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Original Article

Barriers for identification and treatment of problem drinkers in primary care

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ABSTRACT

Objective: Due to the lack of studies in the Spanish population, this study aims to analyze the barriers perceived by health professionals from different Spanish health centers when attempting to identify and treat problem drinkers and the importance given to this aspect, as well as analyzing the possible differences as a function of the professionals' health teams. We also analyze the psychometric properties of the questionnaire used to assess these barriers.
Method: The participants included 107 health professionals: 62.7% belonged to the medical team and 32.4% to the nursing team. After we had reviewed previous studies, collecting the main barriers referred to in them, participants completed an ad hoc questionnaire.
Results: The main barriers found were the belief that patients will lie about their actual consumption and will not identify its negative consequences, and the belief that they will reject participating in an intervention for their alcohol consumption. No significant differences between doctors and nurses were found in any of the barriers assessed. The results provide empirical evidence of the reliability of the test for the assessment by both teams of professionals.
Conclusions: Studies are needed to examine in greater depth these conclusions, extending the number of variables studied to determine a more complete profile of the health professionals who are reluctant to incorporate the assessment and treatment of problem drinkers in their consultation. This could help to improve the design of programs to facilitate and encourage its implementation in primary care.

Barreras para la identificación y la intervención en bebedores problemáticos en atención primaria

Palabras clave:
Identificación
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Consumo de bebidas alcohólicas
Atención primaria
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Enfermería

RESUMEN

Objetivo: Ante la falta de estudios en población española, el objetivo de este estudio fue analizar las barreras percibidas por los profesionales sanitarios de los centros de salud españoles en la identificación y el tratamiento de los bebedores problemáticos, y la importancia otorgada a su realización, analizando las posibles diferencias existentes en función del equipo sanitario al que pertenecen; y también analizar las propiedades psicométricas del cuestionario utilizado para evaluar dichas barreras.
Método: Participaron 107 profesionales sanitarios, un 62,7% del equipo médico y un 32,4% del equipo de enfermería. Tras una revisión de estudios previos, fueron evaluados con un cuestionario *ad hoc* que recogía las principales barreras mencionadas en aquellos.
Resultados: Creer que el paciente mentirá sobre lo que realmente bebe, que no identificará las consecuencias negativas de su consumo y que no accederá a recibir intervención sobre su consumo de alcohol son las principales barreras encontradas. No se encontraron diferencias significativas entre médicos/as y enfermeros/as en ninguna de las barreras evaluadas. Los resultados aportan evidencia empírica a favor de la fiabilidad de la prueba para la evaluación de ambos equipos profesionales.
Conclusiones: Resultan necesarios estudios que profundicen en las conclusiones presentadas, ampliando el número de variables estudiadas para determinar un perfil más completo del profesional sanitario reticente a la hora de incorporar la identificación y la intervención de bebedores problemáticos en su consulta. De esta forma se podría ayudar a mejorar el diseño de programas que faciliten e incentiven su implementación en atención primaria.

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Introduction

In Spain, the prevalence of problematic alcohol consumption, assessed with the AUDIT questionnaire,[1] is approximately 4.9%.[2] Moreover, 15.5% of Spaniards between 15 and 64 years has participated in episodes of binge drinking in the past month, a percentage that increases in young adults (20-24 years), reaching almost 35% in the male population.[2]

However, only 5 to 10% of problem drinkers are identified or receive any type of treatment or brief counseling by professionals of the primary care services.[3,4] The fact that the assessment of alcohol consumption is sometimes limited to those patients whose reason for consultation is directly related to their consumption or to their symptomatology reveals the need to identify and treat them.[5] This situation is striking when taking into account that both identification and brief intervention in these services have proven to be an efficacious, effective, and efficient element to reduce risky alcohol consumption.[6,7]

In view of this, many studies have assessed the possible barriers in the health professionals for the identification and treatment of problem drinkers. In this sense, and despite the fact that general practitioners support early intervention in alcohol-related problems,[8,9] the lack of time to address them, together with the lack of training and the lack of support from government policies or of funding or incentives, are emerging as the main barriers that hinder its implementation.[9–14]The perception that alcohol consumption is more difficult to address with the patients or the fear of offending them or of harming the relationship with the patient by asking questions about alcohol are also barriers frequently referred to by health professionals.[5,15–17] Another barrier is professionals' low motivation and low expectations about the effectiveness of a brief intervention.[5,8,18]

