Primary Care Alcohol Screen Raised Patient Trust

BY HEIDI SPLETE
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WASHINGTON — Screening and intervention for alcohol problems can enhance the quality of a primary care visit, at least from a hazardous drinker's perspective.

Perceived quality of care, however, was not associated with the odds of hazardous drinking 6 months after the office visit, reported Richard Saitz, M.D., in a poster presented at the annual conference of the Association for Medical Education and Research in Substance Abuse.

In a regression analysis, Dr. Saitz of Boston University and his colleagues assessed the responses of 288 adult hazardous drinkers who saw 40 physicians for a general office visit. The patients' mean age was 43 years, 57% were black, 61% were men, and 71% saw a physician that they had seen on a prior occasion. They averaged six drinks per drinking day.

After the office visits, the patients were asked whether they had received alcohol counseling, such as advice on safe drinking limits or advice to cut down on or abstain from drinking.

After adjusting for variables, such as sex, race, education, comorbidity, level of physician training, previous visits to the same physician, and current alcohol problems, the mean scores in three areas of the Primary Care Assessment Survey—communication, comprehensiveness, and trust—were significantly higher among the 132 patients who said they had received alcohol counseling, compared with the 156 who said they had not received counseling, said Dr. Saitz at the conference, also sponsored by Brown Medical School.

Average quality scores (on a scale of 1-100) were significantly higher among the patients who received counseling, compared with scores of those who did not, in the areas of communication (85 vs. 76) and comprehensiveness (67 vs. 59). The average trust score was slightly higher among patients who received counseling than among those who didn't (79 vs. 77), but the difference was not statistically significant. ■

Buprenorphine Adherence Is a Struggle for Some

WASHINGTON — Patients with severe opioid use immediately prior to treatment may not adhere to buprenorphine in an office-based setting, said Michael Pantalon, Ph.D.

In an ongoing randomized clinical trial, 91 opioid-dependent patients took daily buprenorphine/naloxone maintenance doses in a primary care clinic. After 24 weeks, the investigators classified the patients as "high-stable" adherence (52), "fluctuating-deteriorating" adherence (23) and "poor-flat" adherence (16). Baseline evaluations included motivation for treatment, severity of psychiatric and addictive symptoms, and urinalysis.

These data suggest that office-based treatment with buprenorphine may not be sufficient for those with severe opioid addiction.

Overall, the 52 "high-stable" patients had spent significantly less money on drugs prior to treatment, and reported significantly fewer days of heroin use prior to treatment compared with those in both the "fluctuating-deteriorating" and "poor-flat" groups, Dr. Pantalon and his colleagues at Yale University, New Haven, reported in a poster presented at the annual conference of the Association for Medical Education and Research in Substance Abuse.

The "high-stable" patients also were significantly less likely to name heroin as their major problem, compared with oxycodone (OxyContin) or other opiates, and they were significantly less likely to test positive for opioids before starting buprenorphine treatment. These data suggest that office-based treatment alone may not be sufficient for severe addicts, the investigators noted.

The conference was sponsored by Brown Medical School.

—Heidi Splete