

Hospitals could reduce healthcare burden of alcohol related harm by simple routine screening

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The growing burden of alcohol-related liver disease (ARLD) could be reduced if hospitals introduced a simple universal screening procedure for those attending acute and emergency hospital settings, according to a new study shared today at The International Liver Congress in Barcelona, Spain.

Knowing that those at risk of [alcohol](#) related harm are often frequently admitted to emergency care settings, the UK researchers examined the feasibility of screening all acute care admissions for alcohol misuse. They found that not only is universal screening readily achievable, but it identifies patients who are at greatest risk of alcohol-related harm at a point when they can be targeted for treatment, thus reducing the risk of more severe liver damage.

According to the World Health Organization, Europe is the heaviest drinking region in the world in terms of the prevalence of alcohol consumption.¹ Alcohol is also the main cause of liver disease, including [liver cirrhosis](#) which accounts for 1.8% of all deaths in Europe or around 170,000 deaths per year.²

Study author, Dr Richard Aspinall, consultant hepatologist from Portsmouth Hospitals NHS Trust, UK commented: "Many who die from cirrhosis due to alcohol related harm have a history of recurrent hospital admissions, meaning we are missing chances to offer treatment. This

study shows that universal screening for alcohol misuse among patients admitted to Acute Medical Units is both achievable and can help inform targeted interventions. By classifying these patients according to their risk of alcohol harm, we can ensure they received the appropriate treatments to reduce the risk of adverse events occurring in the future, thus reducing the healthcare burden of alcohol-related harm."

Between July 2011 and March 2014, researchers collected data from over 53,000 admissions to the Acute Medical Unit of a major UK hospital. Patients were grouped according to their risk of alcohol-related harm, with 1,122 classified at 'increasing' risk, 1,921 classified at 'high' risk and the remainder classified as 'lower' risk. Information was collected on admission diagnoses, alcohol unit consumption, previous attendances, previous admissions, length of stay and mortality. Screening enabled the identification of a cohort of patients with frequent emergency department attendances, recurrent admissions and elevated risk of ARLD. Patients at 'increasing' risk of alcohol-related harm were referred for either a brief intervention or further assessment by an Alcohol Specialist Nurse Service.

Professor Laurent Castera, EASL Secretary General, commented, "This study places a spotlight on the significant burden [alcohol misuse](#) poses to health services, and the potential benefit of screening in reducing this burden." He continued, "Providing interventions for those at high [risk](#) of alcohol harm is vital. Creating a culture supportive of healthy behavioral change to help reduce alcohol consumption in Europe is however, equally as important if we are to address the root cause of this problem."

More information: References:

- 1 WHO. European Status Report on Alcohol and Health: World Health Organization. Regional Office for Europe; 2010.
- 2 Zatowski, Witold A, et al. Liver cirrhosis mortality in Europe, with

special attention to Central and Eastern Europe. *European Addiction Research*. 16.4 (2010): 193-201.

3 NHS Our Services. Acute Medical Unit. Available from: www.uhs.nhs.uk/OurServices/Eme...Acutemedicalunit.aspx. Last accessed: March 2016.

4 NHS Choices. Alcohol-related liver disease. Available from: www.nhs.uk/conditions/liver_diseases/introduction.aspx. Last accessed: March 2016.

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