

Managing alcohol dependence

Sir,

We commend Drs Burnhill and Daly (Vol 63(7), 2002, p. 416) for condensing a strategy for management of alcohol misusing patients into five pages. However, the role of accident and emergency (A&E) departments in identifying patients was underplayed. More patients attend A&E than outpatients (National Audit Office, 1992), and alcohol is implicated in around 28% (Hadida et al, 2001). A patient may be more likely to take up a referral to an alcohol health worker, as they present at a time of crisis.

The review describes only two screening questionnaires: CAGE and AUDIT. Both of these have been subject to some criticism (Huntley et al, 2001): CAGE identifies dependent rather than hazardous drinkers (e.g. bingers), and AUDIT takes too long to complete. At St Mary's A&E department a concerted effort has been made to identify and refer alcohol misusers. As a result, the Paddington Alcohol Test (Figure 1) has been developed (Huntley et al, 2001; Royal College of Physicians, 2001). It can identify misusers at an early stage in

their drinking history and, taking less than 1 minute to administer, is ideal for the busy A&E environment.

The Royal College of Physicians (2001) gave recommendations for a coherent alcohol strategy for hospitals. These require urgent implementation.

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Hadida A, Kapur N, Mackway-Jones K et al (2001) Comparing two different methods of identifying alcohol related problems in the emergency department: a real chance to intervene? *Emerg Med J* 18: 112-15

Huntley JS, Blain C, Hood S et al (2001) Improving detection of alcohol misuse in patients presenting to an accident and emergency department. *Emerg Med J* 18: 99-104

National Audit Office (1992) *NHS Accident and Emergency Departments in England*. HMSO, London

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Sir,

I thank Drs Huntley and Touquet for their comments on our paper. We agree that the A&E department has a crucial role in detection, assessment and treatment of individuals with alcohol prob-

lems, many of whom will not enter the general hospital system. A&E departments can be significantly effective in detection and treatment intervention with this population.

A variety of screening questionnaires have been developed for detection of alcohol problems, particularly for use in the A & E departments. One of the best of these is the Paddington Alcohol Test (Smith et al, 1996). The AUDIT questionnaire (Peters, 1999) has also been used in A&E settings and the shortened version of the AUDIT, using five of the ten questions, has been found to be sensitive to harmful and hazardous drinking. It is essential that questions about alcohol use are included in A&E assessments, and given the short period of time available for assessment these screens can be of practical use.

There is expanding literature reviewing the treatment of alcohol problems in the A&E setting and the St Mary's team, following the development of a specific alcohol health worker for the A&E departments, showed good evidence of the effectiveness of these interventions (Wright et al, 1998).

The working party from the Royal College of Physicians (2001) identified a series of important elements for A&E departments (and general hospitals) as examples of good practice. Within Salford the provision for A&E liaison input from the community alcohol team has proved to be effective and mental health or alcohol practitioners working in liaison capacity seems to be a model followed by many excellent services.

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Smith SGT, Touquet R, Wright S, Gupta ND (1996) Detection of alcohol misusing patients in accident and emergency departments. *J Accid Emerg Med* 13: 308-12

Wright J, Morant, Meyrick M, O'Connor R, Touquet R (1998) Intervention by an alcohol worker in an accident and emergency department. *Alcohol* 33: 651-6

Figure 1. The Paddington Alcohol Test (PAT).

Circle number(s) for specific trigger(s); consider for all the top 9:

1. Fall (including trip)
2. Collapse (including fits)
3. Head injury (including facial)
4. Assault
5. Accident (including burn, road traffic accident)
6. Unwell (including request detoxification or help, self neglect)
7. Non-specific gastrointestinal
8. Psychiatric
9. Cardiac (including chest pain) Other (specify): _____

Paddington Alcohol Test (PAT) 2002 August

Patient identification sticker:

After dealing with patient's 'agenda,' i.e. patient's reason for attendance:

1a. 'We routinely ask all patients in A&E if they drink alcohol - do you drink?' Yes (Go to 1b)
No (PAT -ve)

1b. 'Quite a number of people have times when they drink more than usual; what is the most you will drink in any one day?' (Pub measures in brackets; home measures often x3)

Beer/lager/cider	__ Pints (2)	__ Cans (1.5)	total units/day =
Strong Beer/lager/cider	__ Pints (5)	__ Cans (4)	
Wine	__ Glasses (1.5)	__ Bottles (9)	
Fortified Wine (Sherry, Martini)	__ Glasses (1)	__ Bottles (12)	
Spirits (Gin, Whisky, Vodka)	__ Singles (1)	__ Bottles (30)	

2. If this is more than 8 units/day for a man, or 6 units/day for a woman, does this happen...
Once a week or more? PAT +ve (every day: ? Pabrinex)

Less frequent ? or
? PAT -ve (? , as trumped by Question 3)

3. 'Do you feel your current attendance in A&E is related to alcohol?' Yes (PAT+ve) / No