Primary Care Alcohol Screen Raised Patient Trust

BY HEIDI SPLETE
Senior Writer

WASHINGTON — Screening and intervention for alcohol problems can enhance the quality of a primary care visit, at least from a health care system and office visit perspective. Perceived quality of care, however, was not associated with the odds of hazardous drinking 6 months after the office visit, reported Richard Saiz, M.D., in a poster presented at the annual conference of the Association for Medical Education in Research and Sub-stance.

In a regression analysis, Dr. Saiz of Boston University and his colleagues assessed the responses of 288 adult hazardous drinkers who saw 40 physicians for their primary care visit. The age was 43 years, 57% were black, 61% were men, and 71% saw a physician that they had seen on a prior occasion. They averaged six drinks per drinking day. After the office visits, the patients were asked whether they had received alcohol counseling, as such advice on safe drinking limits or advice to cut down on or abstain from drinking. After adjusting for variables, such as sex, race, education, comorbidity, level of previous alcohol treatment, previous visits to the same physician, and current alcohol problems, the mean scores in three areas of the Primary Care Assessment—communication, comprehensiveness, and trust—were significantly higher among the 132 patients who said they had received alcohol counseling, compared with the 156 who said they had not received counseling, said Dr. Saiz at the conference, also sponsored by Brown Medical School.

Average quality scores (on a scale of 1-100) were significantly higher among the patients who received counseling, compared with scores of those who did not, in the areas of communication (85 vs. 76) and comprehensiveness (88 vs. 81). The trust average score was slightly higher among patients who received counseling than among those who didn’t (79 vs. 77), but the difference was not statistically significant.

Buprenorphine Adherence Is a Struggle for Some

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In an ongoing randomized clinical trial, 91 opioid-dependent patients took daily buprenorphine/naloxone maintenance doses in a primary care setting. After 24 weeks, the investigators classified the patients as “high-stable” adherence (52), “fluctuating-deteriorating” adherence (23) and “poor-flat” adherence (16).

These data suggest that office-based treatment with buprenorphine may not be sufficient for those with severe opioid addiction.

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