

WHAT'S NEW

From the U.S. Preventive Services Task Force

An Overview of Recommendations

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Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

What Does the U.S. Preventive Services Task Force Recommend?

The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling to reduce alcohol misuse by adults, including pregnant women, in primary care settings. The USPSTF concludes the evidence is insufficient to recommend for or against screening and behavioral counseling interventions to prevent or reduce alcohol misuse by adolescents in primary care settings.

What Is Alcohol Misuse?

Alcohol misuse refers to drinking in amounts or under circumstances that place people at risk for negative short- or long-term consequences, including increased risk for accidents, injuries, social and health problems, and death. Alcohol misuse is drinking behavior that is often labeled as “risky,” “hazardous,”

or “harmful.” Risky or hazardous drinking is often defined by the quantity and frequency of drinking and by the fact that it places people at risk for a range of negative consequences. Risky or hazardous drinking is defined in the United States as more than 7 drinks per week or more than 3 drinks per occasion for women, and more than 14 drinks per week or more than 4 drinks per occasion for men. “Harmful drinking” refers to drinking by those who are currently experiencing physical, social, or psychological harm from alcohol use but whose drinking does not meet diagnostic criteria for dependence as outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*.

Alcohol misuse places people at risk for negative consequences, including accidents, injuries, and death.

How Effective Are Screening and Counseling for Alcohol Misuse in the Primary Care Setting?

Screening adults in primary care settings can accurately identify patients who misuse alcohol. Brief behavioral counseling with follow-up produces small to moderate reductions in alcohol consumption that are sustained for 6 to 12 months or longer. There is limited evidence evaluating the effectiveness of screening and behavioral counseling to prevent or reduce alcohol misuse by adolescents in primary care settings.

What Are Effective Screening and Counseling Interventions?

There are several effective screening tools available to clinicians to assess the risk for alcohol-related problems. The Alcohol Use Disorders Identification

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the USPSTF. The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in “Behavioral Counseling Interventions in Primary Care to Reduce Risky/Harmful Alcohol Use: Systematic Evidence Review for the U.S. Preventive Services Task Force” and in the USPSTF Recommendation Statement, “Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse,” which can be found on the Agency for Healthcare Research and Quality (AHRQ) Web site (www.preventiveservices.ahrq.gov) and through the National Guideline Clearinghouse (www.guideline.gov). The Summary of Evidence and the USPSTF Recommendation Statement are available in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

www.ahrq.gov

Test (AUDIT), a 10-item screening questionnaire, is a sensitive tool for the detection of alcohol misuse and can be used alone or be embedded in broader health risk or lifestyle assessments. The TWEAK, a 5-item scale, and the T-ACE, a 4-item risk assessment questionnaire, are designed to screen pregnant women for risky drinking, harmful drinking, and alcohol use disorders. The 4-item CAGE (feeling the need to Cut down, Annoyed by criticism, Guilty about drinking, and need for an Eye-opener in the morning), perhaps the best-known screening test for use in the primary care setting, is intended to screen for alcohol abuse or dependence rather than for alcohol misuse. These and other screening tools are available at the National Institute on Alcohol Abuse and Alcoholism Web site: www.niaaa.nih.gov/publications/instable.htm.

Effective interventions include counseling, feedback, advice, goal-setting, and follow-up.

Effective counseling interventions to reduce alcohol misuse include an initial counseling session of up to 15 minutes, plus feedback, advice, and

goal-setting. Most also include further assistance and follow-up. They can be delivered wholly or in part in the primary care setting, and by 1 or more members of the health care team, including physicians and non-physician practitioners.

Effective screening and counseling for alcohol misuse in the primary care setting may include the following steps: **assess** alcohol consumption with a brief screening tool followed by clinical assessment as needed; **advise** patients to reduce alcohol consumption to moderate levels; **agree** on individual goals for reducing alcohol use or abstinence (if indicated); **assist** patients with acquiring the motivations, self-help skills, or supports needed for behavior change; and **arrange** follow-up support and repeated counseling, including referring alcohol dependent drinkers for specialty treatment.

Although there was limited direct evidence for the effectiveness of counseling interventions in pregnant women, clinicians should inform all pregnant women and those contemplating pregnancy of the harmful effects of alcohol. Because safe levels of alcohol consumption during pregnancy are unknown, pregnant women should be advised to abstain from drinking alcohol.

How Can Clinicians Deliver Effective Interventions in the Primary Care Setting?

Resources that help clinicians deliver effective interventions include brief provider training or access to specially trained primary care practitioners or health educators, and the presence of office-level systems supports such as prompts, reminders, counseling algorithms, and patient education materials.

What Are the Harms of Screening and Counseling?

Two potential harms of screening and counseling for alcohol misuse include a possible reduction in the benefits of moderate drinking and under-treatment of drinkers with alcohol abuse or dependence who are guided toward moderate drinking rather than abstinence. The USPSTF found no data for either of these potential harms.

For more information, contact the following organizations:

healthfinder[®]
www.healthfinder.gov

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov



U.S. Department of Health and Human Services



Agency for Healthcare Research and Quality
www.ahrq.gov



U.S. Preventive Services Task Force

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the U.S. Preventive Services Task Force* are:

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