



Audit

Attitudes towards alcohol of emergency department doctors trained in the detection of alcohol misuse

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Introduction: Alcohol misuse creates an immense burden for society, with problem drinkers too often constituting a neglected group. The Paddington Alcohol Test (PAT) is a useful screening tool in emergency departments.

Methods: Using a questionnaire, we assessed the attitudes of 127 emergency department junior doctors over 5 years to misuse detection using the PAT, in a centre with a well-defined protocol for detection and referral.

Results: The majority (99%) thought early detection important, and the emergency department an appropriate place for screening (98%). Most thought that treatment could be successful (98%), and the PAT a useful instrument for early detection (87%). However, 63% reported that they misuse alcohol at least once a month and 30% once or more a week.

Discussion and Conclusions: Junior doctors trained in the detection of alcohol misuse have a very positive view of this work. However, this professional insight is in marked contrast to their personal misuse of alcohol. This paradox reflects the entrenched culture of alcohol use in the medical profession, perhaps learnt at medical school.

Key words: Alcohol misuse – Attitudes – Screening – Doctors

Alcohol misuse costs the UK an estimated £20 billion a year.¹ A major part of this burden falls on emergency departments, where at least 12% of attendances are believed to be associated with alcohol misuse.² In order to facilitate rapid detection of misuse at a 'teachable moment' of crisis when the accident and emergency patient may be amenable to intervention, a simple screening procedure was developed – the one-minute Paddington Alcohol Test (PAT) as shown in Figure 1.^{3–5} The PAT is designed for detection early in a drinker's history, where brief intervention is

potentially effective.⁶ The doctor's remit is detection and referral – to an accident and emergency designated alcohol health worker. Teams of junior doctors – appointed for 6 months – are educated to use the PAT for the 'top ten' PAT-possible conditions:³ fall, collapse, head injury, assault, accident, non-specific gastrointestinal, 'unwell', psychiatric, cardiac, and repeat attendance. Recent assessment of the attitudes of general practitioners towards alcohol misuse screening has reported that opinions are ambivalent⁷ due to the presence of major barriers.⁸

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PADDINGTON ALCOHOL TEST (PAT)

2004



PATIENT IDENTIFICATION STICKER:

Circle number(s) - for specific trigger(s); consider for ALL the **TOP 10**

- | | | | |
|----------------------------|---|----------------------------|--------------------|
| 1. FALL (i. trip) | 2. COLLAPSE (i. fits) | 3. HEAD INJURY (i. facial) | 4. ASSAULT |
| 5. ACCIDENT (i. Burn, RTA) | 6. UNWELL (i. Request detox / help, self neglect) | 7. NON-SPECIFIC GI | |
| 8. PSYCHIATRIC | 9. CARDIAC (i. Chest pain) | 10. REPEAT ATTENDER | Other (specify) :- |

After dealing with patient's 'agenda,' i.e. patient's reason for attendance: -

1 "We routinely ask all patients in A&E if they drink alcohol – do you drink?" **YES > 2.** (No)

2 "Quite a number of people have times when they drink more than usual; what is the most you will drink in any one day?" (*Pub measures in brackets; home measures often x3!*)

Beer/lager/cider	__ Pints (2)	__ Cans (1.5)	total Units/day =
Strong Beer/lager/cider	__ Pints (5)	__ Cans (4)	
Wine	__ Glasses (1.5)	__ Bottles (9)	
Fortified Wine (Sherry, Martini)	__ Glasses (1)	__ Bottles (12)	
Spirits (Gin, Whisky, Vodka)	__ Singles (1)	__ Bottles (30)	

3 If this is more than 8 units/day for a man, or 6 units/day for a woman, "does this happen...."

: Everyday?	=	PAT +ve	Dependent Drinker	Y/N (? Pabrinex)
: At least once a month?	=	PAT +ve	Hazardous Drinker	Y/N

4 "Do you feel your current attendance is related to alcohol?" **YES = PAT+ve** No = PAT -ve

If **PAT +ve** "We gently advise you this drinking is harming your health".
"Would you like to see our Health Worker"? **YES / NO - give leaflet**

Figure 1 The Paddington Alcohol Test.

This study assesses the attitudes of junior doctors who receive on-going education, audit and feedback, to the detection of alcohol misuse in patients presenting to emergency departments. We examine the relationships between these attitudes, screening behaviour and junior doctors' own level of alcohol consumption.

Materials and Methods

We gave a questionnaire to all emergency department junior doctors from ten consecutive teams (August 1998 to August 2003), comprising 127 individuals (120 full-time, 7 part-time), during the last month of a 6-month post, at a morning training session with no conferring. There was 100% uptake

and response. Questions pertained to attitudes to detection and referral, and also self-evaluation of alcohol misuse (Table 1). Associations between attitudes and behaviour were tested using the chi-square test. Logistic regression was used to examine the relationship between attitudes, screening behaviour and self-confessed drinking status.

