

CLINICAL SKILLS: ALCOHOL ABUSE

OSCE stations on alcohol can take a number of different formats, including: screening for alcohol abuse in a new patient, taking a thorough alcohol history to ascertain severity of abuse, or to approach the topic of stopping drinking with a known alcoholic. Each needs a different approach. Below are elements which you can use in your discussions with patients.

History:

- Wash hands, introduce self
- Depending on the OSCE scenario, you need to gauge how direct you can approach the topic of alcohol
- If screening a patient for alcohol abuse then you can use the CAGE questionnaire:
 - Ever thought about Cutting down on your drinking?
 - Ever got Angry at somebody criticizing your drinking?
 - Ever feel Guilty about amount drunk?
 - Eye opener in mornings?
- If you need to investigate further, it is important to characterise their drinking habits:
 - How much alcohol consumed per week? (specify and approximate with units)
 - What types of alcohol and when?
 - Describe a typical day – when is the first drink of the day?
 - Amount drunk changed over time?
 - Repertoire changed over time?
 - Tolerance increased?
 - I.e.: have to drink more in order to get drunk?
 - Drink alone or with friends?
- Withdrawal symptoms
 - Tremor
 - Mood changes
 - Sweating
 - Delirium tremens
 - Hallucinations
- Effect on mood
 - Low mood?
 - Assess risk of self-harm/suicide attempts
- Effect on life
 - Family
 - Friends
 - Relationships
 - Work
 - Finances
- Ever had trouble with the police related to alcohol consumption
- Ever tried to cut down amount drunk?
 - If so, what happened?
- Past medical history
 - Hospital admissions
 - Problems associated with alcohol
 - Peptic ulcer disease
 - Liver disease
 - Jaundice

- Haematemesis/melaena
- Clotting problems
- Memory loss
- Concentration changes
- Drug history:
 - Currently use of medication to assist with cutting down alcohol consumption?
 - Vitamin supplements to counteract possible deficits
 - Concurrent medication use that might be affected by significant alcohol consumption (ie medication that is metabolized by the liver)
 - Family history of alcohol abuse
 - Social history
 - Smoking and drug abuse
 - Housing situation

Alcohol cessation advice:

- Advice in the community can greatly increase the chances of someone reducing the amount that they drink
- Ask if they think they drink too much
- Would they like to try and reduce the amount that they drink?
- Explain benefits of stopping:
 - Reduced risk of illness such as liver disease and gastric disease
 - Improvement of mood
 - Improvement in relationships and work life
- If so, you can help and will offer them support
- **Groups and charities available for you to join, e.g.: alcoholics anonymous**
- Refer to the **community alcohol team**
- **Helps to have support from family and friends**
- Methods:
 - Reduce drinking over time with regular follow up
 - Detoxification in the community
 - Chlordiazepoxide over 1 week
 - Prevents or reduces withdrawal symptoms of alcohol
 - Detoxification in hospital or specialist detoxification unit
 - If previous delirium tremens or poor response to detoxification in the past, little home or social support
 - Maintenance of detoxification
 - Acamprostate
 - Helps to ease craving symptoms
 - Disulfiram
 - Produces an unpleasant response if you drink alcohol
 - Vitamin B1 supplements

To conclude the consultation:

- Ensure they have regular follow-up to provide support
- Ask if they have any questions or if they want to go over anything again
- Provide with leaflet and arrange follow up appointment