# Screening for alcohol use disorders (AUD) among patients admitted to acute inpatient wards



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## Introduction and aims

The co-occurrence of mental health and alcohol problems is common and harmful drinking is present in approximately **15-36%** of UK mental health inpatients. However, the identification and treatment of alcohol use disorders (AUD) in inpatient settings remains low.

Kent and Medway NHS and Social Care Partnership Trust introduced a new Alcohol Detoxification Policy in January 2022. It states that **all patients** should routinely have an Alcohol Use Disorders Identification Test (AUDIT).

#### Results

148 inpatients were included in the audit, of which **102** (69%) consented to answer questions.

- 66% were classified as low risk
- 19% as increased risk
- 15% as higher risk drinkers
  Of the higher risk drinkers (n=19):
- 69% were male
- 47% had documented alcohol

## Conclusions

**Consistent** use of standardised screening tools upon admission is needed to identify those at risk of AUD, enabling relevant investigations and appropriate prescribing.

Thiswouldallowtargetedinterventionsincludingvitaminprophylaxis,treatmentofalcoholwithdrawal and psychoeducation.

This information will be disseminated across the trust in MDT meetings, teaching sessions and by placing flow charts on inpatient wards.

A clinical audit was undertaken across all inpatient wards in **May 2022** with the aim of identifying:

- 1. The prevalence of AUD
- 2. The extent to which alcohol use disorders were identified and alcohol policy was followed.

We hypothesised that AUD would be under-identified in clinical practice and that compliance with the policy would be variable.

### Method

All consenting inpatients were administered the 10-item AUDIT.

Patients scoring ≥16 were asked additional questions in line with the policy and corresponding data were collected from electronic records.

withdrawal history

- 32% were prescribed vitamin B
- 11% were prescribed Pabrinex
- Only 1 patient had a documented cognitive assessment, yet 70% of patients completing the ACE-III for this audit (n=10) scored less than 88/100, indicating cognitive impairment.

There were **no higher risk cases where the policy was completely followed**, nor any cases where the protocol was not followed at all. The steps of the protocol were partially followed in all cases, with some areas adhered to better than others.

#### References

Roberts E, Morse R, Epstein S, Hotopf M, Leon D, Drummond C. The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, metaanalysis and metaregression. Addiction. 2019;114:1726–37.

Ogungbangbe L, McCloud A, Gillis V. Alcohol Detofxification Policy. KMPT iConnect. 2023 http://iconnect.kmpt.nhs.uk/downloads/clinicalpolicies/AlcoholDetoxPolicyKMPT.CliG.187.03.pdf



Proportion of higher risk drinkers receiving

An Addenbrooke's Cognitive Examination (ACE-III) was also completed with high risk patients identified from the initial AUDIT data.

Data on patient demographics and current and previous admissions over the past 12 months were collected.

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