Between February 2001 and February 2002 two consecutive teams of SHOs (*n* = 26) were interviewed as part of a wider project investigating the impact of referral to an alcohol health worker on levels of alcohol consumption. Questions concerned screening and brief intervention for alcohol misuse in the emergency department. Selected quotations from these interviews are included to illustrate the findings of the emergency department survey.

Table 1 Doctors' attitudes towards the detection of alcohol misuse

Opinions — Do you agree/disagree with the following sentiments? (Yes/No)	Yes (%)
1 If I had more time I would do PATs on more people	86 (68)
2 It's not my job to detect drinkers	2 (2)
3 I cannot always remember to do a PAT	103 (81)
4 I think it is important to pick up alcohol problems early	126 (99)
5 Detecting and referring drinkers is GP's work rather than mine	6 (5)
6 I'm too busy to do PATs	27 (21)
7 I think the PAT is a good test to pick up alcohol problems early	110 (87)
8 There is no point to referral as there is no successful treatment	4 (3)
9 I only do those PATs which are absolutely necessary	30 (24)
10 It should be negligent to miss a PAT in a patient presenting with a PAT-possible condition	19 (15)
11 Drinking alcohol is part of our culture	114 (90)
12 The PAT is over-inclusive in the number of conditions it gives as PAT-possible	34 (27)
13 We all drink a lot	64 (50)
14 The number of units specified on the PAT is too low to test for misuse	28 (22)
15 I think emergency department is an appropriate place to do PATs	124 (98)
Yourself	Yes
Do you consider yourself to misuse alcohol at least once a week?	38 (30)
Do you consider yourself to misuse alcohol at least once per month?	79 (63)

Responses (n = 127: 100%) to questionnaire, number (%).

Participation in both the interview and survey components of this study was on a voluntary basis. Junior doctors were free to withdraw at any time.

Results

A majority agreed with the importance of early detection of alcohol misuse (99%), and judged the emergency department an appropriate place for PAT usage (98%), believing it was their remit (98%) rather than that of the general practitioner (95%).

Screening is a good idea. It is appropriate as to why they are here.

It's a good idea as lots of patients have problems with alcohol.

I ask everyone about alcohol.

Similarly, most thought that treatment could be successful (97%),

I know that this has happened with patients who have seen the alcohol health worker.

Attendance at the appointment gives them the best chance of changing consumption.

The alcohol health worker would make a patient more aware of alcohol issues.

and that the PAT was good for picking up alcohol problems early (87%).

We see lots of patients who would benefit from advice.

I am able to tell them that their problems may be related to drinking.

Although 90% thought that drinking alcohol was part of our culture, only 50% approved the statement 'we all drink a lot', implying that there is a tranche of society for whom alcohol use is not perceived to be a problem.

Some doctors have less confidence than others in talking to patients about alcohol.

It's hard to talk to people our own age – makes me feel uncomfortable.

Of the junior doctors, 27% felt the PAT was over-inclusive of PAT-possible conditions, and 22% that the numbers of units specified were too low to test for misuse. Only 15% thought it should be considered negligent not to perform a PAT on a patient presenting with one of the 'top ten' complaints.

Alcohol is a legal drug and people choose to take it. We have a duty to make them aware of the consequences. We do what we can do.

By offering advice to patients you can discharge your responsibility.

Lack of time was frequently highlighted as a limiting factor, with 81% saying they could not always remember to do a PAT, and 68% that they would apply the PAT to

more patients if they had sufficient time.

When you are working in Minors you take on a different mind set, you try to get them dealt with as quickly as possible and then move on to the next patient. That is why you forget.

It can be busy or it might slip my mind – I forget, especially when the department is busy.

Concerning self-assessment, 63% (79/127) reported their own misuse of alcohol at least once a month and 30% (38/127) at least once a week.

All doctors are required to screen at least half of all PAT-possible patients they see. Self-assessment was gauged from responses to a particular question – what proportion of PAT-possible patients do you believe you administer the PAT to? Overall, 39% of junior doctors (50/127) felt they had achieved the minimum standard ($\geq 50\%$). This screening behaviour was not associated with doctors' self-reported levels of alcohol consumption; 37% (14/38) of junior doctors who admitted that they misused alcohol at least once per week (42% for those admitting to alcohol misuse at least once per month) achieved this minimum level of screening.

Interestingly, 68% of junior doctors who admitted that they do not always remember to screen patients (χ^2 5.60; $P < 0.05$), and 72% of those who thought that 'we all drink a lot' (χ^2 4.68; $P < 0.05$), misused alcohol at least once per month.

Junior doctors who said that they would screen more patients if they had more time, and those who said that they only screened patients who they thought might be drinking hazardously, are less likely to screen patients for alcohol misuse (odds ratio 0.38 and 0.24; $P < 0.05$).

