

# Alcohol — looking for problems

A recent paper in *The Lancet* (Bernadt *et al.*, 1982) dealt with the sensitivity of questionnaires and laboratory tests in the detection of excessive drinking and alcoholism in psychiatric patients. Interest in these types of case finding is not new. Wilkins (1974) described how a questionnaire on spare-time activities could be a means of identifying heavy and problem drinkers in general practice. These and other studies having demonstrated the usefulness of simple questionnaires in the identification of patients with drink problems: why is it that they are not used on a wide scale when it is known that the number of problem drinkers is rising and that general practitioners are aware of only a small proportion of these cases?

Despite the explosion in the number of articles, books, and official reports and recommendations about alcoholism, much of the thinking about this problem is beset by dogma, conflict and confusion. However, two recent books (Edwards and Grant, 1980; Glatt, 1982) have clarified some of the issues and have constructively tackled the continuing controversies concerning the definition, prevention and treatment of alcoholism. The term alcoholism itself is not acceptable as a description of many of the cases of alcohol-related problems, and the World Health Organization is still grappling with the categorization of alcohol-dependency syndromes in its International Classification of Diseases.

Diagnostic labels are useful if they reliably predict the treatment or the natural history of a disorder. Such precision for problem drinkers or alcoholics is impossible, especially as total abstinence or controlled drinking are presented as conflicting goals of treatment. As Glatt (1982) pointed out, neither of these states is of itself a goal but merely a method available to an individual to help him regain his health. In this confusion, it is not surprising that many general practitioners remain lukewarm in their efforts to identify the problem drinkers in their practices. They may be sceptical about the effectiveness of intervention and doubtful whether early detection is beneficial.

In their *Report on Education and Training*, the Advisory Committee on Alcoholism (1979) commented that many professional workers who come into contact with problem drinkers consider themselves unable to help. It was suggested in the report that this could be due to the professionals' lack of knowledge about alcohol-related disorders, lack of facility to translate this knowledge into practical action, pessimism about the outcome of treatment, lack of confidence in their own effectiveness, and anxiety at the thought of continuing contact with problem drinkers. If this suggestion is true, it is necessary to remedy these deficiencies before

expecting any enthusiasm for the early detection of unknown problem drinkers.

The tragedy of alcoholism lies in the intense personal suffering and family disintegration which occurs during the drinking career. Although medical concepts are unfashionable in alcohol research at present, it may be helpful to consider alcoholism as a chronic relapsing illness for which no specific treatment is available. Intervention, as in the pre-streptomycin days for tuberculosis, consists of mobilizing all available environmental factors to achieve a favourable outcome. Edwards and colleagues (1977) have found simple advice and explanation to be as effective as more intensive forms of psychotherapy, and if confirmed by other current studies, this would indicate that most problem drinkers could and should be helped initially in primary care, with referral to specialist centres reserved for those patients in whom there are special psychiatric or physical accompaniments.

In the study initiated by the College, Rathod (1967) found that general practitioners did wish to be involved in the treatment of patients with alcohol problems. Known problem drinkers consult at a higher rate than average (Buchan *et al.*, 1981) and it seems likely that unknown drinkers also consult at a high rate. It would seem sensible to be at least attempting to tackle this major overt or covert factor in their ill health.

The time is ripe for new initiatives in helping people who misuse alcohol. A report entitled *National Voluntary Organisations and Alcohol Misuse* (DHSS, 1982) strongly criticized the present arrangements of these organizations and recommended that the Royal Colleges should take a lead in creating a combined group charged with the task of campaigning for a better informed public on matters to do with problem drinking and alcoholism and in promoting the study of alcohol problems in undergraduate and postgraduate medical education. Such national campaigns are likely to be effective only if supported by individual general practitioners who are prepared to look for alcohol problems in their patients.

The early detection of alcohol abuse may be as simple as asking the right question at the right time, recognizing that all types and manner of patients are at risk and that some patients will prefer to reveal their drinking habits in response to an impersonal questionnaire rather than confess to their family doctor. Although laboratory tests are less sensitive than questionnaires, they are of use in revealing to the habitual heavy drinker the damage that he is doing to himself physically.

## References

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## Mental health services

In a study of the extent to which family practice patients in Cleveland, Ohio, perceive themselves as being willing to seek help for personal problems, out of many demographic characteristics only the patient's sex was found to be important—more females stating they were willing to seek help than males. For both sexes, most respondents stated that they would be more likely to seek help from a mental health professional who worked along with the family physician than they would be to seek help from a professional housed elsewhere.

Source: Kiraly, D. A., Coulton, C. J. & Graham, A. (1982). *Journal of Family Practice*, **15**, 317-323.

## Gallstones

A complete follow-up of 110 men and 13 women in whom asymptomatic gallstones had been discovered by cholecystographic screening of a healthy population revealed that none had died because of gallstone disease and that the 15-year cumulative probability of the development of biliary pain or complications was only 18 per cent.

Source: Grace, W. A. & Ransohoff, D. F. (1982). The natural history of silent gallstones: the innocent gallstone is not a myth. *New England Journal of Medicine*, **307**, 798-800.

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