Women's Health Issues 26-2 (2016) 232–239

WOMEN'S HEALTH ISSUES
www.whijournal.com

Veterans' Health

Factors Affecting Women's Disclosure of Alcohol Misuse in Primary Care: A Qualitative Study with U.S. Military Veterans

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Article history: Received 22 January 2015; Received in revised form 26 May 2015; Accepted 28 July 2015

ABSTRACT

Background: One in five women veterans screens positive for alcohol misuse. Women may be less likely than men to disclose alcohol use to a primary care provider (PCP), resulting in women being less likely to receive effective interventions. We sought to qualitatively examine factors that may affect women veterans' willingness to disclose alcohol use to a PCP.

Methods: Between October 2012 and May 2013, in-depth interviews were conducted with 30 women veterans at two Department of Veterans Affairs (VA) medical facilities. Qualitative data analyses identified common themes representing factors that influence women's decision to disclose alcohol use to a PCP.

Findings: Nine themes were endorsed by women veterans as influencing their willingness to disclose alcohol use to their PCP. Themes included provider behaviors perceived as encouraging or discouraging disclosure of alcohol misuse, perceived positive relationship with provider, negative emotions such as concerns about being judged or labeled an "alcoholic," health concerns about drinking, non–health-related concerns about drinking, self-appraisal of drinking behavior, social support, and clinic factors.

Conclusions: Our findings demonstrate the importance of social relationships, comfort with one's provider, and education on the potential harms (especially health related) associated with alcohol in encouraging disclosure of alcohol use in women veterans. Our results also support VA national health care efforts, including the provision of brief alcohol counseling and the use of primary care clinics specializing in the care of women veterans.

Published by Elsevier Inc. on behalf of the Jacobs Institute of Women's Health.

Funding statement: This research was supported by a Rapid Response Project (RRP 11–436) to Dr. Cucciare by the VA Substance Use Disorder Quality Enhancement Research Initiative. This research was also supported by a Career Development Award–2 (CDA 08-004) to Dr. Cucciare, and by a Senior Research Career Scientist Award (RCS 00–001) to Dr. Timko, by the Department of Veterans Affairs (VA) Health Services Research and Development (HSR&D) Service. Dr. Hoggatt is funded through a VA HSR&D QUERI Career Development Award (CDA 11–261) at the VA Greater Los Angeles. The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government. There are no financial conflicts to disclose.

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1049-3867/$ - see front matter Published by Elsevier Inc. on behalf of the Jacobs Institute of Women's Health.
http://dx.doi.org/10.1016/j.whi.2015.07.010

Historically, rates of alcohol misuse have been lower in women veterans than their male peers (Harris, Bradley, Bowe, Henderson, & Moos, 2010). However, recent studies have found that as many as one in five women veterans engages in alcohol misuse (Eisen et al., 2012), suggesting that this is a relatively prevalent health condition in this population. This finding lends additional importance to the Institute of Medicine's call for more research on alcohol use disorders (AUDs) in women (Institute of Medicine, 2010), because AUDs may have particular relevance to women veterans.

Failure to address alcohol misuse—a spectrum of drinking behavior ranging from alcohol consumption exceeding low-risk limits set by the National Institute on Alcohol Abuse and Alcoholism (National Institute on Alcohol Abuse and Alcoholism, 2010) to meeting diagnostic criteria for an AUD (American Psychiatric Association, 1995)—can have serious consequences. Alcohol misuse among women veterans is associated with numerous negative physical health outcomes, including a higher likelihood of domestic violence, sexually transmitted diseases, injury, cirrhosis, and gastrointestinal illness (Chavez, Williams, Lapham, & Bradley, 2012; Lembke, Bradley, Henderson, Moos, & Harris, 2011), and negative mental health outcomes including posttraumatic stress disorder and depression (Cucciare, Simpson, Hoggatt, Gifford, & Timko, 2013). Women may experience a disproportionate frequency and scope of alcohol-related problems than men (Sanchez-Craig, Wilkinson, & Davila, 1995), and at lower levels of alcohol consumption (National Institute on Alcohol Abuse and Alcoholism, 2010). Furthermore, medical problems associated with alcohol misuse, such as circulatory disorders and cirrhosis, can progress more rapidly in women (vs. men) who engage in harmful drinking (Kay, Taylor, Barthwell, Wichelecki, & Leopold, 2010).

