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Hi, I'm Ed Boudreaux. I'm a Clinical Psychologist and a Behavioral Health Consultant.

Cate Nagus

And I'm Cate Nagus, LCSW, Quality Improvement Program Specialist with Primaris TMF QIN-QIO.

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We'd like to welcome you to this enhanced Bite Sized Learning. Today we're going to dive a little deeper into how to discuss and interpret a positive alcohol screening with a primary care patient. We will include a little bit on handling mildly resistant patients who minimize their use or who do not realize their use is above low risk drinking guidelines.

This continues our How To Series on alcohol screening so let's begin.

When interpreting alcohol screening it's useful to keep in mind these three key elements.

1. Segue to discussion. The screening is simply a segue to a discussion about alcohol use health and risk. It's not a diagnosis and should not be interpreted as meaning the patient is an "alcoholic" or a problem drinker.
2. Elicit, provide, elicit. It's often useful to gain a bit of information from the patient, provide some additional information, feedback, or education and then elicit the patient's response to the information that you just provided. This promotes discussion and is patient centered.
3. Use tools to help with education. It's often useful to have some tools to help structure the education like brochures or a card so make sure you have it handy. Even if people don't have a strong interest in changing their alcohol use, it's useful to review a few guidelines in a non-threatening way.

So in the rest of the presentation we show a scenario that reflects a common workflow in primary care. It starts with a simple front-line screener that's verbally administered and then progresses to a follow-up discussion that's not highly structured.

Okay, we'll start with our scenario. I'm playing the role of the physician and Cate will play the role of the patient. In this scenario we'll pretend that I already addressed the patient presenting complaint and I'm now screening for health behaviors.

Doctor: Okay, Cate. I usually ask patients some additional questions about behaviors that can affect their health. Do you mind if I ask you a few questions?

Cate: Sure, ask away.

Doctor: All right, great. So alcohol can sometimes affect people's health so I'm interested in your alcohol use in the past year. About how many times in the past year have you had four more drinks in a day?

Cate: Well, I don't really drink much. I don't know. I guess I'm not sure really.

Doctor: Oh, sure, no problem that's common and so it doesn't have to be exact. Maybe you can give me just a ballpark estimate?

Cate: I don't know maybe 10-15 times a year. You know mostly at social gatherings, when I go with the girls for Bunko.

Doctor: Okay, I see. So when you do drink on days that you do drink what do you usually drink?

Cate: Well, like I said I don't drink much but I suppose I drink white wine when I do. Every once in a while, I'll drink the cider ale that my daughter serves.

Doctor: Okay. So I wonder if you can tell me on average how many drinks do you have per week?

Cate: I suppose it varies. Sometimes nothing at all, sometimes two or three days in a row, I'm on vacation or something. Suppose every once in a while it can be a couple of bottles of wine in the same week.

Doctor: Okay, so it kind of ranges it sounds like from zero drinks to a couple of bottles of wine per week. So sometimes people will report that they drink more than they really wanted to or they feel like they should cut back. Have you ever felt that way?

Cate: Not really. I really don't drink all that often. Maybe every once in a while I'll have a little too much and say something I shouldn't but that doesn't happen all that often.

Doctor: Okay, well, that's good it doesn't happen very often. Can you tell me a little bit more about it like when that happens what are the situations?

Cate: Well, I was at my brother Carl's house on Thanksgiving and I guess I had a glass too many. I told my sister-in-law she couldn't cook worth a darn. Maybe that's harsh but she's a terrible cook everybody knows it. Everybody just scoots their food around the plate make it look like they hate it but nobody's fool enough to eat anything Marla makes.

Doctor: Okay, well, that sounds like an uncomfortable situation. So maybe every once in a while you might drink a little bit too much and you may speak your mind and say something that you wouldn't have had – you wouldn't have said if you hadn't been drinking so I think that's also

kind of common. Is there anything else, any other times when you might regret something you've said or done while you were drinking?

Cate: Oh, I mean, not that I can recall.

Doctor: Okay. Well, that's good. Do you have any desire to change your drinking in any way?

Cate: No, not really. I mean, I have some family who have drinking problems but that's not me. It's never really caused me any problems. I got a good handle on it.

Doctor: All right, Cate, well, I really appreciate you talking to me and being so frank in your answers. It sounds like you feel your drinking's under control and it isn't causing major problems for you right now which is really good news. Now, just a little bit more information for you that I review with all my patients who drink even if they don't have an alcohol problem. So most people don't really realize it but there's been a lot of research done to identify guidelines on drinking that helps people to avoid having alcohol related problems down the road. So have you ever seen or heard anything on low risk drinking guidelines?

Cate: Like I said I'm not much of a drinker and I mean know not to drink too much on a daily basis but as far as guidelines I suppose I haven't seen anything formal.

Doctor: Yeah, well, that's a problem we have a pretty good start being careful to not drink every day is common for our low risk drinking guideline. There's some other things to keep in mind. Alcohol can sometimes cause health problems or other problems like depression or accidents or relationship problems and the guidelines that I'm talking about have been developed to help reduce a person's long term chances of developing those problems. And so for a woman your age the research suggests that you shouldn't drink more than three drinks in a given day and no more than seven drinks in a week.

Of course people go over these limits every now and then and that's common but the more you go over those limits, the more likely you are to eventually develop a problem if you're not careful. So what do you think about those guidelines nor more than three drinks in a given day and no more than seven drinks in a week?

Cate: I've never heard that before.

Doctor: Yeah, it's pretty common and many of my patients haven't. What do you think about it now that you've heard about it do you think it's a realistic guideline for you?

Cate: I don't know. That might be kind of tough when we're on vacation or around the holidays but I guess – I mean, mostly I could probably do that.

Doctor: Yeah, I totally respect that. It's not always easy thing to do. And so maybe what you can do is try it out and I'll ask you about it when we meet next time for your next visit. Does that sound okay?

Cate: Okay, that's fine that sounds good.

Doctor: Good. All right one last thing. I wanted to review this card with you. So it says here there's some times when you should never drink like if you're driving a car, taking certain medications. I did review your medication list and you aren't on anything that would be a problem right now so that's good but it's important that if you ever start any new medication that you talk with whoever's prescribing the medication about alcohol use. And so I'm going to give you this handout to review. I found that some people find it helpful even if it's not helpful for them they might find it's helpful for their families. Do you have any questions about what we've talked about?

Cate: No, not this time I don't.

Doctor: All right, great. Well, thanks for talking to me today.

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So let's just provide a summary of the main points that were displayed during the role play. The physician began by getting a better sense for the frequency and quantity of the patient's drinks and used this as a segue to discuss potential problems like drinking more than intended or doing things the patient regrets while drinking. Even though she actually screened positive on the binge drinking screener, the physician didn't judge the patient or tell her she had a problem. The physician provided information and asked for a reaction, then provided more information and finally an education was approached from a non-stigmatizing educational perspective and included a brochure the patient could leave with.

This concludes our enhanced Bite-sized Learning. We'll have additional Bite-sized Learnings to address how to use a more structured approach in the follow-up assessment to a screening later. I'd like to thank you for watching this enhanced Byte Sized Learning if you have any questions or comments, my information is on the slide feel free to contact me.