

ABSTRACT

Introduction

Problems related to alcohol misuse in Sri Lanka are on the rise. Early screening and structured interventions by a doctor who can understand and empathize with people, who misuse alcohol, have been shown to make a significant diminution in alcohol consumption. However, the extent of the doctors' involvement to reduce alcohol related harm may depend on their knowledge, attitudes and the current practices.

Objectives

The aim of this study was to assess the knowledge, attitudes and practices of doctors attached to the NHSL on screening and management of alcohol misuse among patients.

Methods

This was a hospital based descriptive cross sectional study. A self administered questionnaire assessed knowledge, attitude and practices on screening and management of alcohol misuse of doctors (n=385) belonging to all designations attached to wards where patients with alcohol related problems are admitted.

Results

A response rate of 91.4% was achieved. The study population was mainly male (63.6%) and in the age group of 25-34 (48.0%) while a majority were in the category of 'medical officers' (39.4%) attached to general medicine or general surgery units (49.7%) with work experience of less than 10 years (68.2%).

A weighted score was developed for overall knowledge on screening and management and the proportion of doctors with 'Good' level of overall knowledge was high (75.9%). However, the proportion of doctors who were aware of standard screening tools was 53.4%, out of which the majority (72.3%) were aware of CAGE questionnaire. The most (84%) cited source of information on the screening methods was undergraduate training even though approximately one third of the doctors had practiced for more than 10 years after their undergraduate training.

The proportion of the doctors with awareness on the accepted methods to reduce alcohol misuse in the ward setup was high (>80%).

The overall attitude of doctors towards screening and managing alcohol misuse was favourable (91.5%). A majority (96%) felt there will be some benefit to the patient while about two thirds (64.9%) the outcome to be rewarding. However, many were of the opinion that inquiring into consumption routines and recognising alcohol misuse was time consuming (77%).

'Good' level of overall knowledge ($p < 0.001$), being a house officer ($p = 0.026$), working in the general surgical unit ($p=0.003$), male doctors who consume alcohol ($p=0.006$) and not having experienced an unpleasant event of another individual or group ($p<0.001$) were associated with favourable attitude.

The majority (93.5%) of the study population were making inquiries in to alcohol habits of male patients during their routine practice. However, only half (49.1%) practice that 'Always'.

Among those who inquire into alcohol habits, the proportion of the study participants utilizing standard screening questionnaires to determine alcohol misuse was low (22.8%).

Though the proportion of doctors who took steps to reduce misuse was high, the steps that would achieve sustainable reduction were taken by only 45.9% and approximately three fourths do arrange further follow up.

'Good' overall knowledge on screening and management ($p < 0.001$), attached to general medicine unit ($p<0.001$), period of work experience less than 10 years ($p<0.001$), were found to be significantly associated with 'always inquiring' into alcohol habits in routine practice while 'Good' overall knowledge on screening and management ($p<0.001$), 'Favourable' overall attitude ($p<0.001$), being a house officer ($p<0.001$) and duration work experience less than 10 years ($p<0.001$) were significantly associated with taking steps to reduce misuse in the ward setup.

Conclusion and recommendation

Overall knowledge was found to be 'Good' and overall attitudes were mostly favourable. Gaps in practice of screening and management were evident while most do not use screening tools when assessing patients. Educational activities were recommended for specific areas that needed strengthening. The study also recommended the groups of doctors for whom these educational activities should be targeted to.