

Problem Drinking Among Male Inpatients in a Rural General Hospital

The concept of "problem drinker" has become popular because it describes persons with hazardous or harmful alcohol consumption before developing dependence and serious harm⁽¹⁾.

The study was carried out in a 550-bed teaching hospital in Kolar, a rural district of southern India. All consecutive admissions of adult male patients admitted during the study period were evaluated within 4 days of their admission to the respective wards. During the study period of two months, there were 311 new admissions of which 252 (81.02%) patients consented to participate in the study. The history of alcohol and tobacco use was collected from every respondent. The current drinkers i.e. drinking during the past one year were screened with AUDIT (Alcohol Use Disorders Identification Test)⁽¹⁾. Persons scoring 8 or more on the AUDIT were considered as "problem drinker"⁽¹⁾. Those who have scored positive on the first item were interviewed in detail to assess severity of use and dependence as per DSM IV⁽⁴⁾.

The diagnoses of all patients were obtained from the case register. Each case was then classified as "alcohol related" (if the disease state was caused or worsened by alcohol consumption) or "non alcohol related"⁽⁵⁾.

The respondents consisted of 252 male inpatients aged between 18 and 86 years and majority of them (226, 89.68%) were from rural background. Seventy one patients (28.17%) had a life time use of alcohol and 64 (25.39%) were current drinkers. Forty three patients (17.06%) scored 8 or more on the AUDIT indicating alcohol abuse and 24 patients (9.52%) fulfilled DSM IV criteria for alcohol dependence. Thus 37.5% of current drinkers fulfilled criteria for dependence. In comparison to non problem drinkers (AUDIT = 1-7), problem drinkers (AUDIT > 8) were significantly more likely to be alcohol dependent ($p < 0.001$) and smokers ($p < 0.05$). Similarly, the latter group had more alcohol related medical diagnosis in comparison to the former group. Among the 43 problem drinkers, alcohol related diagnosis was possible in 33 patients (76.7%).

Problem drinkers were significantly more likely to have alcohol related physical diagnosis ($p = 0.007$), to smoke ($p = 0.023$), to be alcohol dependent ($p = 0.0001$) and preferred locally made alcohol drink (sarai) ($p = 0.002$) and

brandy ($p = 0.04$) over whisky, rum or beer. Only one patient was offered help for alcohol problem.

We have noted a strong correlation between drinking and smoking tobacco. A smoker was more likely to drink compared to non-smoker ($p = 0.001$) and such smokers who drink were more likely to be problem drinkers ($p = 0.015$) as well as dependent drinkers ($p < 0.001$). The average rural patient in our study with alcohol related discharge diagnosis presented 10 years later than his urban counterpart. The other Indian studies have shown the prevalence of problem drinking among male inpatients to be 14.6% to 23.3%^(2,3). The problem drinkers in our study were found to be 17.1%.

Such high prevalence of problem drinkers among the general hospital patients actually offers an opportunity for the health professional to intervene. Intervention at this stage is likely to be more successful than after dependence has set in. Hence screening of patients to detect alcohol abuse by the treating physicians should be a routine procedure. In view of the strong correlation of smoking with problem drinking, the brief intervention for smoking should not be undermined. In conclusion the physician also needs to be more sensitive about these issues.

Reference

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SK Sampath, PK Chand, P Murthy

Deptt. of Psychiatry Kasturba Medical College, Manipal, Karnataka 576104. E-mail : prabhatkumar_chand@yahoo.com

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