Rapid Communication

Addictive Disorders in an Accident & Emergency Department: How do Caregivers Perceive Their Therapeutic Attitudes? - An Exploratory Study

Morgane Guillou Landreat
Universite de Bretagne Occidentale Faculte de Medecine et des Sciences de la Sante de Brest, France

Melanie Rica
Universite de Bretagne Occidentale Faculte de Medecine et des Sciences de la Sante de Brest, France

Jennyfer Cholet
Universite de Bretagne Occidentale Faculte de Medecine et des Sciences de la Sante de Brest, France

Sophie Lalande
Universite de Bretagne Occidentale Faculte de Medecine et des Sciences de la Sante de Brest, France

Jean Yves Le Reste
Universite de Bretagne Occidentale Faculte de Medecine et des Sciences de la Sante de Brest, France

ABSTRACT

Background: Addictive disorders are more prevalent in emergency department (ED) than in the general population; about 20% of alcohol tests on individuals in emergency care prove positive. ED is strategic places to identify addictive disorders and identification is closely linked to therapeutic attitudes.

Aim: This study explores ED staff attitudes to these individuals across a range of roles.

Methods: Data were gathered from the ED of a general hospital in Brittany (France). We used a short questionnaire, adapted from previous, similar French studies.

Results: 25 persons completed the first questionnaire. The results of a self-administered questionnaire on attitudes showed there is interest in our study. It helped us to identify attitudes perceptions and limits and to initiate discussion on types of therapeutic behaviour in emergency care towards individuals presenting with addictive disorders.

Conclusion: Many studies confirm that screening and brief intervention for alcohol misuse and alcohol use disorders are important in order to organize harm reduction, prevention and care. However, we showed that there are significant limitations to screening which are not only linked to biomedical skills but, as we have shown here, also to personal feelings and perceptions about alcohol. We also discussed our study limitations and different ways of improving addiction care in the Accident & Emergency department with regard to the literature.

Keywords: Addictive disorders; Therapeutic attitude; Emergency department

Introduction

Alcohol and drug users are more likely to attend Emergency Department (ED) compared to non-users [1]. One patient on five being treated in the ED tests positive for blood alcohol regardless of the reason for admission [2-4]. Literature on the effectiveness of screening and brief intervention in primary care and hospitals is growing [5-9]. Several authors recommend a systematic screening of addictive disorders in ED [10-12], but such interventions face barriers to screening as lack of time, lack of privacy or difficulty in motivating nurses to perform the screening and they only screen a small part of the eligible population in ED [4]. Therapeutic attitudes of ED caregivers are important points to consider. In Europe, few studies focused on caregivers' attitudes towards addictive disorders, and the French studies were more specifically concerned with the elderly [13,14]. We did not find studies in ED in our country about caregivers' attitudes where addictive disorders were concerned.

Materials and Method

Population

Inclusion criteria:

-Caregivers in the ED

-French comprehension (oral and written)

-Consent to the study

Exclusion criteria:

-Student

-Non comprehension of French language (oral or written)

-No consent

This study was approved by the ethics committee of the University of Brest. Our main objective was to conduct a self-report on the therapeutic attitudes of caregivers in ED towards addictive disorders.

Questionnaire

No validated tools existed to assess in the health care population but we identified a tool, which had been used in previous studies on the same topic [11,12]. We generalized the questionnaire to include all age groups and addictive disorders.

Statistical analysis

Descriptive statistical analysis uses averages, standard deviations and percentages.

Results

We collected 25 questionnaires (N=41), a return rate of 61%. The responding population consisted of: 48% nurses, 32% doctors and 20% caregivers, with 40% men and 60% women. The seniority since graduation was 14 years ± 8.2 years. Respondents had been working in ED for a median of 8 years ± 20.9 years. 56% acknowledged that they themselves, or others, had experienced addictive disorders.

Identification and referral

64% of caregivers (100% of doctors and 58% of nurses) answered that they systematically proposed a specialized consultation.

ED caregivers said they confirmed their diagnosis by: « talking about it with the patient » (100%); talking about the problem with the family (80%); 56% said that they used a diagnosis tool and 28% said that they asked for help from the addiction team.

Information about addictive disorders were transmitted orally by the nurses (83%). 75% of medical doctors said that they wrote information in the patient's file. 64% of ED caregivers estimated the proportion of patients with addictive disorders attending the ED at under 20%.

Attitudes and feelings assessed for all caregivers are summarized in Table 1 below. No patients were referred to the addictive disorders service through the ED during the study.

