



Alcohol Brief Intervention and Antibiotic Interventions

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What's the impact of Alcohol ?

1. Alcohol misuse can have a wide range of adverse effects and is a casual factor in more than 60 medical conditions.
2. Heavy drinking over many years can cause organ damage and it increases risk factors for heart attacks and strokes.
3. Alcohol Misuse can have other personal implications :
 - A. Family Break-ups !
 - B. Unemployment !
 - C. Financial problems !

What does sensible drinking Mean ?

*MEN - should drink no more than 21 units of alcohol per week . No more than four units in any one day and have at least two alcohol -free days a week.

*Females - Should drink no more than 14 units of alcohol per week , no more than three units in any one day and have at least two alcohol-free days a week.

**One
Unit**



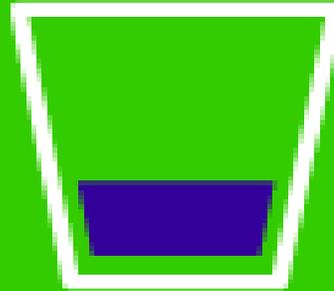
1/2 pint of
ordinary
strength beer
lager or cider

**One
Unit**



1 small
glass of
wine

**One
Unit**



1 single
measure
of spirits

**One
Unit**



1 small
glass of
sherry

**One
Unit**



1 single
measure
of aperitifs

The simple formula to calculate units consumed is:
Strength of alcohol by volume (percent) x volume consumed (litres)



Standard glass of wine:
2.1 units



Pint of low strength beer (e.g. Carling, Fosters):
2 units

Pint of high strength beer (e.g. Stella Artois):
3 units



Alcopops:
1.5 units



Single measure of spirits (e.g. rum, whisky):
1 unit

Flow process for audit.



How do we assess alcohol use.

Audit-C

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.



AUDIT - (Alcohol Use Disorder Identification Tool)

If ≥ 5 you COULD undertake the AUDIT tool to identify whether the patient is increasing, higher risk or a dependent drinker.

1 in 8 individuals drinking at increasing or higher risk levels and provided with an alcohol IBA moderate their drinking to low risk levels

AUDIT score	Definition	Intervention
0 - 7	Lower risk drinking	Positive reinforcement
8 - 15	Hazardous drinking	Brief Intervention Level 1
16 - 19	Harmful drinking	Brief Intervention Level 2
20+	Probable dependence	Further Assessment for Detoxification

The Stages to an Alcohol Brief Intervention

1. Raising the issue.
2. Screen and give feedback.
3. Listen for readiness to change.
4. Provide advice.
5. Exit strategy.



The audit Results .

- *The higher the audit - c score the greater the health risks.
 - *A patient who scores above 10 is likely to have a higher mortality risk also if :
 - Female - 88% chance of being dependent.
 - Male - 75% chance of being dependent.
- Consider next stage - listening to change - what questions are you likely to ask ?

Potential answers

How has that left you feeling?

What are your thoughts about this?

What are your thoughts on your AUDIT score?

Listen to the patient - What might a patient say to indicate that they have identified this as a problem?



