

Exit Talks Have Minor Effects on Injured Drinkers

BY JEFF EVANS
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BETHESDA, MD. — Brief negotiation interviews with emergency department patients who have engaged in harmful and hazardous drinking behaviors may not be much more effective in reducing the frequency and quantity of drinking than providing simple discharge instructions, according to the results of a randomized, controlled trial.

In a trial conducted by Dr. Gail D'Onofrio and her colleagues at Yale–New Haven (Conn.) Hospital, 247 patients who received a brief negotiation interview (BNI) during an ED visit decreased their average number of standard drinks per week from 13.6 to 8.6 after 1 month of follow-up.

These findings were comparable with a drinking decline reported by 247 patients who received only discharge instructions (from 12.6 to 9.2).

Similar reductions in the number of binge episodes per month also occurred



Upon discharge, ED patients got either a scripted interview or simple instructions.

DR. D'ONOFRIO

in the BNI (from 5.9 to 3.1) and discharge instructions groups (from 5.5 to 3.4), Dr. D'Onofrio reported at the annual conference of the Association for Medical Education and Research in Substance Abuse.

The differences between the groups were sustained at 12 months of follow-up, at a point in which 92% of patients remained in the study, according to Dr. D'Onofrio, who serves as chief of the Yale–New Haven Hospital emergency department.

The study included patients who sustained an injury related to alcohol consumption, men who drank more than 15 drinks per week or 4 or more per day, and women who drank more than 7 drinks per week or more than 3 per day.

No people with alcohol or drug dependence were included in the study, Dr. D'Onofrio said.

The percentage of patients who met low-risk limits for drinking set by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) increased to similar levels in the BNI (0% to 42%) and discharge instructions groups (0% to 39%), according to Dr. Onofrio.

The results did not differ when stratified for sex, severity, or injury.

But at 12 months after the initial ED visit, significantly fewer of the patients who were in the BNI group became injured while drinking (from 18 to 8) than in the discharge instructions group (from 12 to 10).

Significantly fewer women drove under the influence of alcohol during the 12-month period after the intervention (from

24 to 15) than men (from 20 to 19).

The overall effect of the BNI in the trial may have been tempered by the fact that a third of the patients who received discharge instructions were counseled on at least one or more of the components of the BNI, which was not supposed to occur, she said.

The BNI sought to raise the subject of alcohol abuse, alert the patients about NIAAA criteria for at-risk drinking, find out whether the individual thought that there

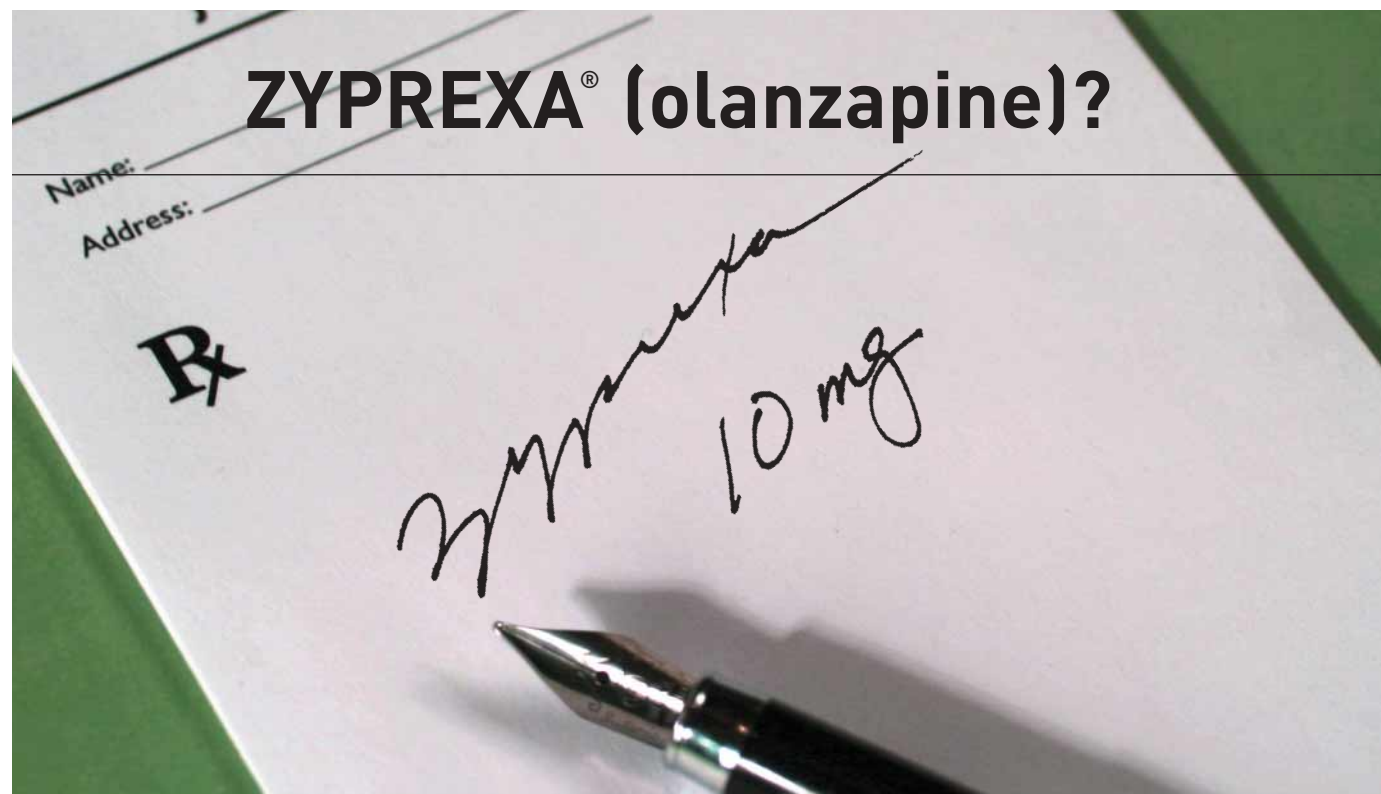
was any connection between his or her drinking and the ED visit, determine how ready the patient was to change his or her drinking behavior, negotiate agreements, offer advice when needed, and offer follow-up visits with primary care.

A total of 58 emergency practitioners (faculty, third- and fourth-year residents, and physician associates) were trained to give a BNI in less than 10 minutes with a manual-guided script.

Discharge instructions given by the

practitioners lasted about 1 minute, and patients were given a handout with drinking advice embedded within general information on smoking, exercise, and wearing seat belts.

Prior studies have shown that BNIs are effective in primary care and trauma settings, but none had determined the value of BNIs for harmful and hazardous drinkers in emergency departments, Dr. D'Onofrio said at the conference, which was also sponsored by Brown Medical School. ■



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