



ALCOHOL
and **you**

IDENTIFYING ALCOHOL MISUSE

IN THE EMERGENCY DEPARTMENT AND HOSPITAL SETTING

This fact sheet will help medical practitioners identify people who present with alcohol related problems.

→ Identifying alcohol misuse in the Emergency Department and Hospital setting



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Alcohol misuse is a frequent cause of attendance in emergency departments and hospital admissions. It is an underlying factor in a range of conditions.

The Northern Ireland Regional Document for the Management of Alcohol Withdrawal and Related Disorders states that providing screening and identification and providing brief advice is good practice to reduce alcohol related harm.

A review of numerous studies reported strong evidence that alcohol brief advice is a cost-effective approach for reducing alcohol misuse. Research has also identified a number of barriers to this. Easy access to support services for patients and easily accessible screening materials helps reduce those barriers.

Motivation to reduce alcohol intake is greater if the person is able to make the link between excessive consumption and harm to their health. This connection may be enhanced during a brief intervention. Emergency Departments are busy places and identifying patients who would benefit from this intervention is a priority.

Detecting alcohol misuse

For some people it's obvious: the stale smell of alcohol, their behaviour or appearance give clear indicators. Anxiety, falls or accidents are very common indicators.

For others, however, they may have sobered up by the time they reach hospital and the associated with alcohol with their presenting problem may not be as obvious.

Conditions associated with alcohol will be associated in a range of areas:

- Gut and liver
- Chest and heart
- Hormones and metabolism
- Nervous systems
- Renal
- Skin, muscles, nerves and bones
- Immune system
- Gynaecological

The BMJ's ABC's of Alcohol has identified the top 10 conditions associated with alcohol that present in the Emergency Department.

1. Falls
2. Collapse
3. Head Injury
4. Assault
5. Accident
6. Feeling unwell
7. Non specific gastrointestinal symptoms
8. Psychiatric Symptoms
9. Cardiac Symptoms
10. Repeat attendance



In 2017, the Department of Health released figures that there were 64,400 people attending the Emergency Departments across Northern Ireland during the month of March that year.

→ KEY THINGS TO LOOK FOR

Circumstances in which suspicion of heavy drinking would be high:

- Repeated attendances or admissions for relatively minor complaints that cannot be labelled readily.
- Gastrointestinal symptoms with no established cause
- Chest pains mimicking angina or palpitations due to arrhythmias
- "Essential" hypertension in men which may not be adequately controlled by medication
- Mild glycosuria in young or middle age people
- Gout, whatever the immediate precipitating cause
- Attacks of confusion especially in strange surroundings or after stress such as illness, operation or bereavement
- Fits for the first time in middle age
- "Turns", falls, or incontinence in older people
- Unexplained anaemia or hepatomegaly
- Serious chest infections with poor response to treatment
- Endocrine features that mimic Cushing's Syndrome, thyrotoxicosis pheochromocytomas or carcinoid syndrome

Asking the right questions and what can you do with what they say?

Identification and brief advice can start with some very basic questions.

- Do you drink?
- How much and how often do you drink?
- How long have you been drinking?

A very important question is how much do you think alcohol is related to you being here? (in the hospital setting)

Delivering Brief Advice

The goal of a brief advice is to raise awareness of the association between the expressed problems and substance abuse and to recommend change

The Alcohol Brief Advice Toolkit provides written information and behaviour change techniques that enhance this brief conversation from the medical practitioner.

It follows the components of a brief intervention

- You just looked after them medically- (Empathy)
- Do you think drinking played a part in all this (Feedback)
- I would like you to look at this- is this ok (Advice with permission)
- Responsibility- it is up to you what you do with what is in this leaflet
- Menu of options- in the leaflet
 - If the patient does want to talk in depth about their drinking while in hospital all the Trusts have Substance Misuse Liaison Nurses.
 - The use of the self-help material on the Alcohol and You website
 - www.alcoholandyouni.com
 - If they want further help alcohol and drug services across Northern Ireland can be found at www.drugsandalcoholni.info

→ How to use brief advice material

How to use brief advice material

A structure these conversations presents a guiding style rather than simply handing someone a leaflet.

EXPLORE

that they want it, are able to read it

OFFER IT WITH PERMISSION

give it to them

EXPLORE

if time permits ask what they thought of it.

If time does not present the opportunity to ask what they thought from reading it, taking it home and reading it later is an option. The behaviour change techniques in the leaflet and information for family members are there for that purpose.