With regard to patient factors, the professionals' belief that patients will not be motivated to change, they will not be interested or they will make up excuses to avoid intervention are also barriers commonly referred to by health professionals.[11,13,19,20] Professionals are also convinced that patients will not answer questions about alcohol consumption honestly.[19,21]

Despite that all these barriers have been widely evaluated, few studies have been carried out in Spanish population. Therefore, the goals of this study are to analyze the barriers perceived by health professionals in different Spanish health centers when identifying and treating problem drinkers, and to determine the importance granted to such identification and intervention, as a function of the health team to which the professionals belong. We also analyze the psychometric properties of the questionnaire used to assess these barriers.

Method

Participants

Participants were 107 health professionals belonging to nine primary care centers in the province of Alicante (Spain), of whom 62.7% ($n = 67$) belonged to the medical team and 32.4% ($n = 40$) to the nursing team.

Variables and instruments

By means of an ad hoc questionnaire, we first assessed perceived barriers to the identification and treatment of problem drinkers. A two-stage process was used to develop the questionnaire. First of all, we performed a review of previous studies[5,8–11,13–21], in order to compile the barriers mentioned in them. Second, after a frequency analysis, we selected the most commonly referred barriers and developed a 9 items-questionnaire for their assessment in Spanish health professionals.

Respondents were asked to indicate their level of agreement on a scale of 1 to 5 (strongly disagree to strongly agree) of the following barriers: (a) lack of time, (b) fear of offending patients, (c) lack of adequate training or experience, (d) considering it pointless to speak with patients about their alcohol consumption, (e) not perceiving risky alcohol consumption as an important health problem, (f) believing that patients would lie about their alcohol consumption, (g) believing that patients will not identify the negative consequences of their consumption, (h) believing that patients will not accept an intervention for their alcohol consumption, and (i) considering that the intervention would not help patients to change their alcohol consumption.

We also assessed the degree of importance granted to the identification and treatment of problem drinkers with a single item on Likert-type scale ranging from 1 (not at all important) to 5 (very important).

Procedure

We contacted with the primary care directors of all Alicante and Elche public care centers. Nine of them agreed to participate. After arranging a meeting with the medical directors of those centers, we went to the centers during working hours and explained the goals of the study. Both medical and nursing staffs were invited to participate in the study. All those who wished to participate, after given the permission to use their data, completed the questionnaire anonymously and confidentially, following the instructions provided. The current study was reviewed and approved by the ethics committee of the Miguel Hernández University.

Analysis of results

The obtained data were coded and analyzed with the IBM SPSS 20.0 statistics for Windows computer program. We analyzed the reliability of the instrument through its internal consistency (Cronbach's alpha coefficient). Alpha values should be equal to or higher than .70 to be acceptable.[22] We also performed descriptive analysis (means and standard deviations) of all the items, as well as we calculated the discrimination index for each item. Item discrimination was classified as poor (<0.20), acceptable (0.20-0.29), good (0.30-0.39) and excellent ($\geq$0.40).[23]

To analyze the factor structure of the questionnaire, we performed a factor analysis with the principal components extraction method and Varimax rotation. We also tested the intercorrelation between the scores of each factor with Pearson's correlation coefficient. Once the initial factor structure was obtained, we also performed a second-order factor analysis, in order to test the possible unidimensionality of the questionnaire. The raw scores on the factors obtained in the first factorial analysis were used for this second analysis. Finally, we also analyzed the differences in the assessed variables (all continuous variables) with Student's *t*-test for independent samples with a 95% confidence level.

Results

Reliability analysis

Cronbach's alpha coefficient of the test was initially .62, indicating an acceptable level of internal consistency (Table 1). Given that the items concerning the belief that alcohol consumption is not an important health problem, the lack of time, and the lack of training or experience all presented poor discrimination indexes (less than 0.20), they were removed as recommended by Ebel and Frisbie's.[23]