

Basic Alcohol Counseling Strategies: Medical Problems & Alcohol Use

Hi. I'm Ed Boudreaux. I'm a clinical psychologist and behavioral health consultant. And I'm Archie Hamilton G.1 behavioral health task lead with atom Alliance. And we'd like to welcome you to this enhanced bite-size learning. This presentation is the second in a three-part series on basic alcohol counseling strategies.

Today we'll be focusing on using medical problems to help provide a segue to educating patients on low-risk drinking guidelines. This presentation will highlight the following performance elements. Number one: Using medical problems as a context for counseling. Alcohol use, especially heavy use, is contraindicated in many medical problems. Using an existing or developing medical problem as a segue to discussing drinking can make the topic easier to bring up and allows for tailoring pertinent information to the individual. Number two: Non-judgmental educational approach. We will demonstrate a non-judgmental educational approach that can help minimize resistance while remaining time sensitive and efficient to fit within the time constrained primary care visit.

In the presentation we will show two case examples both start with the assumption that risky drinking already has been identified through clinical assessment or through a structured alcohol use screening and both assume the patient has a condition that can be influenced by alcohol use. The first scenario focuses on hypertension, while the second scenario focuses on medications for sleep – two common primary care scenarios. Other common medical problems are heart problems, automobile or other accidental injury, and mental health problems, such as depression. We will begin the first roleplay now.

Doctor: Okay Mr. Hamilton I see that you're taking your blood pressure medicine regularly, that's good, and that you have pretty good control. So you're just a little high every now and I wanted to talk with you a little bit more about some things that might influence your blood pressure in the long term. Is that okay?

Patient: Sure no problem.

D: Okay great this shouldn't take too long. There are many factors that can make high blood pressure worse over the long haul and one of those factors is alcohol use. So many patients aren't even aware of this, so I just wanted to make sure I covered it with you. Have you ever heard about this link between regular alcohol use and high blood pressure?

P: Well, no not really. I knew if you drink too much it can cause liver problems but I hadn't heard anything about blood pressure.

D: Okay yeah that's fine, so a lot of people haven't heard about this so which is one reason why I try to bring it up with my patients. So here's the basic point. The more you drink, the more likely your drinking is going to affect your blood pressure in the long run. So there are some guidelines I want to share with you because if you keep your drinking below these guidelines it helps to reduce a chance that it worsens your blood pressure or that you develop other health problems; and I reviewed your screening information before I came in and it looks like you drank almost every day and usually drink up to five drinks a day. That's more than the recommended low risk levels, which for a man your age is no more than seven drinks a week. And I know if seven drinks a week is a lot less than you used to drinking so what do you think does that sound like something you could consider?

P: It's been a long time since I've drank only seven drinks a week. It's probably been since I was 12 years old. I mean I don't want to lie to you doc that'd be kind of weird. Nobody would even recognize me. Now I really don't feel like my blood pressure gets high when I drink. It actually makes me calm down. I mean wouldn't that mean my blood pressure is low.

D: Yeah I know it seems kind of strange that drinking, which makes you feel relaxed, might actually lead to high blood pressure so I recognize it doesn't really feel that way but there's a lot of good science that shows that this is true. It not only worsens your blood pressure because of the alcohol's direct effect on your blood vessels and your heart but it can also make the medication you're taking less effective so just because you're relaxed in the moment or feel relaxed it doesn't mean that in the long run the drinking isn't affecting your blood pressure. So how about this, sometimes these changes can seem really big like in this case it would be a big change for you and that they may not fit with your lifestyle, some of my patients have found that is it's better to whittle away at it. So maybe you can just reduce the amount you drink. Would you consider doing that? Cutting back a bit?

P: Yeah I mean sure I could try and cut back.

D: Okay good, so you said limiting yourself to seven drinks a week was too hard that was not enough so what would you say is a realistic target for you?

P: Hmm that's a good question. I don't know I'm not really in the habit of counting how much I drink in a week.

D: Okay I think that's pretty common. A lot of people don't pay too close attention to it, so how about this, I'll give you a simple guideline. Do you think you can drink no more than three drinks per day, so limit your daily drinking to no more than three drinks per day, what about that?

