

# Are GPs ready to deliver brief intervention in a “wet” country ?

## The Czech experience

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**Building Capacity for Action**  
**European Alcohol Policy Conference**  
Barcelona, April 3 - 5, 2008

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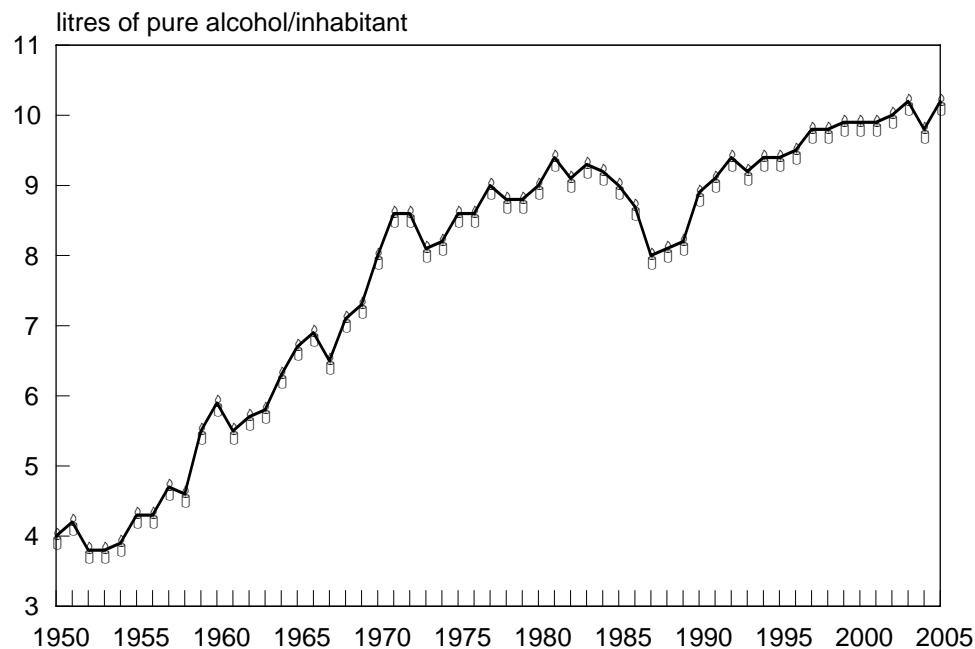


## Alcohol consumption:

The per capita consumption of alcohol in the CR is more than 10 litres of ethanol per year and it was steadily growing throughout the nineties.

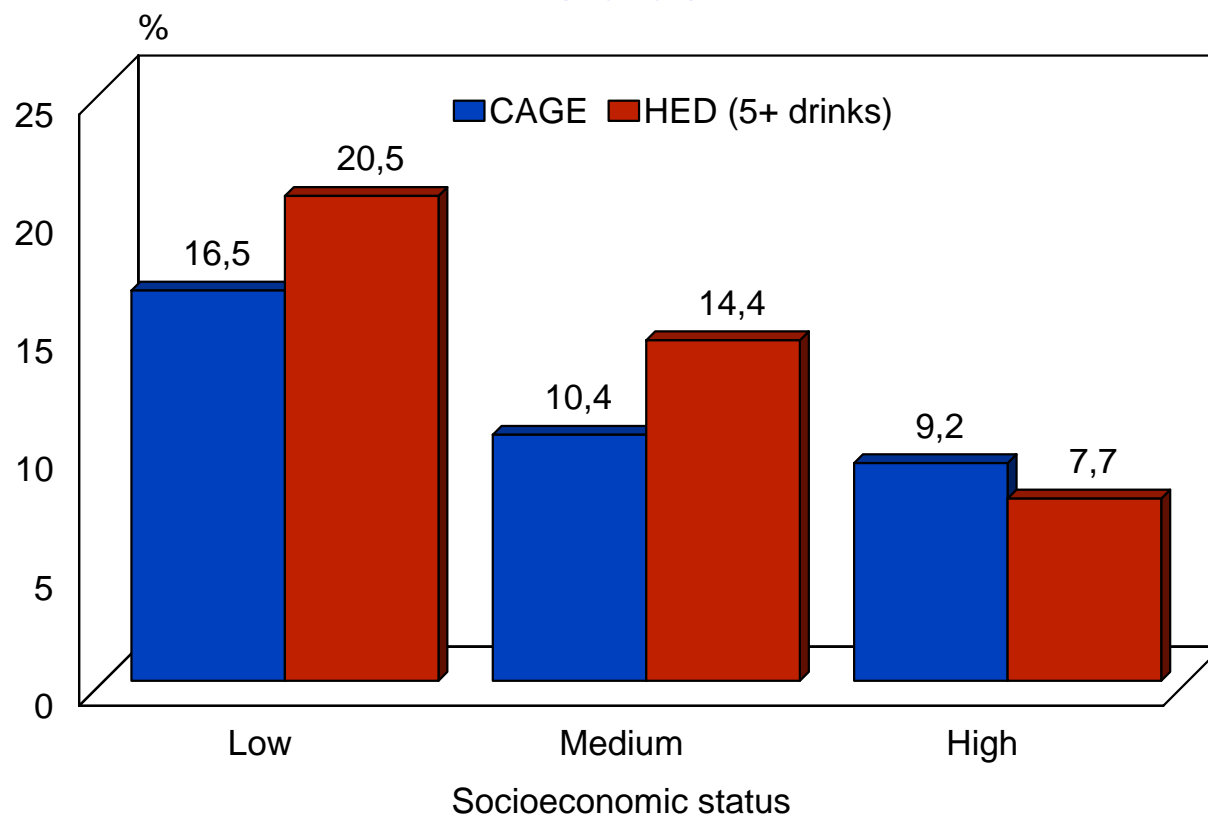
A similarly negative trend has been observed in the indicators concerning alcohol use and alcohol intoxication in children and youth and in other relevant indicators.