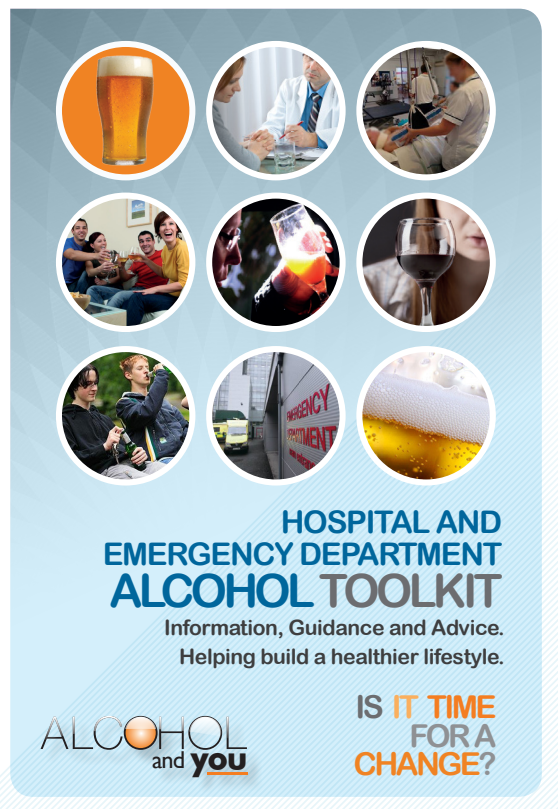
Training is available in providing screening and alcohol brief advice. See your hospital's Substance Misuse Liaison Team

Additional fact sheets including Helping People Make the Most of Advice, Self Help Material and Other Written Resources can be found at www.alcoholandyouni.com

Developed by Ed Sipler
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Always ask for permission to give advice or information.



Conditions associated with heavy drinking

From the ABC of Alcohol BMJ, 2004

GUT AND LIVER

- Morning anorexia
- Indigestion
- Heartburn
- Vomiting
- Bleeding
- Jaundice
- Gastritis
- Mallory Weiss Syndrome
- Aero-digestive cancers
- Diverticulitis
- Pancreatitis
- Hepatitis, Cirrhosis, liver cancer

CHEST AND HEART

- Palpitations
- Chest pains: can mimic angina
- Bronchitis
- "Asthma"
- Arrhythmias
- Hypertension
- Lobar pneumonia
- Tuberculosis
- Fractured ribs
- Heart failure from beri beri

IMMUNE SYSTEM

- Defective immunity
- Infections including AIDS

GYNAECOLOGICAL

- Irregular periods
- Premenstrual tension
- Infertility
- Miscarriage
- Fetal alcohol effects
- Breast cancer

RENAL

- Loin pain
- "Blood in urine"
- Chronic nephritis
- Myoglobinuria from rhabdomyolysis
- Pelvic- ureteric obstructions

HORMONES AND METABOLISM

- Weight gain or weight loss
- "Sugar"
- Impotence
- Infertility
- Obesity
- Hyperglycaemia or Hypoglycaemia (binge drinking)
- Pseudo-Cushing's Syndrome
- Malnutrition – deficiencies of thiamine, Vitamin C (scurvy), folic acid
- Alcoholic ketoacidosis (binge drinking)
- Nervous systems
- Tremor
- Sweating
- Flushing
- Blackouts
- Fits
- Confusion
- Inability to concentrate
- Problems with memory
- Anxiety or depression
- Hallucinations

SKIN, MUSCLES, NERVES AND BONES

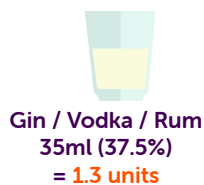
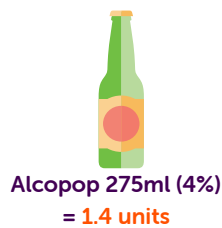
- Bruises, scars
- Flushing
- Acne rosacea
- Psoriasis
- Weakness in thighs
- Myopathy
- Burning legs
- Peripheral neuropathy
- Saturday night palsy (binge drinking)
- Rhabdomyolysis (binge drinking)
- Backache
- Osteoporosis
- Rheumatism
- Gout
- Repeated injuries
- Fractures

→ Getting support



ALCOHOL UNITS GUIDE

STANDARD DRINK UNITS



Download our FREE app:
'Know Your Units'



MEN & WOMEN SHOULD DRINK NO MORE THAN 14 UNITS PER WEEK

If you are worried about your drinking, see your GP or use the alcohol and drug services in your area which can be found at www.drugsandalcoholni.info

or see the Alcohol and You website that has self-help and a range of information and resources.

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