Effect of Screening and Brief Interventions (SBI) in reducing the risk drinking by individuals with HIV

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BACKGROUND

- With the advances in the pharmaceutical industry, namely in relation to antiretroviral drugs, it is currently possible for individuals with HIV to live longer.

- However, factors such as alcohol consumption appear to impact disease progression due to its influence both on adherence and on biological mechanisms. (Bonacini, 2011; Hahn & Samet, 2010)
It is essential to develop efforts to assess and treat alcohol consumption problems in individuals with HIV

(N tran et al., 2014)

Nurses play a key role in the identification and development of interventions for individuals with unhealthy alcohol use
PURPOSE OF THE STUDY

To assess the effect of screening and brief interventions developed by the Clinical Nurse Specialist in reducing the risk of alcohol consumption in outpatients with HIV
METHODOLOGY

Study

Quasi-experimental design, pretest-posttest design, with a control group;

Follow-up after 4 or 6 months
Data were collected using a structured interview with the AUDIT

**SBIs** were developed by a Clinical Nurse Specialist (experimental group)

**Usual care**/ educational intervention developed by untrained nurse (control group)
METHODOLOGY

<table>
<thead>
<tr>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with HIV (outpatients)</td>
</tr>
<tr>
<td>Individuals who were not diagnosed with alcohol dependence</td>
</tr>
<tr>
<td>aged $\geq 18$ years</td>
</tr>
<tr>
<td>Individuals who accepted to participate in the study</td>
</tr>
</tbody>
</table>
Intervention Guidelines adapted from the manual Brief Intervention for Hazardous and Harmful Drinking

(Babor & Higgins–Biddle, 2001)
Give Advice on Limits

What's a Standard Drink

1 oopo de cerveja normal (ex. 200ml a 6%) tem = 10g de álcool puro
1 oopo de vinho (ex. 100ml a 12%) tem = 10g de álcool puro
1 oopo de bebida destilada (whisky, gin, vodka) (ex. 30ml a 40%) tem = 10g de álcool puro
1 ahot de bebidas desfiltradas tem sempre mais quantidade de álcool, pois mistura várias bebidas de alto teor alcoólico, num oopo que habitualmente tem 30ml (ex. 30ml a 40%) tem = 10g de álcool puro
Use the section “Effects of High-Risk Drinking” to point out the specific risks of continued drinking above recommended guidelines.

Establish a Goal
The most important part of the simple advice procedure is for the patient to establish a goal to change drinking behaviour.
## METHODOLOGY

Brief Interventions developed according to the risk level

<table>
<thead>
<tr>
<th>Risk level</th>
<th>Intervention</th>
<th>AUDIT Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone I</td>
<td>Alcohol Education</td>
<td>0–7</td>
</tr>
<tr>
<td>Zone II</td>
<td>Simple Advice</td>
<td>8–15</td>
</tr>
<tr>
<td>Zone III</td>
<td>Simple Advice + Brief Counselling + Continued Monitoring</td>
<td>16–19</td>
</tr>
<tr>
<td>Zone IV</td>
<td>Referral to Specialist for Diagnostic Evaluation and Treatment</td>
<td>20–40</td>
</tr>
</tbody>
</table>
METHODOLOGY

Consecutive sample
Control group

Individuals with HIV with an appointment on Mondays and Wednesdays

usual care (untrained nurse)

Experimental group

Individuals with HIV with an appointment on Tuesdays and Thursdays

Brief Intervention (trained nurse)
**METHODOLOGY**

Quasi experimental design
experimental and control group
pretest–posttest design

**Experimental Group**
(31 individuals, mean age = 46.52; SD = 10.414)
80.6% were males

**Control Group**
(27 individuals; mean age = 42.52 years; SD = 6.980)
85.2% were males

- Brief Interventions
  (according to the level of risk identified by an trained nurse)

- usual intervention by an untrained nurse

Previous assessment

Follow-up after 4 and 6 months

TBarroso 2015
RESULTS

- No significant difference was found in baseline demographic or risk drinking among the two groups (experimental and control)
### RESULTS

Brief Interventions according to the risk level (experimental group)

<table>
<thead>
<tr>
<th>Risk level</th>
<th>AUDIT Score</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone I</td>
<td>0–7</td>
<td>Education</td>
</tr>
<tr>
<td>– Low Risk –</td>
<td></td>
<td>29 education interventions based on a previous protocol</td>
</tr>
<tr>
<td>Zone II</td>
<td>8–15</td>
<td>Simple Advice</td>
</tr>
<tr>
<td>– Hazardous risk –</td>
<td></td>
<td>2 simple advice interventions</td>
</tr>
<tr>
<td>Zone III</td>
<td>16–19</td>
<td>Brief Counseling + Continued Monitoring</td>
</tr>
<tr>
<td>– Harmful risk –</td>
<td></td>
<td>0 interventions</td>
</tr>
</tbody>
</table>

All individuals in the control group attended a traditional appointment with the untrained nurse.
In both groups, most individuals had a low risk of consumption. EG: 2 participants who had a hazardous risk level at baseline moved to a low risk level in the final assessment (after the BIs). CG: 1 participant dropped from a hazardous risk level to a low risk level; 1 participant remained in the harmful risk level in both assessments (after usual intervention by an untrained nurse).
# RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Experimental group n=31</th>
<th>Control group n=27</th>
<th>Experimental group n=31</th>
<th>Control group n=27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline – Initial sum</td>
<td>26.94</td>
<td>32.44</td>
<td>25.06</td>
<td>34.59</td>
</tr>
<tr>
<td>Final Assessment – Final Sum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean ranks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mann–Whitney U–test =</td>
<td>339</td>
<td>281</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z= -1.263</td>
<td></td>
<td>-2.195</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p= 0.207</td>
<td></td>
<td>0.028</td>
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</table>

The experimental and control groups differed in the final assessment. The mean ranks decreased in the experimental group and increased in the control group (statistically significant differences).

After follow up the **experimental group** showed a lower rates of risk drinking, with significant differences when compared with control group (Mann Whitney U= 281; Z= -2.195; p= 0.028)
CONCLUSIONS

• Brief interventions decreased and stabilized the risk levels of alcohol consumption in outpatients with HIV

• This finding suggest the importance of integrating Brief Interventions in other health care settings
LIMITATIONS

- Not a RCT study
- Short follow-up
- Only one assessment was conducted
- Small sample size