Discussion and Conclusions

The Paddington Alcohol Test is established as a clinical tool to be used in emergency departments.^{1,9,10} We have assessed attitudes to the PAT and alcohol misusers in 127 trained junior doctors (over 5 years). This is a sufficient number to show reliably that over 90% of such doctors consider it important to detect alcohol misuse early, and further that the emergency department is an appropriate place to screen. These positive attitudes are in marked contrast to the ambivalence (to screening for alcohol misuse) expressed by general practitioners.⁷ This difference may reflect a greater flexibility in the attitudes of junior doctors, and a capability to respond to education and leadership within a team structure. Despite the positive attitudes of junior doctors towards screening, most failed to screen at least 50% of appropriate patients, perhaps due to clinical inertia.¹¹ This could be a function of the perceived lack of time to engage in such preventative work or indeed indicative of a belief that doctors' 'judgement' may be more reliable than a simple questionnaire. These issues should be addressed in any

emergency department that may consider an opportunistic approach to screening and brief intervention.

Some people are obviously PAT positive, but the young, well dressed will probably be overlooked – they are too much like me!

The provision of an expedient protocol (with easy referral to an emergency department designated alcohol health worker) facilitates this situation for junior staff. Essentially, it empowers them to deal with patients who have a difficult and often time-consuming problem. In contrast to their colleagues in general practice, they are not stressed by feeling they should provide the 'brief intervention', a counselling task for which they have neither the training nor the time. At St Mary's Hospital, alcohol health workers attend the emergency department for morning counselling sessions with referred PAT-positive patients three times per week, later providing the referring emergency department practitioner with feedback.¹²

Extension of such an initiative throughout emergency departments might stimulate the medical profession to tackle what is so often a neglected problem, viewed with complacency.¹³ Selective screening is much more readily acceptable to staff that are provided with the added resource of designated alcohol health workers. However, our data also show that 63% of emergency department junior doctors admit to misusing alcohol at least once a month, confirming the high rate of misuse in junior doctors,¹⁴ and confounding the perceived importance of misuse detection. This paradox reflects the culture of alcohol use within the medical profession.

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A symposium of the risks and benefits of drinking alcohol is to be held at The Royal Society of Medicine on 30 September to 1 October 2004

How to use PAT

The Paddington Alcohol Test (PAT) is a clinical and therapeutic tool, specifically developed for use by clinicians in a busy accident and emergency department. PAT is non-judgemental, enabling patients to develop insight into their drinking, cause and effect - the teachable moment. It takes only about 20 seconds to complete the PAT.

Research at St Mary's Hospital, Paddington shows that using PAT plus the simple act of referral for help, reduces alcohol consumption and lessens the likelihood of re-attendance. To use PAT simply:

1. Deal with the patient's presenting condition first, thereby gaining their confidence so they are in a more receptive frame of mind.
2. If the patient has a top ten condition, listed on the top of PAT, or other indication of recent consumption of alcohol:
3. **Question 1:** 'We routinely ask all patients in accident and emergency if they drink alcohol – do you drink?'
If No: PAT–ve, discontinue (providing clinician agrees).
4. If yes: **Question 2** for quantity drunk in one session. Drinks vary so much that an estimation of units is necessary for consistency. It is less judgemental to focus solely on quantity.
5. Having roughly calculated the units drunk, if this is more than the threshold of 8 (male), or 6 (female), (if less, go straight to Q.4) ask **Question 3:** how often? This helps differentiate the dependent drinker, who will need more complex management, from the hazardous.
6. If evidence of chronic alcohol misuse and confusion/ataxia/opthalmoplegia: i.v. Pabrinex I&II (x2) in 100 ml 0.9% saline infused over half an hour (Thompson AD, Cook CCH, Touquet R, Henry JA. Royal College of Physician's Report on Alcohol: Guidelines for managing Wernicke's Encephalopathy in the Accident and Emergency Department. *Alcohol Alcohol* 2002; 37: 513–521).
7. Everyone who has said yes to Q.1 should be asked **Question 4;** where if yes this starts the process of brief intervention by the patient associating drinking with resulting accident and emergency attendance. If they deny any association, but in your clinical judgement have been drinking, say: 'would you be in accident and emergency if you had NOT been drinking?'
8. The earlier binge drinking is detected the more effective is the use of PAT, which is itself the start of brief intervention. The acceptance of an appointment with an alcohol health worker demonstrates awareness of a problem and the desire for help, thereby showing insight!
9. Brief intervention by alcohol health workers – or whatever follow-up service is provided to your own accident and emergency (which may well be from your local Mental Health Trust) – provides a booster to PAT, with further likelihood of decreased consumption.

$$\text{Units of alcohol (in a given vol. of beverage)} = \frac{\% \text{ ABV} \times \text{Volume (ml)}}{100 \times 10}$$

where % ABV is % of alcohol by volume.