SURVEY FINDS HIGH RATES OF AT-RISK DRINKING AMONG HEALTH PROFESSIONALS IN TRAINING


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ABSTRACT

Background: In primary care settings, although screening and brief behavioral intervention (SBI) has been shown to reduce at-risk alcohol use, the practice has not been widely implemented. In medical residency programs, while SBI training has resulted in significant increases in screening, it has led to only modest decreases in alcohol use among residents. The relatively low rates of SBI following screening for at-risk alcohol use may be related to ambivalence about SBI among medical residents, who reported higher rates of at-risk drinking than their age group peers in the U.S. population.

Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded a number of training grants designed to train other types of health professionals to conduct SBI. Given the potential impact of personal drinking behavior on health professionals’ attitudes toward and performance of SBI, it is important to include, as part of SBI training, a personal drinking behavior assessment. Our study examined self-reported drinking behavior among advanced practice nursing students (APRN) at 6 sites, and compared their drinking patterns to that of medical residents.

METHODS

Sample Demographics

<table>
<thead>
<tr>
<th></th>
<th>APRN Students</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (SD)</td>
<td>32.3 (8.0)</td>
<td>29.8 (3.5)</td>
</tr>
<tr>
<td>Gender (% Female)</td>
<td>93.1%</td>
<td>40.6%</td>
</tr>
<tr>
<td>Race (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>16.2%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.3%</td>
<td>13.2%</td>
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<tr>
<td>Caucasian</td>
<td>73.2%</td>
<td>63.8%</td>
</tr>
<tr>
<td>Other</td>
<td>4.2%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

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BACKGROUND

• Screening and brief intervention (SBI) in primary care has been shown to reduce at-risk alcohol use.

• Evaluation of SBI Training in residency programs has shown significant increases in screening, but only modest, often non-significant, increases in brief intervention (BI).

• The low rates of BI following screening for at-risk alcohol use may be related to ambivalence about BI among medical residents, who reported higher rates of at-risk drinking than their age group peers in the U.S. population.

• With SAMHSA providing funding to train other types of health professionals to conduct SBI, it is important to collect self-reported drinking behavior in these groups as well.

• The purpose of this study is to examine the self-reported drinking behavior among advanced practice nursing students (APRN), and compare it to that of medical residents.

RESULTS

Study Sample: APRN Students (N=291) and medical residents (N=155) at 6 sites (6 schools of nursing and 4 medical residency programs) surveyed prior to a scheduled SBI workshop.

Survey Design:
• Self-administered survey
• Questions included:
  • Attitudes toward working with patients with unhealthy alcohol and/or drug use patterns
  • Importance and confidence in addressing alcohol and drug use issues in patients
  • Screening and brief intervention behavior
  • Personal drinking patterns
  • Personal or family history of alcohol or drug abuse

Outcome of interest:
• NIAAAA-defined at-risk drinking rates for APRN students and medical residents.

CONCLUSIONS

• Rates of at-risk drinking among APRN students and medical residents were nearly double the average for adults of all ages, and were 12-15 percentage points higher than the average for 25- to 35-year-old persons, the age range of most APRN students and medical residents. Because such high rates could impact practitioners’ willingness to address at-risk alcohol use with their patients, future SBI training should specifically address the high prevalence of at-risk drinking among those being trained.