Discussion

This study is an exploratory study about the therapeutic attitudes of caregivers towards addictive disorders in ED, a quite a rare topic in literature.

An underestimation of the prevalence of addictive disorders in ED

The majority of caregivers questioned considered that less than 20% ED patients had addictive disorders. Alcohol use disorders in ED ranges from 13 to 37% [15-18] and 7 years after an admission in ED, 15.1% of patients reported alcohol dependence, 22.6% cocaine use; 13.5% sedatives use and 7.1% opioid use [19]. So this is a clear underestimation of addictive disorders in ED patients.

Limits to the identification of addictive disorders in ED

As identified by Patston et al. [4], lack of time seems to be a perceived limitation quite specific to the ED, as well as the experience of lack of vocational training, indicated by Kelleher and Cotter [13]. In our study, very few caregivers received training in addictive disorders. The lack of caregivers' training risks degrading their perception of self-confidence and legitimacy in asking patients about their substance use [3,20]. Initial training, in-service training/experience and support are factors that can clearly improve team attitudes in the management of alcohol-related behaviour [21].

Another hypothesis is practice seniority in ED, which was quite high in our study (8 years-20.9 years). Authors reported that experienced caregivers' feelings diminish as their years of experience increase [3,14].

An overestimation of specialised guidance

In this study, 64% of caregivers stated that in ED, they systematically directed patients with addictive disorders towards specialized care. They felt the need to refer patients with addictive disorders in 100% of cases. But, at the same time, no patients were sent from ED for an addictive disorders evaluation.

Therapeutic attitudes among caregivers towards addictive disorders: An underestimation of the influence of the personal experience

This work showed that more than half of caregivers report

Table 1: Self-reported caregiver attitudes/feelings about people with addictive behaviours.

How they felt	Total (%)	Doctors(%)	Nurses (%)	Nursing assistant (%)
Available	40	50	41	20
Helpful	28	38	25	20
able to listen	62	61	73	40
Competent	4	0	8	0
Moralizing	12	30	8	2
Repressive	4	12	0	0
Powerless	68	88	58	60
Mal à l'aise Uncomfortable	8	0	0	40
Agressif Aggressive	0	0	0	0
Evasive	0	0	0	0

that they were personally concerned with addictive disorders (their own or close friends and family). A study conducted at the St Etienne University Hospital showed that 85% of those questioned used alcohol during the year, and one third of the users used alcohol on a weekly basis and 4.8% said they had used cannabis in the last 12 months [22].

It feels essential that this variable should be taken into account, bearing in mind that non-consumer caregivers would tend to increase the problems whereas those who are themselves in difficulty would minimize them [23]. Nevertheless, the results are sometimes contradictory in the literature on this subject and some studies, such as those by Iqbal et al. [21] have not shown differences in attitudes according to personal alcohol consumption.

Strengths and Limitations

This study is concerned with a topic considerable in terms of secondary prevention and harm reduction. But, our response rate was 60%. Our main limitation was the lack of statistical power. Our results could not be generalized.

Conclusion

ED is strategic place for identification of addictive disorders and for strategic therapeutic planning. However, there are significant limitations to screening which are not only linked to biomedical skills but, also to personal feelings and perceptions. If we keep trying to implement alcohol use screening in ED, without training on personal feelings and on perceptions about alcohol, it will continue to fail.

CONFLICTS OF INTERESTS

No conflict to declare.

FUNDING

No funding for this study.