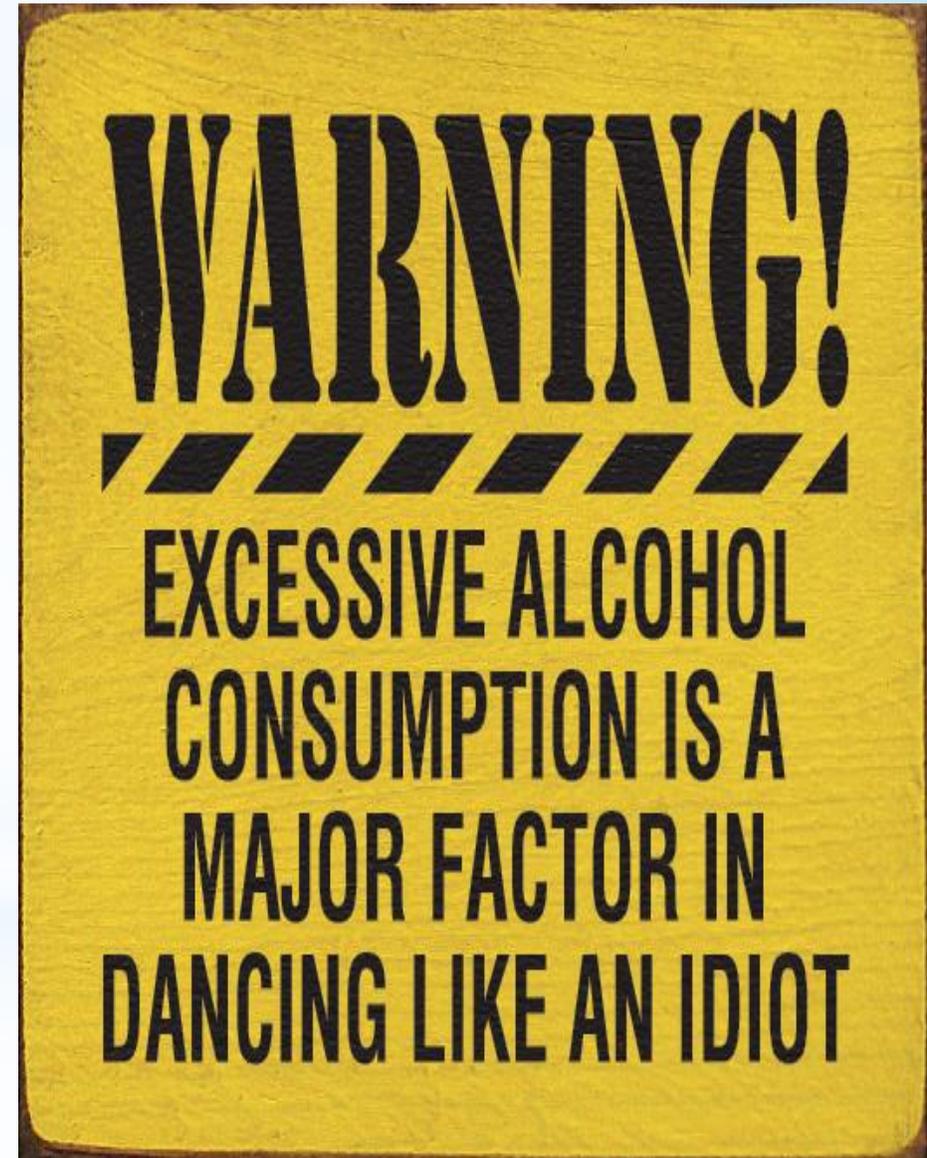
What information and advice might you give to help them reduce their AUDIT-C score to a “low-risk” level?

- * Realistic goal setting
- * Set a date to start cutting down
- * Set a daily limit
- * Alternate alcohol with non-alcoholic drinks
- * Aim for at least TWO alcohol free days per week
- * Provide leaflets (Change4Life “Don’t let drinking sneak up on you”)



Word of warning !

- * IF SOMEONE STATES THEY ARE A DEPENDENT DRINKER ALWAYS WARN THEM OF THE DANGERS OF STOPPING IMMEDIATELY.
- * STOPPING IMMEDIATELY CAN LEAD TO ALCOHOL WITHDRAWAL SYMPTOMS (AWS), DELIRIUM TREMENS (DTs) and DEATH.
 - * Occurs in about 5% of all alcohol detoxifications
 - * Fatal in around 5% to 15% of all cases.
- * THEY SHOULD BE REFERRED TO THEIR GP OR SPECIALIST SERVICES AND IF THEY CHOOSE TO REDUCE THEIR DRINKING THIS SHOULD BE GRADUAL.



