

THE PROBLEMS ASSOCIATED WITH MANAGING INPATIENTS WHO MISUSE ALCOHOL - A SURVEY OF WARD MANAGERS IN A CITY GENERAL HOSPITAL

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AIMS AND METHOD:

To identify the prevalence of alcohol misuse in patients admitted to the medical admission ward of a large teaching hospital. 104 patients were screened with the Alcohol Disorders Identification Test (AUDIT).

A qualitative survey of nursing staff in a city general teaching hospital, exploring the problems associated with managing alcohol misusing inpatients and attitudes towards a dedicated alcohol worker as recommended by the Department of Health.

RESULTS

Prevalence of alcohol misuse was 30%. This was underestimated by the majority of nurses surveyed.

Patients who misuse alcohol create significant management problems for nursing staff. The main factors identified were management of withdrawal, physical aggression and verbal abuse and non-compliance with treatment.

Staff demonstrated positive attitudes about the ability of their patients to make changes to their alcohol use. The suggestion of employing a specialist alcohol worker to support patients and staff was welcomed.

CLINICAL IMPLICATIONS

A Specialist alcohol worker as recommended by DOH etc should be introduced to support staff and develop the service for patients who misuse alcohol.

Training should be provided for staff on the management of patients with alcohol problems.

Screening should be introduced to identify patients who are misusing alcohol.

Alcohol services for patients over the age of 65 should be considered.

Introduction:

Over nine million adults in Great Britain drink at hazardous or harmful levels. In 1998 the Office for National Statistics General Household Survey data (1) showed that 27% of men (about 6 million) and 14% of women (about 3.1 million) aged 18 and over were drinking over the recommended sensible limits. It has been estimated that alcohol misuse costs the NHS 2-12% of total NHS expenditure on hospitals in inpatient costs alone (4) and acknowledged that it is a major contributor to attendance and admission to general hospitals.

Studies in the general hospital setting have shown the pressure placed on resources in Accident and Emergency and outpatient services by patients who misuse alcohol (5) and acute medical admissions (6)

In a further study, 16% of inpatients were identified as alcohol misusers by the Alcohol Use Disorders Identification Test (AUDIT) (7).

The consequence of this creates great pressure for staff who can often feel ill-equipped to deal with the problem. Patients attending or admitted to hospital under the influence of alcohol raise risk management issues in terms of aggression and violence or non-compliance with treatment. It is not surprising, therefore, that medical and nursing staff have been shown to be reluctant to raise the issue of alcohol consumption with patients (8)

In addition, opportunities to offer support and advice to ward staff in managing alcohol misuse have been complicated by changes to the NHS organisational structure. Separation of psychiatric services from general hospitals and under-resourcing of Liaison Psychiatry services can only add to the difficulties faced by staff.

In 1998 the British Government declared its intention to introduce a national strategic approach to alcohol in "Our Healthier Nation"(2). Alcohol Concern responded by producing "Proposals For A National Alcohol Strategy For England"(3). Developed through national consultation, this details wide-ranging measures with the aim of reducing alcohol-related harm in society. Included in these proposals are recommendations for addressing the current fragmented service provision of treatment and support for people with alcohol problems. In general hospital settings it is recommended that screening and alcohol-focused brief intervention and treatment is offered.

The Royal College of Physicians, focusing on the need to reduce alcohol-related illness and the burden placed on the NHS from alcohol misuse, has recommended a general hospital alcohol strategy (4). This requires each acute hospital trust to develop appropriate strategies for the early identification of and management of hazardous and harmful drinkers, including the introduction of dedicated alcohol workers.

These proposals create a significant opportunity to reduce alcohol-related harm and address the pressure placed on the NHS from alcohol misuse in cost, resources and effects on staff.

Given the above national picture, what are the experiences of ward managers in dealing with patients who misuse alcohol and what is their viewpoint on employing a dedicated alcohol link worker?

The Bristol Royal Infirmary is a city general teaching hospital with no current dedicated alcohol worker. Patients referred for psychiatric assessment with identified alcohol problems are currently managed by the Psychological Medicine Service. Referral may be made to the Bristol Area Specialist Alcohol Service (NHS) for patients who are alcohol dependent, or the local non-statutory alcohol agency, ACAD (Advice and Counselling on Alcohol and Drugs).

This study aimed to identify the specific problems faced by nursing staff associated with managing inpatients who misuse alcohol and to consider how the introduction of a specialist alcohol worker might help to address some of these difficulties.

In addition, we wished to estimate the current extent of the problem facing staff and a prevalence study of alcohol misuse on the general medical admission ward was undertaken at the same time.

METHOD.