P: Well maybe I mean some days, but that might be tough especially on weekends. I like my beer doc, I sip on it all evening while I'm watching TV it's not like I'm getting drunk every night. I don't think it's really hurting anybody.

D: Okay yeah I recognize this might be a change for you, but I'm afraid that if you don't make some changes in the long run you might be making your blood pressure worse and setting yourself up for a heart attack or a stroke. So a person who drinks as much as you do and who has high blood pressure is at much greater risk for having bad events like these. It's your choice of course. I don't want to force anything on you so but you did say earlier you you'd be willing to cut back. Now what would be the daily limit you think you might be able to stick to?

P: Well I don't usually drink more than five or six, so how about five? No more than five a day. During weekdays I'll try to keep it to three, since I already drink less during the week anyway.

D: Mr. Hamilton I really like that you're willing to try something and this is a good start so let's set your goal as no more than five drinks a day and no more than three drinks during the weekdays. Who knows maybe you'll find that it's not as big a change as you're originally thought and next time you come in we'll see if you can whittle away even more. So I'd like to see you in six months to check in on this.

P: OK doc that sounds good.

This concludes our first roleplay. Notice that in this situation the optimal outcome of not drinking above low-risk drinking guidelines was not reached, but the relationship between alcohol and high blood pressure was conveyed and the clinician got the patient to make a personal behavioral commitment.

We will now transition to our second roleplay of a patient on a medication that is contraindicated with alcohol use.

Doctor: Alright we're almost finished, Archie, we just have one more topic. Do you remember the questionnaire you filled out in the waiting room?

Patient: Yes I do.

D: OK good, so I review all of these with my patients before I come in to talk with them and if there's anything on there that I think needs to be addressed I try to bring it up in a conversation with them. So when I reviewed it I noticed that you reported drinking alcohol above the level that is recommended for low-risk drinking. So this is a really important because you're taking Ambien to help you sleep at night, and Ambien is one of those medications that we typically recommend not using if you're drinking alcohol. So do you sometimes drink during a day that you're taking your Ambien?

P: Well, I don't know for sure. I haven't really payed close attention to it, but I probably have since I take the Ambien almost every weeknight and I sometimes have a glass of wine or two with dinner during the week so I probably have days where I drink in the evening then taken the Ambien before I sleep.

D: Okay so let's talk a little bit more about this. Drinking and using Ambien has been shown to cause problems. Some of the problems are relatively minor like drowsiness the next day but some are serious like breathing problems that lead to hospital visits. So obviously the more you drink, the more likely you are to have a bad side effect. But we also know that it really is no way to tell for sure if there is a safe amount to drink and different people respond differently. In fact some people may respond differently to the same amount of alcohol and Ambien over time based on all kinds of different factors like how fast you've drank or if you've eaten something. So as a result, our best recommendation is to not drink at all on days that you're going to take Ambien at night, or if you find that you've had some alcohol during the day, just don't take the Ambien that evening. What do you think? Is that realistic for you?

P: Sure I mean I think so. I don't drink every day and I think I can plan it out. But what happens if I don't take the Ambien and I can't sleep?

D: Yeah that's an important factor to consider. Obviously you're taking the Ambien for a problem with insomnia, so I think you have a couple of choices. First, like I said earlier, you can avoid drinking on days that you know you typically take the Ambien, sometimes just paying more attention to it can help you do better planning. Second, do you remember we talked about other ways to help with your insomnia at your last visit?

P: Yeah I do remember. You gave me that website on sleeping tips. I've done a lot of those things.

D: Okay great, so I think it'll be important to review those tips and to use them especially in the days that you don't take the Ambien. Do you think that might help?

P: Yeah I mean that sounds fine to me. I've tried some of them and they did help a bit.

D: Okay great, so why don't we go ahead and do that and let's talk about it again at your next appointment.

We'll stop the role play here. These role plays show two examples of using the low-risk drinking guidelines to educate a patient who has a medical problem or is taking medication that is contraindicated with alcohol use. These medical problems can often act as a useful segue into counseling. Thank you very much.