Exit STRATEGY

- * Not all patients will want to discuss their results and may just want to leave - this is OK!
- * Provide them with a leaflet and signposting information if possible.
- * For dependent drinkers or people with high AUDIT-C scores that may want to discuss this further - refer to GP, Specialist Services and/or mutual aid support organisations



Alcohol and Pregnancy

* Current DH alcohol advice states; “pregnant women or women trying to conceive should avoid drinking alcohol” and “if they do choose to drink, to minimise the risk to the baby, they should drink no more than one to two units of alcohol once or twice a week and should not get drunk”. A leaflet for patients can be obtained at:

* http://www.dh.gov.uk/en/PublicHealth/HealthImprovement/AlcoholMisuse/DH_4001740



- 40% of all mothers drank alcohol in 2005 (54% in 2005);
- 49% of women who drank before pregnancy gave up (34% in 2005);
- 46% of women drank less during pregnancy (61% in 2005);
- 2% reported “no change” (4% in 2005)

Support Available :

- * Recovery and Integration Service (RISE) Tel: 01626351144 (Newton Abbott)
- * Rise Alcohol Service Tel : 08451302605.
- * UK SMART Recovery (online meetings) For details go to <http://www.smartrecovery.org.uk/meetings/online-meetings>
- * Alcoholics Anonymous (AA) For details go to <http://www.alcoholics-anonymous.org.uk/AA-Meetings/Find-a-Meeting>
- * Al-Anon and Alateen provide support to anyone whose life is, or has been, affected by someone else's drinking. (www.al-anonuk.org.uk)

Become an Antibiotic Guardian

- * Around 25000 patients die each year in Europe as a result of resistance.
- * It's been 30 years since a new class of antibiotics was introduced !
- * 1.5 Billion the cost of antibiotic resistance in expense and lost productivity.
- * Routine healthcare will be adversely affected if resistance spreads !



Some Facts !

Coughs and colds

- * Patients prescribed an antibiotic by their GP rose in 1999 from 36% to 51% in 2011

Sore Throats

- * Prescribing for sore throats is around 62%
- * Only an estimated 10% benefit from antibiotics.

Middle ear infections (Otitis media)

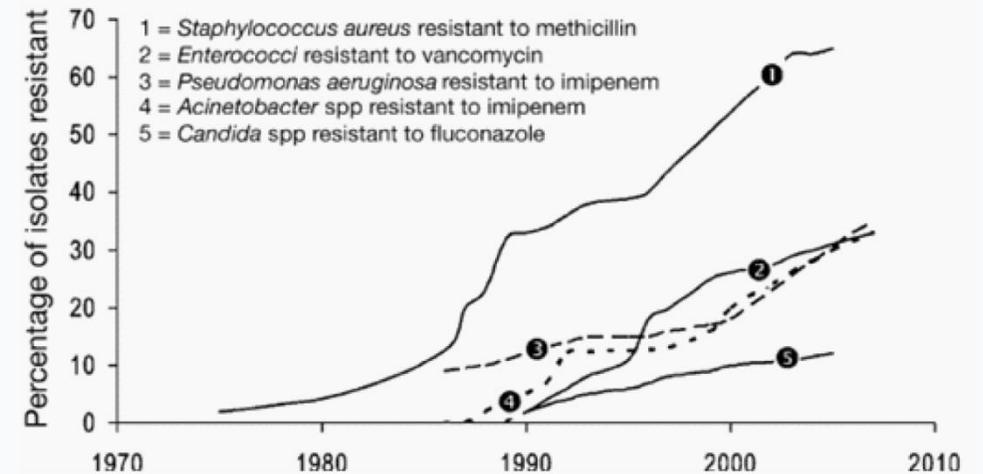
- * Prescribing is around 83% of patients
- * Antibiotics should only be of use in severe infections.



Headlines from Press !