A questionnaire survey was conducted in May 2001 to collect views of nursing ward managers on the problems associated with management of patients who misuse alcohol. The study took place at the Bristol Royal Infirmary, which is the city of Bristol's main teaching hospital with 450 beds. The questionnaire was circulated to the ward managers of 18 wards covering medicine and surgery specialities. Subjects were asked to:

1. Estimate the percentage of patients on their ward who might be misusing alcohol.
2. Identify the main presenting clinical problems on their ward resulting from alcohol misuse.
3. Identify problems with managing patients who misuse alcohol.
4. Suggest key roles for a specialist alcohol worker.
5. Indicate the motivation level of their patients to change their drinking pattern.

In addition staff were asked to provide a profile of their ward which included information such as number of beds, average length of stay on the ward and average age group of patients.

Prevalence study:

To gain an idea of the extent of the problem facing staff, we carried out a prevalence study of alcohol misuse amongst patients. This took place on the general medical admissions ward at the BRI over a two month period (April- June 2001) using the Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al, 1993).

The AUDIT questionnaire has been recommended as a screen for hazardous or harmful use of alcohol, demonstrating high sensitivity and specificity compared to other screens (Mackenzie et al, 1996).

Patients between the ages of 16-65 were asked to complete the AUDIT questionnaire as part of the admission procedure by nursing staff. Responses to 10 questions were scored from 0-4 giving a maximum possible score of 40. A score >8 suggests hazardous or harmful alcohol use and a score >15 indicates possible dependency.

RESULTS

Prevalence results using AUDIT:

The AUDIT screen identified over 30% of patients to be misusing alcohol. 20% of the total patient sample scored >8, indicating hazardous or harmful use and 11% scored >15 suggesting possible alcohol dependence.

Ward Managers Survey:

13 ward managers responded to the questionnaire (response rate 72%). Those that did not respond included 2 surgical wards, 2 medical wards and 1 medical ward for the elderly.

On average each ward manager was responsible for 20 beds.

Nearly two thirds (62%) of the wards reported the average age group of inpatient as > 50 years old.

Staff perception of the prevalence of alcohol misuse

Nearly two thirds of respondents (62%) estimated that the prevalence of alcohol misuse < 10% in their patients. The remainder estimated prevalence between 10% and 30 %.

Table 1 lists the main presenting clinical problems that ward managers felt related to alcohol misuse

Table 1. Presenting clinical problems

	%	(n)
Agitation	8	1
Agression	31	4
Confusion	31	4
Withdrawal	23	3
Fractures	15	2
Alcohol related disorders	38	5
Falls	8	1

Over a third (38%) of staff reported alcohol related disorders of a chronic nature. These included encephalopathy, oral cancer, gastro-intestinal bleeds, pancreatitis, alcohol dependency, hallucinations, cardiomyopathy, alcoholic liver failure, ascites and jaundice.

Patients experiencing withdrawal from alcohol was highlighted as a problem by nearly a quarter (23%) of respondents, with nearly a third (31%) of wards reporting aggression from patients who were in withdrawal or who had been drinking alcohol.

Two wards said that patients often sustained fractures following alcohol use. One of these suggested that fractures often result from fighting under the influence of alcohol. With regard to older patients, concern was expressed by one ward about alcohol-related falls in the elderly.

Alcohol-related confusion was reported by nearly one third of staff. It was reported that other patients on the ward were often affected by the behaviour of patients who were misusing alcohol.

Table 2 lists the problems associated with nursing management of alcohol misusing patients

Table 2. Problems associated with managing patients who misuse alcohol.

	%	(n)
Lack of support from medical staff	8	1
Non-compliance with treatment	31	4
Verbal abuse	31	4
Physical aggression	46	6
Patients leave the ward to pursue drinking	8	1
Patients wander of the ward	15	2
Withdrawal	31	4
Frighten or abuse other patients	31	4
Unsuitable ward environment	23	3
Anxiety for staff	8	1

The majority of staff (77%) had experienced either physical aggression or verbal abuse from patients who were alcohol misusers. Furthermore, nearly one-third (31%) said that the ward environment was affected by these patients who could frighten other patients by their behaviour.

In addition the ward environment itself was regarded as unsuitable by nearly a quarter (23%) of staff who reported that there was no private space on the ward where staff could offer support to people with alcohol problems and discuss problems. One ward reported that there was an increase in anxiety for staff when nursing patients whose behaviour could be problematic, whilst another ward suggested that a lack of support from medical staff added to the problem.

Nearly a third of wards (31%) indicated that patients misusing alcohol are sometimes non-compliant with treatment. Two wards commented that patients leave the ward creating management problems. It was viewed that patients were prone to wander off the ward and that younger patients have left the ward to pursue drinking, returning in an intoxicated state.

Nearly a third of wards (31%) stated that alcohol withdrawal created difficulties on the ward. One ward manager suggested that elderly patients might not give correct information on their alcohol intake leading to subsequent withdrawal as no medication is prescribed. Another ward manager commented that they felt alcohol problems were poorly managed in trauma patients with no consistent approach.