Women are also more likely than men to exhibit accelerated progression from first use of a substance to substance use disorder (SUD) onset (Greenfield, Back, Lawson, & Brady, 2010). This phenomenon is known as *telescoping*, and has been observed among women using alcohol and illicit drugs (Hernandez-Avila, Rounsaville, & Kranzler, 2004). Telescoping implies that women who misuse alcohol may present to clinicians with a more advanced profile of complications compared with men, despite consuming less alcohol and for a shorter period of time (Greenfield et al., 2010; Hernandez-Avila et al., 2004). These findings suggest a potential increased health burden of alcohol misuse among women and highlight the need for using effective, acceptable screening procedures to identify alcohol misuse in this population.

Primary care providers (PCPs) are less likely to identify alcohol misuse in women than in men (Buchsbaum, Buchanan, Poses, Schnoll, & Lawton, 1992; Coulehan, Zettler-Segal, Block, McClelland, & Schulberg, 1987). A lack of knowledge about the characteristics of women at high risk for alcohol misuse may partially explain this finding (Tsai, Floyd, Green, & Boyle, 2007). For example, a large study of women of childbearing age participating in the Centers for Disease Control and Prevention's Behavioral Risk Factors Surveillance System survey found that women of younger age or current smokers were more likely to binge drink (Tsai et al., 2007). Some women are also reluctant to disclose or accurately report their alcohol use with a provider. Indeed, women may conceal harmful drinking even in the context of conditions that frequently co-occur with alcohol misuse (e.g., fractures, gastric symptoms) or the presence of biomarkers (e.g., liver function tests from blood samples) suggestive of heavy alcohol use (Sepp, Sinclair, & Sillanaukee, 1994). Unfortunately, no studies have examined factors that contribute to willingness to disclose alcohol use among women drinkers and thus little is known about this phenomenon (Institute of Medicine, 2010).

Women's reluctance to disclose their alcohol use to a PCP is an understudied phenomenon with potentially adverse consequences. Failure to recognize alcohol misuse may preclude timely receipt of brief interventions for problem drinking (Jonas et al., 2012). Accordingly, men are 1.5 times more likely to be warned about the harmful effects of alcohol and 3 times more likely to be advised to stop or modify their drinking than women (Volk, Steinbauer, & Cantor, 1996). In 2007, the Department of Veterans Affairs (VA) implemented a national brief alcohol counseling performance measure requiring clinicians to provide brief alcohol counseling to veterans screening positive (score $\geq$ 5) for alcohol misuse on the Alcohol Use Disorders Identification Test–Consumption Items (AUDIT-C; Bradley et al., 2006). Veterans with a positive AUDIT-C screen are required to receive, at minimum, counseling consisting of education about gender-specific safe drinking limits and the potential health effects of alcohol misuse. Although these efforts improved rates (34%–53%) of documented brief alcohol counseling among veterans with alcohol misuse (Lapham et al., 2012), comparisons of the rates of counseling received among men and women have not been conducted. Thus, concerns remain that women veterans may also be less likely to receive brief alcohol counseling. Understanding barriers and facilitators to women disclosing (i.e., accurately reporting) alcohol use may help to improve early screening and treatment efforts which may prevent the development of an AUD and lower the need for more costly treatment options. This study, therefore, sought to qualitatively identify factors that may affect women veterans' willingness to disclose alcohol use to a PCP.

Methods

Sample and Procedure

Between October 2012 and May 2013, we conducted interviews with 30 women veterans. Participants were recruited from two VA Women's Health primary care clinics in California. Participants were recruited through study flyers provided to them by a PCP or in response to study flyers posted in clinics or examination rooms. Potential participants contacted the study team by phone and completed eligibility screening. Women veterans were eligible to participate if they answered "yes" to questions about whether they had discussed, with their PCP, their alcohol consumption during a routine visit within the prior year, and had consumed alcohol in the past year (Figure 1). These two eligibility criteria were also listed on the recruitment materials. Women were not required to have accurately reported their alcohol use to their provider to be eligible to participate. For example, participants may have been asked by a provider about their alcohol consumption and chose to not accurately report the amount of alcohol they consume. Once consented, participants were made aware that the focus of the study was to understand women's experiences disclosing alcohol use to their PCP and to obtain their preferences for alcohol-related care options. Data for the first aim are presented in this article. Women completed a 45- to 60-minute, semistructured telephone interview and were reimbursed $60 for their time. Human subjects approval for this study was granted by Stanford University.