

Alcohol problem drinking among general hospital inpatients in northeastern Germany

Beate Coder, Dipl.-Psych.^{a,*}, Jennis Freyer-Adam, Ph.D.^a, Gallus Bischof, Ph.D.^b,
Christine Pockrandt, Dipl.-Pfleger. (FH)^a, Birgit Hartmann, Dipl.-Soz.-Päd. (FH)^a,
Hans-Jürgen Rumpf, Ph.D.^b, Ulrich John, Ph.D.^a, Ulfert Hapke, Ph.D.^c

^aErnst-Moritz-Arndt-University of Greifswald, Institute of Epidemiology and Social Medicine, Walther-Rathenau-Str. 48, 17487 Greifswald, Germany

^bUniversity of Luebeck, Department of Psychiatry and Psychotherapy, Ratzeburger Allee 160, 23538 Luebeck, Germany

^cRobert Koch-Institut, FG 22, Seestaße 10, 13353 Berlin, Germany

Received 18 July 2007; accepted 25 October 2007

Abstract

Objective: To estimate proportions of alcohol problem drinking: alcohol use disorders (AUDs) and drinking above recommended levels among general hospital inpatients in northeastern Germany.

Method: The sample includes consecutively admitted inpatients ($n=14,332$) between 18 and 64 years old. This study adopted a two-stage-sampling approach including screening and ascertainment of diagnosis based on *DSM-IV* criteria and a quantity-frequency index.

Results: In total, 20.4% of all inpatients screened positive. Nine percent of the total sample were identified with current problem drinking in the following descending order: 5.3% AUD and 3.6% drinking above recommended levels. In addition, 3.1% of persons were diagnosed with alcohol dependence in remission. Proportions differed significantly among men and women ($P<.001$). Higher proportions of problem drinking were found at rural sites compared to urban sites (13.7% vs. 7.5%, $P<.001$).

Conclusions: In addition to AUDs, drinking above recommended levels is a common problem among general hospital inpatients. Thus, the implementation of systematic alcohol screening and brief interventions should be considered.

© 2008 Elsevier Inc. All rights reserved.

Keywords: General hospital; Alcohol problem drinking; At-risk drinking; Heavy episodic drinking; Alcohol use disorders

1. Introduction

Alcohol-related somatic disorders are highly prevalent among general hospital inpatients [1]. Proportions of inpatients with current alcohol use disorders (AUDs: alcohol dependence and alcohol abuse) range between 7.4% and 18.3% (e.g. [2–5]). While data on proportions of inpatients with AUDs have been provided, little is known about proportions of inpatients who drink above recommended levels, namely, proportions of at-risk and heavy episodic drinking. According to the British Medical Association [6], at-risk drinkers are characterized by a daily average consumption of 30 g or more of pure alcohol for men and 20 g or more for women. Heavy episodic drinkers are persons with irregular excessive alcohol consumption. Both drinking

groups have a higher risk for somatic problems; in particular heavy episodic drinkers experience a higher rate of injuries and accidents [6,7]. They have a higher risk of being admitted to general hospitals [8,9]. Therefore, in addition to persons with AUDs, persons who drink above recommended levels are expected to constitute a substantial part among hospital inpatients. AUDs and drinking above recommended levels may be summarized as problem drinking.

Previous studies reporting proportions of problem drinking among general hospital inpatients include several limitations: Firstly, proportions have been reported for one general hospital only (e.g., Ref. [3]) or for one specific ward such as the emergency room (e.g., Ref. [10]), or for AUDs only (e.g., Ref. [11]). Secondly, proportions of problem drinking have rarely been reported for an entire region [4,5]. Thirdly, the majority of evidence is based on screening data (see Ref. [12]). Only a few studies used standardized diagnostic interviews based on *DSM-IV* [13] or ICD-10 [14] criteria for AUDs [2,3,5,11,15].

* Corresponding author. Tel.: +49 3834/867733; fax: +49 3834/867701.
E-mail address: coder@uni-greifswald.de (B. Coder).

Fourthly, studies using *DSM-IV* or ICD-10 criteria focused on small study samples and were conducted over a short period of time (e.g., Refs. [2,11]), which can be biased by seasonal effects. In summary, proportions of problem drinking including AUDs and drinking above recommended levels among inpatients in a variety of general hospitals of an entire geographical region are still unknown.

To our knowledge, there is no study that comprises all of the following conditions to get a more complete picture of the distribution and extent of problem drinking: (a) the inclusion of more than one general hospital of an entire geographical region; (b) the focus on all types of problem drinking; and (c) the use of *DSM-IV* criteria to identify AUDs. However, such a study is needed to estimate the demand of (special) medical care due to alcohol-related problems in general hospitals and in a larger geographical region. A study meeting these conditions would have the additional advantage of comparing rural and urban areas.

