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Patterns of 'at home' alcohol-related injury presentations to emergency departments – An integrative literature review

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Summary

Introduction: Alcohol abuse has significant personal and social impacts. Recent public health campaigns and media attention have drawn attention to the impact of excessive drinking and subsequent injury in public places. This overlooks that a significant proportion of alcohol-related injuries occur in or near the home.

Aim: The aim of this integrative review was to determine existing information about rates of emergency department (ED) presentations for alcohol-related injuries that occurred 'at home'. A secondary objective was to compare ED presentations for alcohol-related injuries that occurred 'at home' with presentations for alcohol-related injuries that occurred at licensed venues.

Method: A search was conducted in: PubMed, CINAHL, and google scholar databases using the following search terms: "alcohol-related injury"; "alcohol-related injuries"; "emergency department"; and, "home".

Results: 398 papers were located, 389 were excluded leaving nine papers that were included in the review. The review found that a large number of alcohol-related ED injury presentations originated at home (ranging from 10% to 49%) with licensed premises as the other most likely location.

Conclusion: In a majority of the studies, the incidence of alcohol-related injuries sustained at home was greater than at licensed venues. Alcohol-related injury presentations to EDs are an important area of study. Nurses need to be aware of the importance of collecting accurate demographic data associated with the location of alcohol-related injury to provide evidence to inform health promotion and social policy.

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1. Introduction

Worldwide, alcohol-related death and disability is an important issue (World Health Organization [WHO], 2015). In the 20–39 years age group approximately 25% of total deaths are attributed to alcohol (WHO, 2015). Globally, there is a growing concern regarding the harm (Morgan & McAtamney, 2009) and increase in assaults (Ringland & Baker, 2009) associated with alcohol consumption. This has resulted in increased media interest in the topic (Barker, Swaminathan, Arora, & Scott, 2011). Although there is evidence to suggest that daily consumption of alcohol by Australians has reduced since 2009 (Australian Bureau of Statistics [ABS], 2015), the incidence of people who drink at risky level has increased (Australian Institute of Health and Welfare [AIHW], 2014), with young Australians the most likely to drink at high levels (AIHW, 2014).

In Australia in 2011–2012, 1% of principal diagnoses in hospitalisations were drug-related, with 57% of these related to alcohol (AIHW, 2014). In addition, the rate of hospitalisations alcohol-related has risen (approximately 280–340 episodes per 100,000 aged 10 or older; or, from about 50,000 to almost 70,000 episodes) (AIHW, 2014).

The *VicHealth and Foundation for Alcohol Research and Education's Alcohol's Burden of Disease in Australia* report (Gao, Ogeil, & Lloyd, 2014) indicates that the rate of hospitalisations and deaths from alcohol-attributed conditions increased by an alarming 62% over the last decade. Alcohol-related ED presentations remain highest among young males, however the rate of presentations to EDs by young (15–19 years) Australian women is increasing rapidly, with the rate of alcohol-related injuries for both sexes highest at weekends and after midnight (AIHW, 2014). Alcohol-related presentations to Queensland EDs for both men and women were the highest across Australia (Lensvelt et al., 2015).

Although it is noted that physical harm is not the only risk associated with alcohol consumption, high-level alcohol consumption is strongly associated with various types of violence (Graham & Homel, 2008). The incidence of people who report abuse by an intoxicated person has risen (AIHW, 2011).

The 2010 Australian National Drug Strategy Household Survey indicates:

- 1 in 4 Australians experience alcohol-related verbal abuse.
- 14.3% experience fear resulting from someone under the influence of alcohol.
- 8.1% of Australians, 14 years or older experience physical abuse by someone under the influence of alcohol (AIHW, 2011).

In addition to domestic violence and public fear, excessive consumption of alcohol also results in road and other accidents, and contributes to family breakdown and broader social dysfunction evident in the community (Ministerial Council on Drug Strategy [MCDS], 2011).

In Australia, media attention and government policy has tended to focus on licensed venues as the main location of alcohol-related injuries. Reforms have included restricted

opening hours (Dualibi et al., 2007), venue lockouts (Miller, Coomber, Sønderlund, & McKenzie, 2011), and replacing glass with plastic. Despite the public perception generated by the media of alcohol-related injuries occurring predominantly at licensed venues (Laing, Sendall, & Barker, 2013), many alcohol-related injuries occur in places other than licensed venues, including the home. According to a recent Australian study, alcohol consumption at high levels at home is common with alcohol-related injuries more likely to occur at home (39%) than in public spaces (23%) (Barker et al., 2011). This supports the claim that alcohol consumption is entrenched in social and cultural practices in Australia (AIHW, 2014; Laing et al., 2013), and raises serious concern about the cause of these injuries. For example, it is necessary to determine the extent to which these injuries are related to domestic violence.

The WHO recognises the importance of collecting and analysing ED data as a way to identify and address public health issues (Butchart et al., 2008; Holder et al., 2003). Although many countries routinely collect ED data, the use of this data as a means of preventing injuries and understanding ED presentations remains underdeveloped in many countries (Quigg, Hughes, & Bellis, 2012). Collecting ED data can bring about change by drawing attention to areas of concern in the community and guiding the development of appropriate actions and interventions. It is important that nurses as the front-line workforce in ED are aware of the potential for alcohol-related injury presentations to have occurred in or around the home.

Treatment for alcohol-related injuries incur significant costs to health services (Hoskins & Benger, 2013; Laing et al., 2013), and often result in a presentation to an ED. This presents a safety concern and additional workload for already overworked health professionals working in busy EDs (Gunasekara et al., 2011). As nurses are the majority of front line workers in EDs, they are likely to be the most affected by the rising incidence of alcohol-related injury presentations. They are also in an important position to identify problem drinkers, a group often difficult to access (Saraceno & Krug, 2009), and refer them to appropriate services.

2. Aim

An integrative literature review was conducted to determine existing information about rates of ED presentations for alcohol-related injuries that occurred 'at home'. A secondary objective was to compare ED presentations for alcohol-related injuries that occurred 'at home' with presentations for alcohol-related injuries that occurred at licensed venues.

3. Methods

The selected studies used a range of methodologies; therefore an integrative review was adopted as most appropriate for research approaches that include both experimental and non-experimental designs (Whittemore & Knafl, 2005). A systematic literature search was conducted using PubMed, CINAHL, and google scholar computerised data-bases using the following search terms: "alcohol-related injury"; "alcohol-related injuries"; "emergency

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