Brief physician advice reduced drinking in older adults

QUESTION

In older adults with potentially excessive drinking, does brief physician advice reduce alcohol use?

DESIGN

Randomized, single-blind (patient), controlled trial with 12 months of follow up.

SETTING

24 primary care practices in Wisconsin.

PATIENTS

A total of 158 patients who were ≥ 65 years old (66% men) and consumed >11 drinks/week (>132 g of alcohol) (>8 drinks/week for women), had ≥ 2 positive responses to the CAGE questionnaire, or had ≥ 4 drinks on each occasion ≥ 2 times in the previous 3 months (≥ 3 drinks for women). Exclusion criteria were attendance at an alcohol treatment program or reported symptoms of alcohol withdrawal in the previous year, physician advice to reduce alcohol use in the previous 3 months, drinking >50 drinks/week, or thoughts of suicide. Physicians (43 family

physicians and internists) and patients received financial incentives for participating. Altogether, 92.4% of patients completed follow up.

INTERVENTION

Patients were allocated to a brief intervention group ($n=87$) or a control group ($n=71$). Participants in both groups received a general health booklet and follow up at 3, 6, and 12 months. Patients in the intervention group also received a workbook from their physician with feedback on health behavior, the prevalence of problem drinking, drinking cues, and a drinking agreement. The two intervention visits occurred 1 month apart with a follow-up telephone call 2 weeks after each visit.

MAIN OUTCOME MEASURE

Change in alcohol use.

MAIN RESULTS AND CONCLUSION

Intervention group patients had a greater decrease in alcohol consumption than did control group patients. During the 12-month follow up, intervention group patients had fewer mean drinks/week ($P<0.001$), fewer episodes of binge drinking (>4 drinks/occasion in men [>3 in women]) ($P<0.025$), and fewer episodes of excessive drinking (>20 drinks/week in men [>13 in women]) ($P<0.005$) (table). Binge and excessive drinking increased in patients in the control group. In older adults, brief advice from their primary care physicians reduced excessive and binge drinking.

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LB Manwell
KL Barry, et al
J Fam Pract
1999;48:378-384

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Funding: National Institute on Alcohol Abuse and Alcoholism; American Academy of Family Physicians; Dean Foundation for Health Research and Education

This article was originally published in
Evidence-Based Mental Health 1999;2:110.

Commentary

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Most studies support the idea of the "J-shaped curve" in which moderate consumption of alcohol reduces mortality because of the reduction in some forms of cardiovascular disease.¹ This effect is seen in people >50 years of age and means that reductions in moderately heavy drinking towards "safe" levels may have disproportionate health gains in this group.

The study by Fleming et al targets an appropriate group of people. All are well over 50 years of age and the selection criteria require that they are all drinking "not much too much". In this sample, the least severely affected are drinking within "safe" limits, and many of them will be the "pre-problem drinkers" who we should be targeting. The sample is heterogeneous, which is an advantage because it covers most types of potentially harmful drinking.

The intervention is simple, brief, and translatable to the "real world". The results at 1 year are worthwhile. The control group shows that general health advice does not translate into changes in drinking behavior and specific advice is necessary. Furthermore, in the control group some evidence showed that "untreated" problem drinking worsened.

This study should encourage primary care workers and community mental health workers to make screening for alcohol use and brief intervention part of the normal package of care.

1 Chou SP, Grant BF, Dawson DA. Medical consequences of alcohol consumption—United States, 1992. *Alcohol Clin Exp Res* 1996;20:1423-1429.

Table

Brief intervention vs control for potentially excessive drinking in older adults*

Outcomes at 12 months	Baseline		Mean difference (95% CI)	
	Intervention	Control		
Number of drinks in previous 7 days	9.9 (15.5)	16.3 (16.6)	6.4 (3.2 to 9.6)	
			Relative risk reduction (CI)	Number needed to treat (CI)
Binge drinking in previous 30 days	31% (49%)	49% (40%)	38% (6.2 to 59)	6 (3 to 40)
Excessive drinking in previous 7 days	15% (29%)	34% (30%)	55% (18 to 76)	6 (3 to 20)

*Mean difference, relative risk reduction, number needed to treat, and confidence interval calculated from data in article.