**Trends in per capita consumption of alcohol in the Czech Republic 1950 - 2005**



Source: Czech Statistical Office

## Prevalence of heavy episodic drinking and alcohol problems measured with CAGE by socioeconomic status



## Scores achieved in the AUDIT questionnaire – General population survey, 2005

		< 8 points	8 to 19 p.	> 19 points	Total
Male	N	444	193	25	662
	% in rows	67,1%	<b>29,2%</b>	3,8%	100,0%
	% in columns	42,5%	75,7%	92,6%	49,9%
Female	N	600	62	2	664
	% in rows	90,4%	<b>9,3%</b>	,3%	100,0%
	% in columns	57,5%	24,3%	7,4%	50,1%
Total	N	1044	255	27	1326
	% in rows	78,7%	<b>19,2%</b>	2,0%	100,0%
	% in columns	100,0%	100,0%	100,0%	100,0%

## **PHEPA Project Inspiration**

- Czech adaptation of the training on EIBI
- Czech adaptation of Clinical guidelines
- Cross-sectional Population Surveys
- Pilot project with GPs
- Certified Training Programmes on EIBI

## Evidence based approaches to reduce the negative health impact of alcohol:

- Clinical Guidelines on Identification and Brief Interventions
- Training Programme on Identification and Brief Interventions
- Czech versions

## **Brief Intervention by General Practitioners**

- The focus of the study conducted in 2005 and main objective of the project was to pilot implementation of brief interventions within the scope of treatment by general practitioners.
- The target population for conducting the study consisted of GP patients who achieved total scores in the screening questionnaire (AUDIT) in a range from 8 to 19 points. These subjects were indicated for a brief intervention.

## Scores achieved in the AUDIT questionnaire according to gender – the GPs' set

	AUDIT Score	< 8	8 through 19	> 19
Males	N	965	279	14
	%	76,7%	<b>22,2%</b>	1,1%
Females	N	1243	84	3
	%	93,5%	<b>6,3%</b>	,2%
	N	2208	363	17
Total	%	85,3%	<b>14,0%</b>	,7%