Suggested roles for a specialist alcohol worker

	%	(n)
Advice re management	38	5
Withdrawal/detoxification advice	38	5
Advice re aftercare/ community services	31	4
Counselling/ advice for patient	69	9
Teaching staff re alcohol misuse	31	4
Advice for relatives/ carers	15	2
Supporting nursing staff	38	5
Providing guidelines for asking re alcohol intake	8	1
Diagnosis re signs of misuse	8	1

Staff were asked to suggest what they would find useful if a specialist alcohol worker was appointed to work with patients with alcohol problems. (See table 3).

The majority (69%) felt that counselling or advice for the patient would be beneficial with two respondents suggesting the importance of providing support and advice to relatives and carers.

The remaining suggestions focused on the needs of nursing staff when working with this client group. Over one third of staff (38%) highlighted their need for support from an alcohol worker with a third requesting advice on withdrawal and detoxification and the same amount needing advice on management of patients with alcohol problems. One respondent suggested that a policy to cope with patients who continue to drink as inpatients should be developed.

Nearly one third of nurses surveyed identified training needs in alcohol misuse to help understand the patient's problems. One ward manager also suggested providing guidelines on discussing alcohol intake with the patient.

In addition staff wanted advice on services available to people with alcohol problems.

Staff perception of patient motivation to address alcohol

Staff were given the option of indicating whether they felt their patient group was either completely unmotivated, partially motivated, motivated, or highly motivated.

54% (n = 7) of staff felt patients were motivated, with the remaining 46% (n6) stating that patients were partially motivated to make changes to their alcohol use. No one felt that patients were completely unmotivated although one respondent commented that many patients have long-standing alcohol problems and that motivation varies greatly. Another suggested that patients with a poor prognosis often consider it too late to change.

DISCUSSION:

This survey of senior nursing staff demonstrated that alcohol misuse presents a major management problem for nursing staff.

Comments regarding the difficulties of managing patients tended to focus on the symptoms and behaviours of severe alcohol misuse and dependency. Major nursing concerns focused on managing the consequences of withdrawal and intoxicated behaviour. Generally, withdrawal is seen as poorly managed, with staff trying to cope with resultant problematic behaviour.

A substantial number of staff experienced regular incidents of verbal or physical abuse from patients leading to risk management issues. Furthermore, the safety of other patients on the ward is compromised by this behaviour.

A significant number of staff reported non-compliance with treatment. This could lead to staff frustration and might also promote negative staff attitudes regarding motivation of patients to seek help for their alcohol problem. However all staff stated that patients were motivated to make changes.

There was discrepancy between staff estimates of alcohol misuse amongst patients and the prevalence results using the AUDIT questionnaire. More than two thirds of nurses surveyed estimated that <10% of their patients were misusing alcohol. This compared with a >30% prevalence of alcohol misuse on the medical admissions ward using the AUDIT at the time of the survey. It has been suggested that a significant proportion of alcohol misuse goes undetected by medical and nursing staff (7) and this may be the reason for the low estimate from the survey. Furthermore, other studies in general hospitals support the higher prevalence figure (6).

If patients with less overt alcohol misuse are being missed, then opportunities to help problem drinkers are also being missed. The AUDIT results suggested that 20% of patients were drinking in a hazardous or harmful way with a further 11% obtaining scores suggesting possible dependency. With nursing staff focusing on the difficulties of severe alcohol problems it may be that this bigger group of problem drinkers are being missed because their alcohol misuse is at an earlier stage or not evident on admission. A hospital admission can offer a window of opportunity for patients to make changes to damaging lifestyle behaviours including hazardous or harmful alcohol consumption. It has been suggested that a significant proportion of problem drinkers can reduce their alcohol consumption with brief advice and support from healthcare workers (11). This role could be taken on by nursing staff but does depend on identifying this group. Introduction of a screening tool such as the AUDIT would help to identify these patients

Concerns were raised about older patients (aged >65 years). It was stated that falls in this group could be alcohol related and also that older patients might not be asked/give correct information about their alcohol use. This could lead to misdiagnosis of withdrawal symptoms for confusion. An Australian study of medical inpatients aged >65 years found that a high proportion of elderly substance misusers were missed with only one third of problem drinkers identified by medical staff. (12)

The need for an alcohol worker was clearly stated, with the majority of staff requesting counselling and support for their patients. Advice on detoxification and patient management could be provided to support nursing staff in working with this patient group. Specific work with elderly inpatients may also promote identification and referral of problematic alcohol use.

Staff surveyed identified a significant need for training. A training programme could be implemented by a specialist alcohol worker to increase staff understanding of alcohol problems, implement screening for alcohol misuse and improve nurses confidence in addressing patients alcohol use and develop effective alcohol interventions. In addition, specialist alcohol follow-up could be offered.

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