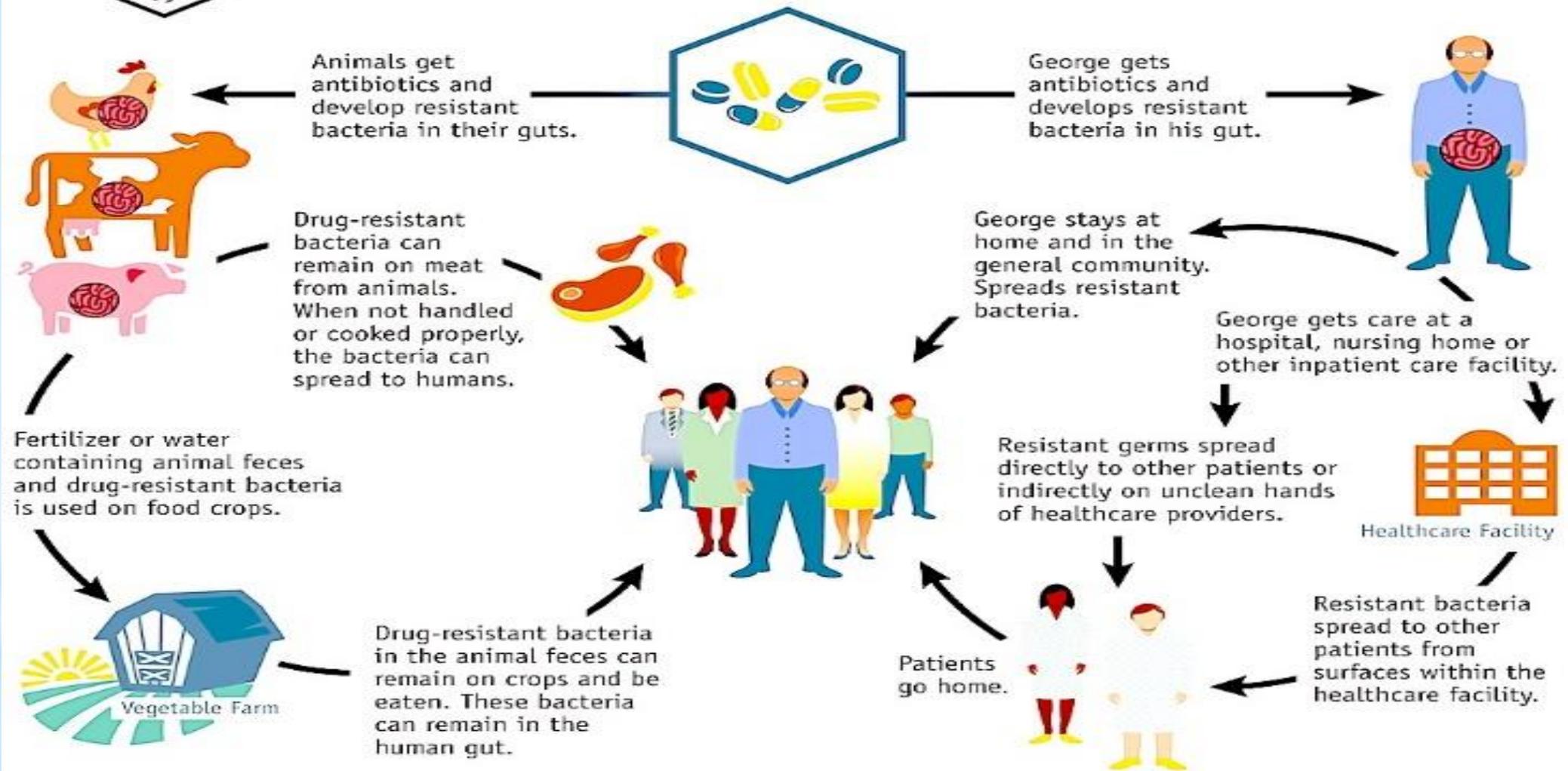
- * Antibiotic resistance now 'global threat', WHO warns
- * Bacteria Share Antibiotic Resistance .
- * W.H.O. Plan Aims to Combat Resistance to Antibiotic Drugs
- * Superbug threat is 'ticking time bomb'

