THE ADEQUACY OF DRINKING HISTORY ELICITED BY JUNIOR DOCTORS IN A TEACHING GENERAL HOSPITAL: AN EXPLORATORY STUDY

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ABSTRACT

We reviewed the case records of patients admitted to the medical, surgical and orthopaedic wards of a teaching general hospital to see whether junior doctors took an adequate drinking history from their patients. Results showed that in more than 50% of the case sheets examined, the resident doctors failed to document any details regarding alcohol consumption. Pattern of drinking was mentioned in 14% of the case records. Few case sheets carried details of alcohol related problems. Overall, interns were better than post-graduate students at documenting details of alcohol consumption among their patients. The junior doctors did not identify harmful drinking in 43% of their patients.

Key words: Drinking history, junior doctors, general hospital

The definition of “alcoholism” has broadened considerably with increasing recognition that alcohol dependence syndrome and alcohol-related disabilities represent conceptually distinct dimensions (Edwards & Gross, 1976). This concept of “alcoholism” implies that many medical, psychological and social problems associated with alcohol use are not directly related to the syndrome of alcohol dependence (WHO, 1980). The bi-axial concept of alcohol dependence syndrome and alcohol-related disabilities (Edwards et al., 1977) has subsequently been adopted by both the contemporary classificatory systems: ICD-10 (WHO, 1992) and DSM-IV (American Psychiatric Association, 1994). Studies done in general hospital settings report a high prevalence of problem drinking among admitted patients (Dongier et al., 1994; Sateesh Babu & Sengupta, 1997; Srinivasan & Augustine, 2000). More importantly, a significant number of such patients are admitted due to an alcohol-related disease (Gerke et al., 1997). However, medical staff often fail to recognize harmful drinking among admitted patients (Lloyd, 1992). Only a minority of patients with problem drinking is referred for consultation to a psychiatrist (Sateesh Babu & Sengupta, 1997; Srinivasan & Augustine, 2000). Many physicians do not ask appropriate questions about drinking patterns because alcoholism is not considered often enough as a differential diagnosis (Barrison et al., 1980). However, the major reason for failure to identify harmful drinking seems to be inadequate training and attitudinal barriers (Clark, 1981) and a perceived lack of time for alcohol screening (Rowland et al., 1987). In addition, physicians are reluctant to discuss with patients issues other than those related to their presenting complaints (Farrell et al., 1996). Most of the published work in this area has come from the west. The aim of our study was to see whether residents in our hospital took an adequate history regarding alcohol consumption from their patients.

MATERIAL AND METHOD

This report is part of a larger study that looked at the prevalence of harmful drinking in patients admitted to the medical, surgical and
orthopaedic wards of a general hospital located in the city of Bangalore (Srinivasan & Augustine, 2000). Alcohol Use Disorders Identification Test (AUDIT) was used as the screening instrument (Saunders et al., 1993). Consecutive first admission of adult males to the medical, surgical and orthopaedic wards of a teaching general hospital were screened over a 2-month period for alcohol use. Those who were too ill to participate, spoke languages other than English or Kannada or refused to give consent were excluded from the study. For the purpose of the present study, we reviewed the hospital records of each patient for details regarding the drinking history as noted by the residents. We specifically looked at the following variables related to drinking history recorded in the case sheet: (a) mention of alcohol use; (b) if yes, who has mentioned it? (interns, post-graduate, consultants); (c) details regarding amount and pattern of drinking; (d) features of alcohol dependence/alcohol abuse; (e) any mention of alcohol-related problems (medical, psychological and social).

RESULTS

The study sample comprised of 297 patients. The average age of the sample was 43 years (Mean=42.99±17.19). Of the 297 patients screened, 93 subjects (31.3%) were consuming alcohol before their admission to the hospital. Sixty-one individuals (20.5%) had obtained a score of eight or above on AUDIT indicating harmful consumption of alcohol. On review of hospital case records, we found that in 145 patients the residents had documented the use or abstinence from alcohol (48.8%). Among the junior doctors, interns were better at documenting alcohol history (n=80, 26.9%) as compared to postgraduate students (n=37, 12.5%). The consultants' notes mentioned use or abstinence from alcohol in 7 cases (2.4%) and in 21 hospital records (7.1%) the designation of the person who had written the history could not be determined. Of the 93 subjects who were consuming alcohol before their admission to the hospital, in just 13 case records (14%) did we find mention of amount and pattern of alcohol consumption. More importantly, we found very few case records (n=3) that had details of alcohol-related problems. Among the 61 patients with problem drinking as identified by a score of 8 or above on AUDIT, junior doctors failed to detect problem drinking in 26 patients (42.6%). The mean AUDIT score of the 35 subjects recognized by the residents as problem drinkers was significantly more than the 26 patients in whom the medical staff had failed to detect problem drinking (Mean=18.46±7.51 Vs 14.27±5.77, t=2.36, d.f.=59, p<05).

DISCUSSION

The junior doctors, in the present study, did not enquire about alcohol consumption in 51.2% of their patients. Equally worrying was the fact that few case records carried details of patterns and amount of alcohol consumption (14%) and alcohol related problems (3%). The residents did not detect harmful drinking in 43% of their patients. It is well documented that the medical staffs often fail to identify problem drinkers among their patients (Lloyd, 1992; Saunders et al., 1985). Doctors do not question patients about their drinking habits due to a perceived lack of time (Rowland et al., 1987). Besides, negative attitude among house staff is a significant factor in their inability to detect problem drinking (Geller et al., 1989).

In the present study, we found that problem drinkers identified by junior doctors had a significantly higher AUDIT score as compared to those patients missed by residents. The junior doctors are better able to identify heavy drinkers who have a greater likelihood of having a dependence syndrome. This finding is in agreement with the observations of Hapke et al. (1998) who reported that patients referred by physicians were more severely dependent on alcohol as compared to problem drinkers identified by screening instruments. Thus, failure to detect problem drinking among patients could be related to the stereotype images of an
"alcoholic" that medical student and junior doctors are familiar with: a heavy drinker who exhibits craving, loss of control and withdrawal symptoms in the absence of alcohol. Saunders et al. (1985) observed that treating physicians often missed patients with mild dependence syndrome. Thus, non-psychiatric physicians tend to pay less attention to harmful drinking unless accompanied by overt psychiatric or physical problems (Barrison et al., 1980). Studies have suggested that routine use of screening instruments by junior doctors in the medical and surgical wards of a general hospital helps to increase the detection rate of problem drinkers (Graham, 1991).

In conclusion, we found that junior residents did not take an adequate drinking history and failed to identify harmful drinking in a large number of their patients. Research has shown that early identification of problem drinking coupled with brief intervention are beneficial and cost effective. Thus, training of junior doctors in the field of substance abuse calls for a "reorientation" with an emphasis on prevention, early identification of harmful pattern of drinking and treatment of alcohol related problems among their patients (Ashley et al., 1990). This situation needs urgent attention, as problem drinking is associated with a considerable amount of physical and social disability (Room, 1989).

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