

Most inpatients with unhealthy alcohol use have an alcohol use disorder

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Published online: 10 June 2010
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I read the paper by Bischof et al. (2010) with interest because it addresses an important question with implications for screening and brief intervention. They concluded that at-risk drinkers without alcohol use disorders are “the largest group of unhealthy alcohol consumers” in both hospitals and general practices. They state that our prior study that concluded most inpatients with unhealthy alcohol use had dependence was flawed. I believe they have not interpreted their data and this prior study correctly.

In our hospital study, 81% of those who screened positive had an alcohol disorder (Saitz et al. 2006). Bischof et al. (2010) question these results because (1) they are from one hospital, (2) from a subsample in an intervention study, (3) because of a change in entry criteria during the study, and (4) insurance differences in the US. These are unlikely to explain differences in our findings. In a study in Germany, over half of those who screened positive in the hospital had dependence (after excluding false positives) (Freyer-Adam et al. 2008). In another general hospital study, 66% of those who screened positive in a Barcelona hospital had dependence (Martinez et al. 2007). In our study (Saitz et al. 2006), we were able to screen 99% of 5,813 inpatients who agreed to be screened and 17% were positive. Although compared to those who did not enroll in the clinical trial, those who enrolled (and had diagnostic interviews) were more likely to have Alcohol Use Disorders Identification Test (AUDIT) scores 8 or greater (86 vs. 82%), differences were not statistically significant. Although we did change entry criteria during the study,

only one-fifth of subjects were enrolled when the criterion was an AUDIT score of 8 that Bischof et al. (2010) state may have been responsible for discrepant results. In addition, before and after entry criteria changed, the prevalence of unhealthy alcohol use was similar, 19 and 17%, respectively. While lack of insurance was common during this study, our urban safety-net hospital provided care regardless of ability to pay and most admissions are through the emergency department, hospitalizations less sensitive to insurance.

Perhaps more important, the data presented by Bischof et al. (2010) are actually consistent with findings in the literature that suggest that the majority of those who screen positive in hospitals have dependence. In their hospital sample, 15% had unhealthy alcohol use [similar to our and prior studies (Saitz et al. 2006; Roche et al. 2006)], 5.5% had dependence, 2.8% abuse, and 6.2% drank risky amounts; thus, 57% of those with unhealthy use had an alcohol use disorder. This figure is substantially higher than the 33% reported in general practices in their study.

Bischof et al. (2010) are correct that the number of risky drinkers in hospitals is high, and there may be opportunity to intervene, although studies in these settings have been inconclusive, and severity may be part of the explanation, though efficacy has yet to be proven even among those without dependence (Freyer-Adam et al. 2008; McQueen et al. 2009). The literature to date is clear that the majority of patients identified by alcohol screening in hospitals have more severe unhealthy use (an alcohol disorder) than in general practice settings where alcohol brief intervention is known to have efficacy for those without dependence. At a minimum, if screening is implemented in hospitals, clinicians need to be prepared to address substantial numbers of patients they will find with dependence.

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