Antimicrobial Resistance for Selected Pathogens over Time





Examples of How Antibiotic Resistance Spreads



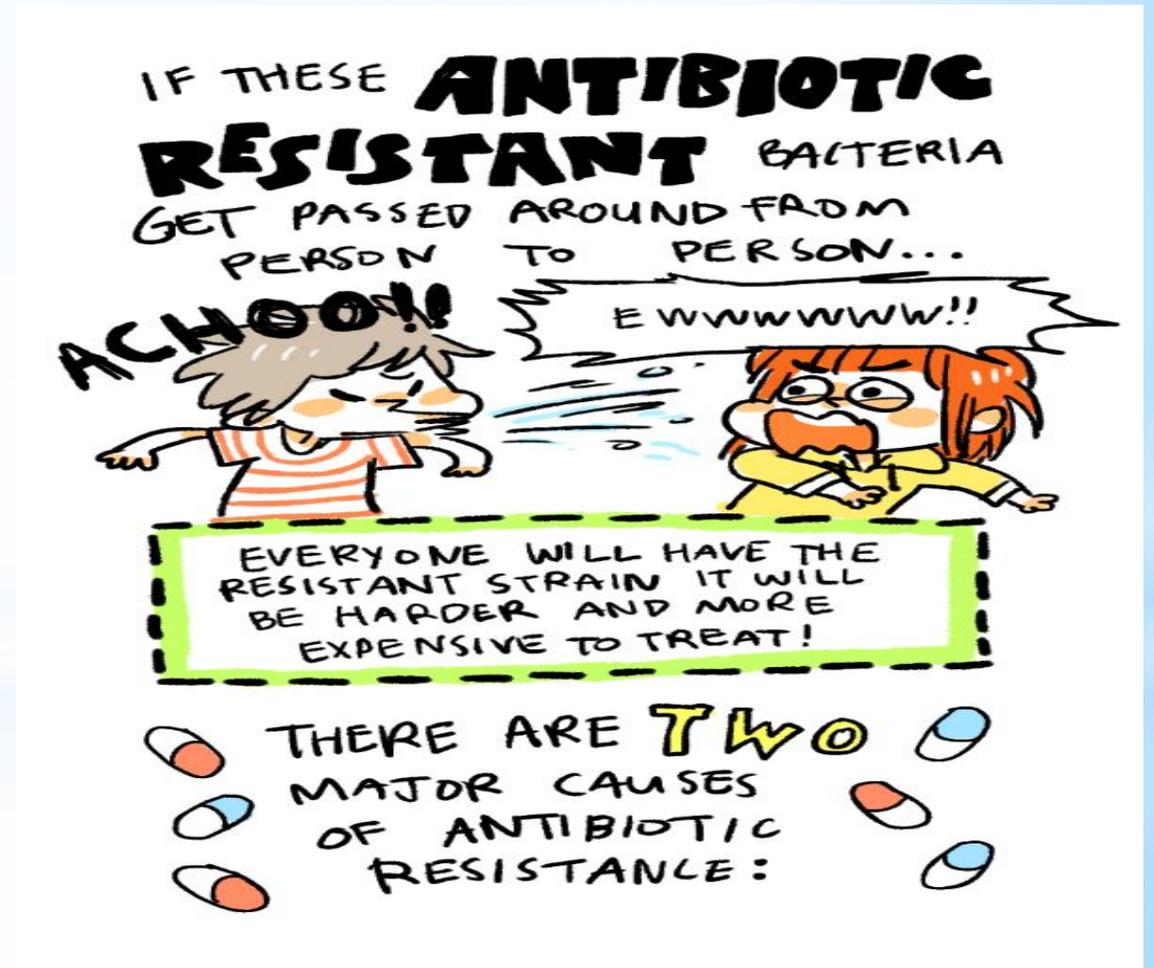
Simply using antibiotics creates resistance. These drugs should only be used to treat infections.

NESTA survey finds GPs feel pressurised to prescribe unnecessary antibiotics !

- * 55% of more than 1000 GPs surveyed felt under pressure—mainly from patients—to prescribe antibiotics, even if they were not sure that they were necessary
- * 44% admitted that they had prescribed antibiotics to get a patient to leave the surgery
- * 45% had prescribed antibiotics for a viral infection. GPs who qualified before 1980 were most likely to have done this (55%)
- * 28% admitted prescribing antibiotics “several times a week,” even when not sure of their medical necessity
- * 70% said that they did so because they did not know whether an infection was viral or bacterial
- * 24% said that this was because of a lack of easy to use diagnostic tools.