REFERENCES

1. Cunningham RM, Harrison SR, McKay MP, Mello MJ, Sochor M, et al. National survey of emergency department alcohol screening and intervention practices. Ann Emerg Med 2010; 55: 556-562.
2. Baldassarre M, Caputo F, Pavarin RM, Bossi MM, Bonavita ME, et al. Accesses for alcohol intoxication to the emergency department and the risk of re-hospitalization: An observational retrospective study. Addict Behav 2017; 77: 1-6.
3. Menecier P, Girard A, Badila P, Rotheval L, Lefranc D, et al. Acute alcoholic intoxication at the hospital: A clinical stake. A prospective study of one year in a general hospital. Rev Med Interne 2009; 30: 316-321.
4. Patston LLM, Travers KA, Newcombe DAL. The acceptability and feasibility of screening for alcohol and drug misuse in a hospital emergency department. Addict Disord Their Treat 2017; 16: 111-120.
5. Mdege ND, Watson J. Predictors of study setting (primary care vs. hospital setting) among studies of the effectiveness of brief interventions among heavy alcohol users: A systematic review. Drug Alcohol Rev 2013; 32: 368-80.
6. Ockene JK, Reed GW, Reiff-Hekking S. Brief patient-centered clinician-delivered counseling for high-risk drinking: 4 year results. Ann Behav Med 2009; 37: 335-342.
7. Kaner EF, Dickinson HO, Beyer F, Pienaar E, Schlesinger C, et al. The effectiveness of brief alcohol interventions in primary care settings: A systematic review. Drug Alcohol Rev 2009; 28: 301-323.
8. Woodruff SI, Eisenberg K, McCabe CT, Clapp JD, Hohman M. Evaluation of California's alcohol and drug screening and brief intervention project for emergency department patients. West J Emerg Med 2013; 14: 263-270.
9. Nilsen P, Baird J, Mello MJ, Nirenberg T, Woolard R, et al. A systematic review of emergency care brief alcohol interventions for injury patients. J Subst Abuse Treat. 2008; 35: 184-201.
10. Bogenschutz M, Donovan D, Adinoff B, Crandall C, Forcehimes A, et al. Design of NIDA CTN protocol 0047: screening, motivational assessment, referral and treatment in emergency departments (SMART ED). Am J Drug Alcohol Abuse 2011; 37: 417-425.
11. Brousse G, Arnaud B, Geneste J, Pereira B, De Chazeron I, et al. How CAGE, RAPS4-QF and AUDIT can help practitioners for patients admitted with acute alcohol intoxication in emergency departments? Front Psychiatry 2014; 5: 72.
12. Drummond C, Deluca P, Coulton S, Bland M, Cassidy P, et al. The effectiveness of alcohol screening and brief intervention in emergency departments: A multicentre pragmatic cluster randomized controlled trial. PLoS One 2014; 9: 1.
13. Kelleher S, Cotter P. A descriptive study on emergency department doctors' and nurses' knowledge and attitudes concerning substance use and substance users. Int Emerg Nurs. 2009; 17: 3-14.
14. Menecier P, Menecier-Ossia L, Clair D, Choplin A, Constant N, Ploton L. Taking care of the aged who have problems with alcohol drinking. Soins Gerontol 2009; 8: 11-13.
15. Wu LT, Swartz MS, Wu Z, Mannelli P, Yang C. Alcohol and drug use disorders among adults in emergency department settings in the United States. Ann Emerg Med 2012; 60: 172-180.
16. Choo EK, Ranney ML, Wong Z, Mello MJ. Attitudes toward technology-based health information among adult emergency department patients with drug or alcohol misuse. J Subst Abuse Treat 2012; 43: 397-401.
17. Blow FC, Walton MA, Barry KL, Murray RL, Cunningham RM, et al. Alcohol and drug use among patients presenting to an inner-city emergency department: a latent class analysis. Addict Behav 2011; 36: 793-800.

18. Cherpitel CJ, Ye Y. Drug use and problem drinking associated with primary care and emergency room utilization in the US general population: Data from the 2005 national alcohol survey. Drug Alcohol Depend 2008; 97 : 226-230.

19. Adam A, Faouzi M, Yersin B, Bodenmann P, Daeppen JB, Bertholet N. Women and men admitted for alcohol intoxication at an emergency department: Alcohol use disorders, substance use and health and social status 7 years later. Alcohol Alcohol 2016; 51: 567-575.

20. Menecier P. Aging and alcohol consumption. Soins Gerontol 2014; 106: 30-33.

21. Iqbal N, McCambridge O, Edgar L, Young C, Shorter GW. Health-care professionals' attitudes across different hospital departments regarding alcohol-related presentations. Drug Alcohol Rev 2015. 34: 487-494.

22. Orset C, Sarazin M, Grataloup S. Les conduites addicitves parmi le personnel hospitalier: Enquête de prévalece chez 366 agents de CHU de St Etienne Archives des Maladies Professionnelles et de l'Environnement 2010; 72: 173-180.

23. Shibayama M, Cho T, Ino A. Investigation of patients suspected of drinking, who visited emergency department, and their negative influence on emergency medical system. Nihon Arukoru Yakubutsu Igakkai Zasshi 2011; 46: 436-445.

ADDRESS FOR CORRESPONDENCE:

Morgane Guillou Landreat, Universite de Bretagne Occidentale Faculte de Medecine et des Sciences de la Sante de Brest, France; E-mail: morgane.guillou@chu-brest.fr

Submitted: January 02, 2018; Accepted: January 18, 2018; Published: January 25, 2018