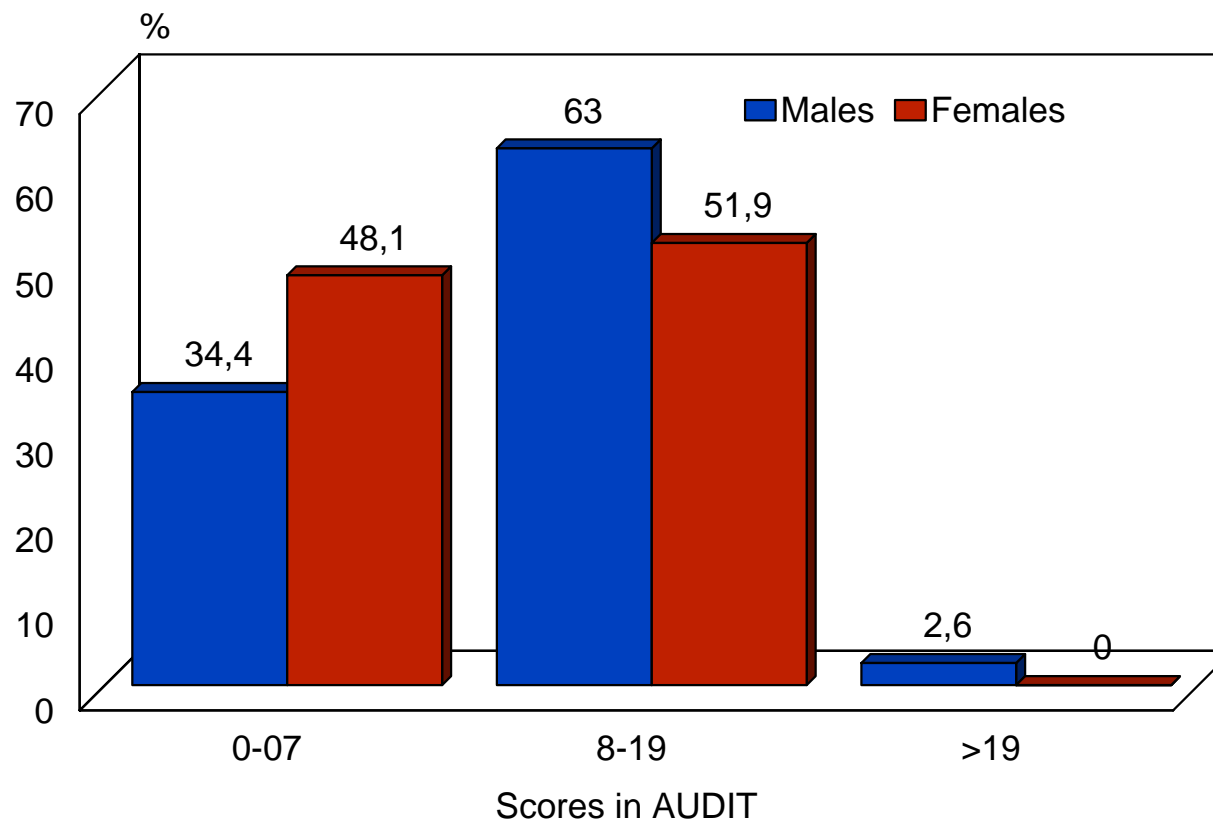
## Follow-up monitoring

The comparison of the difference between the group averages of the first and the follow-up measurements was performed using the pair t-test. The difference ascertained showed that the average AUDIT score from the follow-up measurement was statistically, significantly lower than that from the first measurement, before intervention.

Paired samples statistics:

	<b>Mean</b>	<b>N</b>	<b>S.d.</b>
AUDIT (Pre-test)	<b>10,89</b>	349	<b>3,10</b>
AUDIT (Post-test)	<b>8,87</b>	349	<b>4,00</b>

## Results of 6 months follow/up (N=349)



## Experiences reported by GPs

Three factors are important for the successful implementation:

- adequate training,
- providing of useful materials both for self-education and for information of patients,
- personal experience made by GPs that BI is not time consuming and makes sense.

## **Conditions for broad implementation of EIBI in CR**

The pilot project has also shown that a broader implementation of BI into practice depends:

- on the support by the Ministry of Health
- on the interest of the professional organization of GPs,
- and on the health insurance companies that should find a way to compensate the general practitioners for BI.

## Impact on the Czech legislation:

Law No 379/2005 Coll., on protection against harm done by tobacco products, alcohol, and other addictive substances:

§ 19 – **Brief interventions** – health care professionals are within the framework of their profession obliged to provide patients who consume alcohol with EIBI

## Conclusions I

- Results of our study suggest that alcohol problems are present in the population of the Czech Republic in a rather high level (approx. in 8 % of females and 20 % of males)
- The rates of alcohol problems are strongly influenced by the level of education, status of employment and SES in general. (Socially and economically marginalized segments of population are at high risk.)
- The current situation require complex response of the society and responsible alcohol policy. Elements of this were formulated in the programme Health 21

## Conclusions II

- Results of the Assessment Questionnaire demonstrated insufficient measures in the field of hazardous and harmful drinking and the necessity of an action.
- Our analysis of AUDIT data on two large samples confirmed the practical usability of this tool in the Czech context and helped us determine the optimal indication range for brief intervention.
- In order to launch a broad implementation of the program, it is necessary to ensure on-going systematic education of General Practitioners and other health care professionals.

## Conclusions III

- In cooperation with Professional Societies of GPs, public health workers, nurses and other relevant ones results of the PHEPA Project will contribute to the execution of methodological recommendations for brief intervention in cases of high-risk and harmful drinking.
- Our recommendation is to include brief interventions as part of the regular trainings offered as post-graduate life-time education for GPs and other health care professionals.

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Thank you for your attention.

