) listed ‘Labiton’, a combination of alcohol, vitamin B12, dried extract of kola nuts and caffeine, as a tonic of therapeutic value for post-operative convalescence. The local Hospital Trust Formulary does not list alcohol as a therapeutic agent. Neither is there a hospital policy on the prescription of alcohol.

Questionnaires

To identify current practice and attitudes to prescribing alcohol, we conducted a semi-structured interview with 28 nurses and 27 junior and senior doctors working on orthopaedic, general medical and general surgical wards and wards for the care of the elderly.

Our pharmacy, in a hospital admitting around 100,000 patients per year, dispenses about 45 litres of alcoholic beverages, mainly Guinness, sherry and whisky, annually. Doctors estimated that they prescribe more than half of the total amount of alcohol for patients aged 70 and above and 17 nurses (60%) wanted to see alcohol prescribed more

Table 1. Reasons suggested by nurses and doctors for prescribing alcohol in a general hospital.

| Reason                                      | Nurses n=28 | Doctors n=27 |
|---------------------------------------------|-------------|--------------|
| Appetite stimulant                          | 7           | 4            |
| Hypnotic                                    | 11          | 9            |
| Home comfort, morale booster, relaxation    | 10          | 11           |
| Depression, alcohol dependency, withdrawal   | 4           | 4            |
| Nutrition, build up                         | 2           | 3            |
| Other (terminal illness, benign, essential  | 8           | 12           |
| tremor, peripheral vascular disease, stroke) |             |              |
often. They generally felt positive about the use of alcohol for social reasons or to increase ‘home comfort’ on the ward. Not surprisingly, therefore, eight doctors (30%) reported being frequently put under pressure to prescribe alcohol.

Both nurses and doctors suggested a large variety of indications for prescribing alcohol (Table 1). Surprisingly, the list included not only indications for which there is no evidence, such as treatment of iron deficiency (one litre of Guinness contains just under 0.5 mg of iron; the therapeutic dose would be 800 pints daily) or for which the evidence is dubious (sleep or appetite disturbance), but also conditions for which alcohol is contraindicated (alcohol dependence syndrome, depression).

Discussion

We are concerned about the practice of prescribing alcohol in hospital for two reasons. First, our survey reveals ignorance about the disadvantages of alcohol, about the treatment of alcohol dependence in general and about the treatment of alcohol withdrawal in particular, a fact which has been reported in detail before. Second, although we do not know how widespread this practice is, the prescription of alcohol in hospital carries with it an implicit public health message: that doctors regard drinking alcohol as an appropriate response to ill health. Regardless of whether alcohol is relaxing, we cannot afford to send mixed messages about a substance that is implicated in approximately 25% of male hospital admissions.

We conclude that every hospital should have a policy on alcohol prescription. In our opinion the disadvantages outweigh any potential benefits, and its use should (like that of tobacco) be banned in clinical practice.

Acknowledgement

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References

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2 Monthly index of medical specialties. London: Haymarket Publishing Services, April 1997.
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Address for correspondence: Dr Michael Götz, Kildean Day Hospital, Drip Road, Stirling FK8 1RW.