to be less accurate than data from these cohort studies, we found similar decreases after starting donor screening policies for antibodies to hepatitis C virus in Italy (-66% and -93% after introduction of ELISA-I and ELISA-II, respectively). These findings suggest that, although non-notified or asymptomatic blood associated cases of non-A, non-B hepatitis may still occur, in Italy the current risk is likely to be very low.

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Prevalence of alcohol histories in medical and nursing notes of patients admitted with self poisoning

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Preventing suicide and reducing excessive drinking are both priorities in the *Health of the Nation*.¹ Chronically excessive alcohol consumption is common among patients attempting suicide, many of whom also take alcohol as part of a self poisoning episode.² Questioning patients admitted to hospital with self poisoning about their alcohol consumption is therefore important, both to the management of their overdose and to identify excessive drinkers for later advice and follow up. We surveyed inpatients' notes to assess whether patients who had poisoned themselves had had their alcohol intake assessed.

Subjects, methods, and results

As part of the evaluation of a training intervention to improve the management of excessive alcohol consumption among inpatients, we examined the medical and nursing notes and discharge summaries of consecutive patients admitted over 28 weeks to four general medical wards at a large teaching hospital. We recorded, among other items, the reason for admission and whether the notes and discharge summaries contained a quantified alcohol history, defined as a numerical record of consumption (including no consumption of alcohol). Knowledge of the reason for admission could have biased the researcher's recording of the alcohol history, but this is unlikely, as the researcher examining the notes was not aware of the hypothesis that the two processes would be related. Patients were excluded if they could not speak English, were unconscious on admission, were less than 18 years old, were admitted as a day case, or were admitted on a second or subsequent occasion during the study. Men recorded as drinking more than 21 units a week and women recorded as drinking more than 14 units a week were regarded as excessive drinkers.

Numbers (percentages) of alcohol histories in medical and nursing notes of patients admitted with and without self poisoning

	Doctors' notes*		Nurses' notes†	
	Quantitative alcohol history	No quantitative alcohol history	Quantitative alcohol history	No quantitative alcohol history
Reason for admission:				
Self poisoning (n=145)	37 (26)	108 (74)	25 (17)	120 (83)
Not self poisoning (n=1810)	680 (38)	1130 (62)	459 (25)	1351 (75)

* $\chi^2=7.88$, $P=0.005$ for proportion of notes with qualitative alcohol history, patients admitted with self poisoning v those admitted without self poisoning.

† $\chi^2=4.32$, $P=0.04$ for proportion of notes with qualitative alcohol history, patients admitted with self poisoning v those admitted without self poisoning.

A total of 2680 patients were admitted during the study, 1955 (73%) of whose notes were examined and details of reason for admission and recorded alcohol history extracted. One hundred and forty five patients were admitted with self poisoning, 59 men and 86 women. Their ages ranged from 18 to 90 years (median 31). Fifty three of them had taken alcohol with their overdose of drugs. Only 37 had a quantitative alcohol history recorded in their medical notes, and 25 had a history recorded in their nursing notes, leaving 99 with no record in either set of notes. As shown in the table, patients admitted with self poisoning were less likely to have a quantitative alcohol history recorded than those admitted for other reasons. Only four of the 53 patients with self poisoning who took alcohol with their overdose had discharge summaries that mentioned their excessive drinking.

Comment

We found that less than a third (46/145) of the patients admitted with self poisoning had quantitative alcohol histories recorded in their medical or nursing notes and that they were less likely than other patients to have such a history recorded. This may be because of the attitude of ward staff to this group of patients,³ who are sometimes seen as less deserving of thorough assessment and care. Yet there are several reasons why patients with self poisoning should particularly have quantitative alcohol histories taken and notification sent to their general practitioners. Their overdose may be mismanaged if their chronic and acute alcohol consumption is not taken into account, particularly in the case of paracetamol poisoning, which is common and has a complex interaction with alcoholic liver damage. Brief advice to reduce consumption is effective⁴ yet cannot be given without eliciting quantitative alcohol histories. Treatment for problem drinking with appropriate support can prevent repeat episodes of self poisoning.⁵ General practitioners may wish to prescribe differently to patients whom they know to be at risk of misusing drugs in conjunction with alcohol.

Admission to hospital with self poisoning indicates increased risk of excessive and problem drinking, and these patients should be more, not less, likely to receive thorough assessment of their alcohol consumption.

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