The aim of the present study was to provide data on proportions of 18- to 64-year-old inpatients with problem drinking in the general hospitals of a defined region.

2. Methods

2.1. Sample

The sample described in this paper is part of the project “Early Intervention at General Hospitals” (conducted by the

Research Collaboration Early Substance Use Intervention, EARLINT). It included 14,332 inpatients from four general hospitals in northeastern Germany, mainly from the wards of internal and surgical medicine, and ear–nose–throat unit. Sites 1 and 2 were considered urban areas (Stralsund and Greifswald with 59,140 and 52,869 residents, respectively) [16]. Sites 3 and 4 were located in rural areas (Demmin and Malchin/Dargun with 12,754 and 8383 residents, respectively). The whole study area is part of the Federal State of Mecklenburg–Western Pomerania that has the lowest population density among all states of Germany. These four hospitals provide medical care for the 198,745 inhabitants (including residents from each administrative district of the rural hospitals) in the defined geographical region [17]. Between April 28, 2002, and June 30, 2004, all consecutive hospital admissions were asked to consent to an alcohol screening assessment, with the provision that individuals were between 18 and 64 years old and staying for at least 24 h ($n=17,272$) (Fig. 1). Patients not cognitively and physically capable, patients already recruited for the study during an earlier hospital stay, patients with language barriers and patients employed at the hospital were excluded from the study. Individuals who screened positive and verbally agreed to further participation were then assessed to identify AUDs and drinking above recommended levels. In all sampling stages, the patients were informed that the results were used for research purposes only and that the results were not released to the staff of the general hospital.

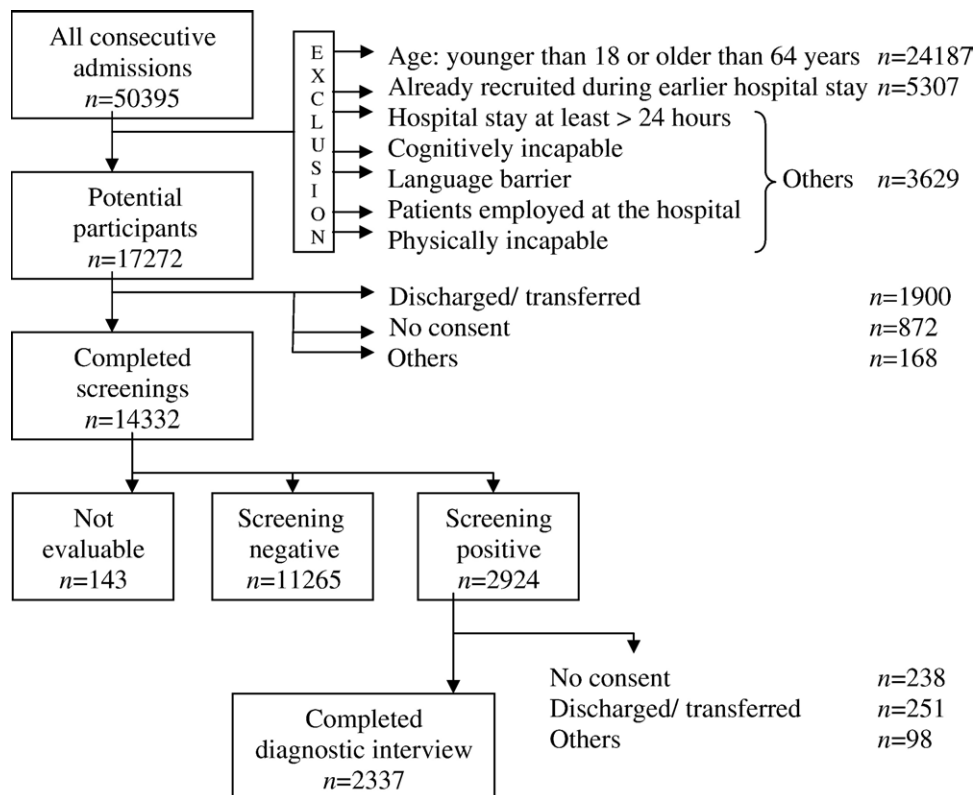


Fig. 1. Sampling procedure.

Download English Version:

<https://daneshyari.com/en/article/3238279>

Download Persian Version:

<https://daneshyari.com/article/3238279>

[Daneshyari.com](https://daneshyari.com)