A general-practice study of the commonest presenting symptoms of alcoholism

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SUMMARY. In general practice alcoholism should be considered when the doctor detects marital disharmony, repeated sickness absenteeism, repeated aggressive behaviour, patients who are in debt, patients in trouble with the Law, patients with frequent upset stomachs for no obvious reason, patients presenting with anxiety and depression, and those who smell of drink.

Introduction

The role of the general practitioner in the diagnosis and treatment of the alcoholic remains controversial. On the one hand there are those who emphasise his importance (Glatt, 1960; Parry, 1970; Wilkins, 1973) and on the other there are those who fundamentally disagree. Thus, Nicholas (1970) states " the general practitioner is not by disposition, character, or activity, suited to an interest in alcoholism ", whilst Rathod (1967) in a survey of general practitioners found that 26 per cent of questionnaires analysed from a group of family doctors described alcoholics in terms of moral weakness.

If it is accepted that the general practitioner does have a role, clearly there are added difficulties. Firstly, there is the denial by the alcoholic and secondly the lack of awareness by general practitioners of the features of alcoholism. There appear to be few studies of the way in which the alcoholic presents to general practitioners and what happens once the family doctor decides he needs help.

Aim

The aim of this study was to find out how alcoholics present to general practitioners.

Method

General practitioners who had referred at least one alcoholic to the Regional Alcoholism Treatment Unit in the last two years were approached. One hundred and ninety two were circulated with a two-page structured questionnaire sent out by us from the University Department of General Practice (R.H.W.) and the University Department of Psychiatry (B.D.H.). The questionnaire requested data on the named patient whom the general practitioner had referred to the unit; such data being obtained from the practitioner's record cards. Questions were asked about diagnosis, presence of social difficulties attributable to alcoholism, presence of medical and psychiatric disorders associated with alcoholism, presence of classical symptoms of the disorder and the fate (in terms of management) of the patients. The study was part of a wider study of alcoholism in general practice (Wilkins, 1974; Wilkins and Hore, 1975; Hore, Wilkins and Alsafar, 1975).

Results

Questionnaires were sent out ie 192 in all (154 male patients and 38 females) about 123 were returned, a response rate of 64 per cent. However, only 101 (53 per cent) had complete data available for analysis.

(1) *The person making the diagnosis*

Out of the 101 patients, 39 (38·6 per cent) had told the doctor they were alcoholics and in

48 (47·5 per cent) the diagnosis had been made by the relatives. In only 14 cases (13·9 per cent) did the general practitioner make the diagnosis.

(2) *Features of alcoholism*

Social difficulties. These far outweighed medical morbidity. There were marital complications in 53 cases (52·5 per cent), work difficulties in 36 cases (35·6 per cent), offences against the Law in 16 cases (15·8 per cent), aggressive behaviour towards friends, relatives, and others in 25 cases (24·7 per cent), and debts accrued in 18 cases (17·8 per cent).

Medical morbidity. The only relatively common conditions were those attributed to gastritis in 12 cases (11·9 per cent). These symptoms included anorexia, nausea, retching, and vomiting. Other conditions included: excessive fatigue (four cases), peripheral neuropathy (four cases), duodenal ulcer (three cases), cirrhosis (two cases), pneumonia (three cases), fractured rib through injury (one case), and persistent diarrhoea (one case).

Psychiatric disorders. These were absent apart from anxiety states, depressive states or a mixture, which together comprised 13 cases (12·9 per cent). Five patients (4·9 per cent) had attempted suicide. *Symptoms of alcoholism* were very rare. They included morning shakes (three cases) and delirium tremens (two cases). Finally, 29 patients (28·7 per cent) had smelt of alcohol in the surgery.

TABLE

		Number of patients showing this (n=101)	*Percentage of patients showing this feature*
A. *Social difficulties*	(1) Marital complications	53	*58·5*
	(2) Difficulties at work	36	*35·6*
	(3) Aggressive behaviour	25	*24·7*
	(4) Debts	18	*17·8*
	(5) Offences against the Law	16	*15·8*
B. *Medical morbidity*	(1) Gastritis	12	*11·9*
	(2) Excessive fatigue	4	*4·0*
	(3) Peripheral neuropathy	4	*4·0*
	(4) Duodenal ulcer	3	*3·0*
	(5) Pneumonia	2	*3·0*
	(6) Cirrhosis	2	*2·0*
	(7) Others—fractured rib	1	*0·99*
	—persistent diarrhoea	1	*0·99*
C. *Psychiatric morbidity*	(1) Anxiety, depression or both	13	*12·9*
	(2) Suicide attempts	5	*4·9*
D. *Symptoms of alcoholism*	(1) Smelling of alcohol in the surgery	29	*28·7*
	(2) Morning shakes	3	*3·0*
	(3) Delirium tremens	2	*2·0*

(3) *Occupation*

Only six patients were members of occupations considered to be over represented amongst alcoholics (one brewer, three licensees, one merchant seaman, and one sales representative).

(4) *Management*

Although eventually all patients reached the alcoholic unit, only 79 originally agreed to co-operate with the doctor. Of these, in 12 cases (11·9 per cent) the general practitioner attempted to treat the patient initially himself, in ten cases (9·9 per cent) referral was originally made to a general psychiatrist and in eight cases (7·9 per cent) to Alcoholics Anonymous. Forty-seven patients (46·5 per cent) were advised to attend the Regional Alcoholic Unit and two others were referred to agencies other than above.

Discussion

The relatively low response rate was disappointing. Questionnaire studies in general practice appear to receive a variable response (Barson and Wood, 1972; Cartwright and Dunnell, 1972; Hensman *et al.*, 1968; Boddy, 1969).

Some factors such as the type of information requested, the body requesting information (e.g. the surveys undertaken by the Royal College of General Practitioners would be more likely to have higher response rates) affect the total response. The relatively low level of response in our study may be accounted for firstly by the fact that the general practitioners were a heterogenous group with no particular predilection for research, secondly, the authors requesting information may well have appeared remote, and thirdly, requests for data were not repeated. Another important factor is that some alcoholics will have left the practice list. As to the remoteness of the investigators, the study of Hensman *et al.* (1968) which obtained a high response rate was a study in which every general practitioner on the study had been visited by at least one member of the research team.

As regards the features of alcoholism, it is, of course, possible that the general practitioners failed to elicit these in full. Those recorded would be those of sufficient expression to be worthy of record and memory by the family doctor. A survey by a specialist in alcoholism in general practice might elicit different symptoms. However, there is a degree of validity about the features recorded, in that these are what the busy general practitioner noted and remembered in his everyday practice. With this in mind, it is of interest that social difficulties were far more important than medical complications which were rare, with the exception of gastritis and anxiety/depressive states. Among social difficulties, there was much evidence of marital difficulties, aggressive behaviour, and work difficulties. The common symptoms of alcoholism were rarely encountered although a high proportion of the patients smelt of drink in the surgery. Wilkins (1974) found that 75 per cent of patients smelling of drink in the surgery were alcoholics. In relation to diagnosis and management, the group of general practitioners represented here seem to occupy a peripheral position in that only a small minority of alcoholics were diagnosed by them (14 patients) and of those who accepted advice only 15 were initially dealt with by the general practitioner.

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