Summary of Key findings

Brief Interventions in General Hospital (BIG Trial): A mixed methods study

Key findings

- At six month follow-up more participants in the intervention group reduced their alcohol consumption when compared with those in the control group representing both a clinically important and statistically significant change.

- Overall those who received the alcohol brief intervention reduced their alcohol consumption by an average of more than 75 grams per week.

- Findings suggested that employment serves as a protective factor, with those in employment likely to consume less alcohol and with a tendency to have more alcohol-free days per week.

- Qualitative interview results suggest that alcohol was a coping mechanism, for many, during difficult emotionally charged, stressful events.

- Among those who reduced their alcohol consumption many reported a gap in their social lives and spoke of the need to find meaningful activities to take the place of alcohol.

- Those who had found activities to take the place of alcohol were more certain that change was sustainable.

- Further exploration is recommended on the contribution of meaningful occupation in sustaining changes in alcohol consumption, together with the role occupational therapists may play in this.

Project aims

The aim of this project was to establish the effectiveness of alcohol brief interventions (ABI) in a general hospital setting whilst exploring the lived experience for participants who reduced their alcohol consumption.

It explored whether patients identified as hazardous or harmful drinkers in hospital, who received an ABI, reduced their alcohol consumption more than those who received a leaflet and routine hospital care. The primary outcome was grams of alcohol per week.

The study set out to address, not only whether the intervention worked, but how and why changes in alcohol consumption took place.

Background

Brief interventions involve a time-limited intervention focusing on changing patient behaviour. They are often motivational in nature using counselling skills to encourage a reduction in alcohol consumption. Studies evaluate a range of interventions under the brief intervention category, though six key elements have been widely summarised under the acronym FRAMES: feedback, responsibility, advice, menu of strategies, empathy and self-efficacy (Scottish Intercollegiate Guidelines Network 2003).

The implementation of alcohol brief interventions (ABI) in primary care is a Scottish Government HEAT target. The role that occupational therapists can play in delivering these interventions is now beginning to be recognised. In the Cochrane review completed as part of this initiative occupational therapists are now clearly cited as one of a range of professionals who can deliver brief interventions (McQueen et al 2011). There has been increasing recognition of this within NHS Greater Glasgow and Clyde.
Methodology

The research comprised of three distinct but connected parts: a systematic review, a randomised controlled trial and qualitative interviews.

The study included 124 hazardous or harmful alcohol drinkers (103 male, 21 female) with a mean age of 44 years. Identification of participants was undertaken using the Fast Alcohol Screening Tool (FAST) and a retrospective drinking diary. Participants were recruited from general hospital wards (medical and orthopaedic), and were randomised into two groups. The intervention group (n=63) received the alcohol brief intervention and the control group (n=61) received a leaflet and routine hospital care.

The brief intervention involved a one-to-one session delivered whilst the participant was in hospital, using a motivational counselling approach to encourage a reduction in alcohol consumption. A purposeful sample of ten participants from the intervention group, who had reduced their alcohol consumption, took part in a semi-structured interview.

Results

87/124 (70%) of participants completed the follow up assessment at 6 months.

At six month follow-up more participants in the intervention group reduced their alcohol consumption when compared with those in the control group. The average decrease for the ABI group was 97 grams (n=63) compared with 12 grams (n=61) in the control group, representing a mean difference of 85 grams (over ten units) of alcohol per week (95% CI 162.46 to 7.54) in favour of the ABI (p=0.03).

In addition those in the intervention group were more likely to reduce their number of binge drinking episodes per week. Overall, 40% (n=49) of the participants in this study reported reducing their episodes of binge drinking at six month follow-up. Whilst those in the control group, on average reported no change in the mean number of binge drinking episodes per week, those in the intervention group reported a decrease of 0.65 days. Whilst this represents a small weekly mean difference between groups, taken over a six month period this represents a mean difference of almost 16 binge drinking episodes, an amount which could potentially reduce adverse alcohol related problems. Results of the Mann Whitney U two tailed test reached statistical significance (U=1573 p=0.04). These findings are based on an intention to treat analysis.

An additional finding of interest related to the link between employment and alcohol consumption. Of the 124 participants recruited to the study, 102 (82%) were of working age i.e. less than 65 years for men or 60 years for women. Of these, 21 (21%) were unemployed. At baseline, unemployed participants reported drinking on average 363 grams (45 units) of alcohol per week, compared with those in employment who reported drinking on average 205 grams (26 units) of alcohol per week, a mean difference of 158 grams per week (20 units per week). This difference was statistically significant. Thematic analysis from the interviews resulted in identification of four superordinate themes focusing on 1) Personal reflection, 2) Cost-benefit equation, 3) ABI/hospital admission, 4) Challenges.

Publication


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