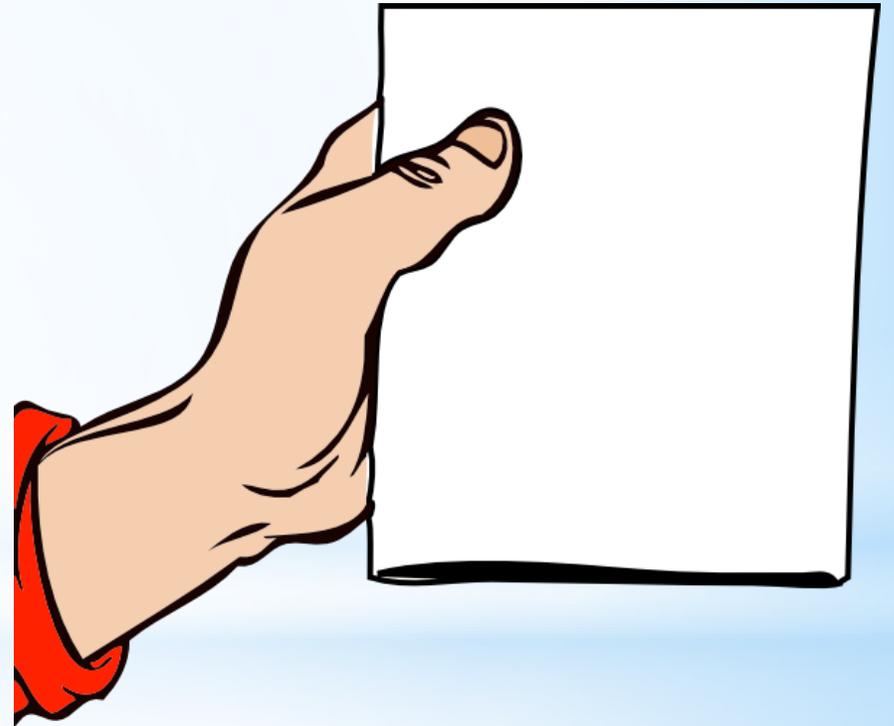
The NESTA survey found that some patients continue to expect antibiotics 'as a matter of right'

- * One in ten who visited surgery at least once a month expected to be prescribed antibiotics every time
- * 88% said their main reason for requesting antibiotics was to get rid of an infection
- * 13% for persistent cold or flu
- * 9% for unidentifiable pain
- * 9% for a child who was ill
- * 9% thought antibiotics could be used to treat viral infections
- * 27% thought that they could be used to treat both bacterial and viral



What to do !

- * Pharmacy staff to give out a self-help guide called “Treating Your Infection” to all people with **visual signs of a cough or cold** or who ask for **help with over the counter medicines to treat a cough, cold or sore throat**.
- * The guide is to inform people how long an infection usually lasts and how to treat themselves better. It also lists symptoms that may require further medical attention.



What to do !

1. 'Treating Your Infection': Support Self Care

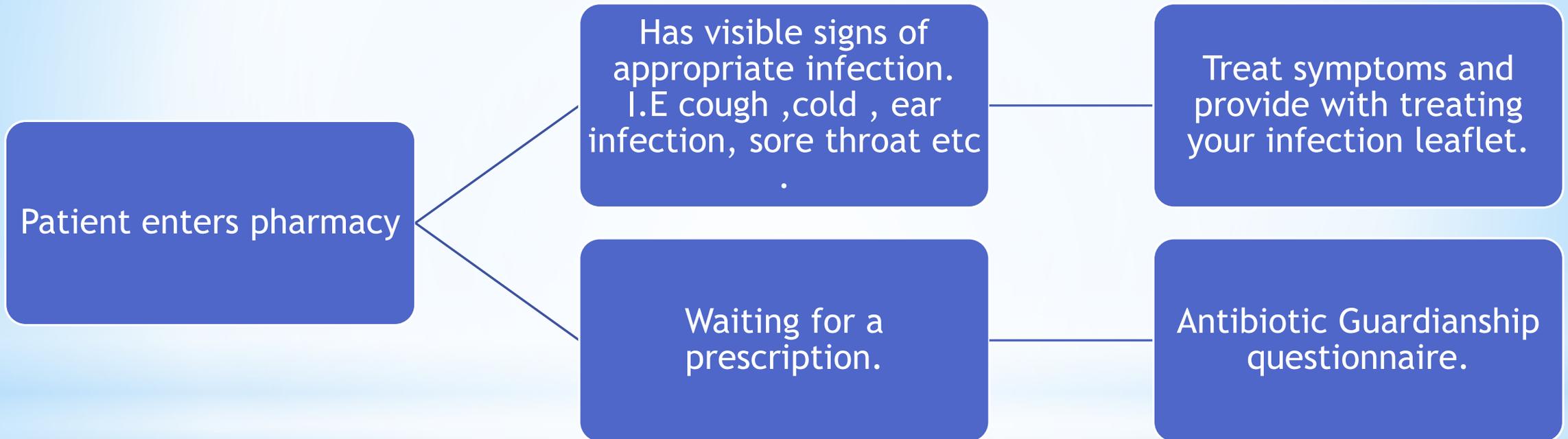
- * Use intervention leaflet to provide advise to patients suffering from; middle ear infection, sore throats, common cold, sinusitis, cough/bronchitis.
- * For example customers purchasing, cough medicines, decongestants, sore throat lozenges, analgesics

2. The Antibiotic Guardian Quiz: Raise Awareness

- * Use in pharmacy with customers waiting for prescriptions
- * Don't specifically target those with antibiotics!



What to do !



What to remember !

- * Length of time an illness can last.
- * Majority of minor illness caused by viral self limiting infections
- * Antibiotics kill the good bacteria in your gut which can take years to recover.
- * How to self care
- * **To collate the Data !**



Stewardship !

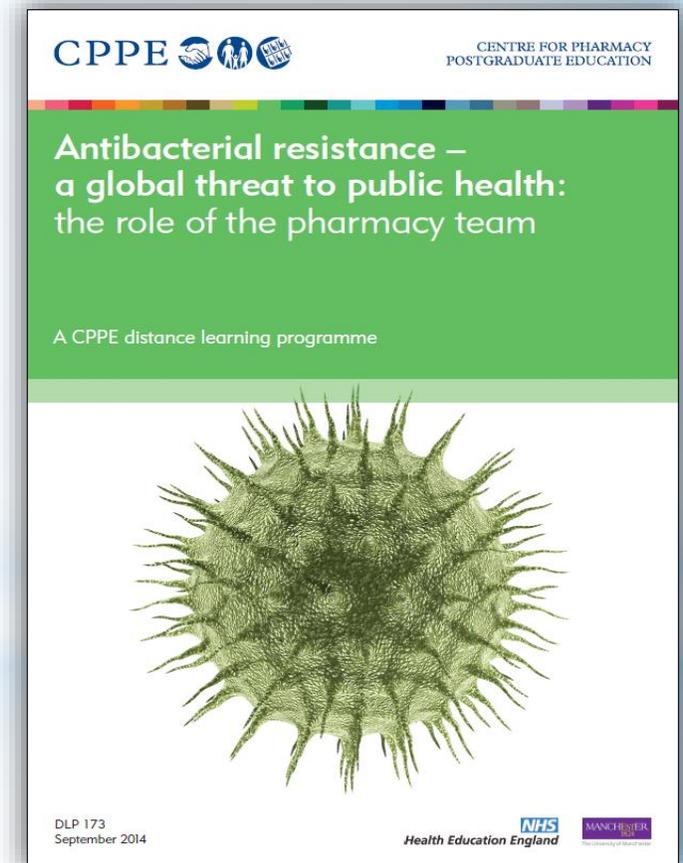
- * UK Five Year Anti-microbial Resistance (AMR) plan, to slow down the growth in resistance
- * Improving quality of prescribing in primary and secondary healthcare settings
- * Improving public and professional knowledge and understanding of antimicrobials and their appropriate use.
- * Antimicrobial stewardship: refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobials.

Each Pharmacist will have received in the post last year !

Training

Antibacterial resistance - a global threat to public health: the role of the pharmacy team

- * CPPE Training Pack
- * Case studies and questions



What can we do ?

- * European Antibiotic Awareness Day (EAAD) takes place annually on 18 November
- * As an Antibiotic Guardian, choose a simple action based pledge and encourage others to join you in protecting antibiotics against the growing threat of antibiotic resistance at:
www.antibioticguardian.com
- * Resources and promotional materials to support local activities for Antibiotic Guardian and EAAD are available via
<http://bit.ly/EAAD2014>
- * The Antibiotic Guardian campaign was established by PHE to improve public and professional knowledge and stimulate engagement on tackling antibiotic resistance

