

NÅR FASTLEGER SNAKKER OM ALKOHOL PRAGMATISK KARTLEGGING SOM ALTERNATIV TIL SBI

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Store implementeringsforsøk (RCT) i allmennpraksis

- Butler 2013 – omfattende opplæring i livsstilssamtaler, ca 3000 pasienter fra 13 + 14 praksiser – minimal effekt
- Kaner 2013 – omfattende opplæring og sertifisering i livsstilssamtaler, ca 3500 pasienter – ingen effekt
- Van Beurden 2012 – omfattende skreddersydd opplæring, 77 leger og 6300 pasienter – ingen effekt og vanskelig å implementere

Kritisk revurdering av evidensen

- O'Donnel 2014 - review of reviews
 - SBI virker på middelaldrende menn uten avhengighet
 - Ikke hos andre
- Saitz 2014
 - ingen effekt på biologiske parametre
 - Litt effekt på forbruk (sier pasientene)
 - Intervensjonen krever så omfattende opplæring at det ikke er gjennomførbart i vanlig praksis

ORIGINAL ARTICLE

General practitioners' strategies to identify alcohol problems: A focus group study

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Abstract

Objective. To explore general practitioners' (GPs') experiences with addressing alcohol in the consultation without prior invitation from the patient. **Design and setting.** Two focus group interviews were conducted with a purposive sample of 13 Norwegian GPs in the Stavanger region. Participants were invited to talk about situations where the doctor initiated discussion of alcohol. Systematic text condensation was applied for analysis. **Results.** Participants presented a broad range of examples of what made GPs initiate discussion of alcohol, how they brought up the subject, and what happened when they did so. Sometimes they were just acting on a hunch. Family members were also occasionally prompting the doctor to act, or recent serious incidents worked as cues for asking. Routinely taking or creating an opportunity to explore was also common. Directly confronting the patient was a challenging task, and the participants disclosed experiences of how this had been achieved. **Conclusions.** Pragmatic case-finding appears to be a field of competence which can be further developed, but should be adapted to the clinical setting and the GP's personal style. It is suggested that strategies for dealing with alcohol problems in general practice should be based on a proper understanding of this specific medical context, and be adaptable to different clinical situations and the individual patient.

Key Words: Alcohol abuse, alcohol-related disorders, focus groups, general practice, preventive medicine, qualitative research

Pragmatisk kartlegging

Pragmatic case finding

- Bruker ikke validerte verktøy
- Bruker strategier tilpasset pasienten, den aktuelle situasjonen og legens stil
- **Pragmatisk kartlegging:**
 - Kliniske tegn, alkohol som kompliserende faktor, legens fornemmelse
 - Enkle screening-tiltak i noen rutinepregete konsultasjoner

Kliniske tegn - eksempler

- Angst og depressive plager
- Høyt blodtrykk
- Gjentatte sykemeldinger
- Søvnforstyrrelser
- Ulykker
- Fordøyelsesplager
- Samlivsproblemer
- Jobbrelaterte problemer

Rutine-konsultasjoner - eksempler

- Ny pasient
- Helseattester
- Svangerskap
- 'Helsjekk'



ORIGINAL ARTICLE

When general practitioners talk about Alcohol: Exploring facilitating and hampering factors for pragmatic case finding

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Abstract

Background: The aim was to explore individual and system factors facilitating or hampering pragmatic case finding, an identification strategy based on clinical signs and targeted screening. **Study design:** Two focus groups with general practitioners were interviewed twice, in the context of a four-session seminar on alcohol and complex drug problems, and an additional focus group interview with general practitioners not attending the seminar. Interviews focused mainly on conditions for talking about alcohol, views on collaboration with colleagues, how they deal with complex issues, and strategies for learning and quality improvement. **Results:** The participants presented many deliberate strategies for quality improvement and learning together, but there was a tendency to avoid discussing complex case stories or potentially controversial topics with colleagues. Possible barriers to change were presented. The majority of their stories on talking about alcohol coincided well with the concept of pragmatic case finding. The duality between shame and normality, time constraints and a need for structure were the most important individual barriers to an open and respectful conversation about alcohol with patients. **Conclusions:** Our study supports pragmatic case finding as a relevant and viable strategy for talking about alcohol in general practice, and as an alternative to screening and brief intervention. Quality improvement in practice is strengthened when it is adapted to the clinical setting, and builds on and stimulates the GPs' and staff's own strategies for learning and quality work.

Key Words: Alcohol-related health problems, general practice, focus groups, quality improvement, communities of practice

Mål

- Utforske fremmende og hemmende faktorer på individ- og systemnivå for implementering av pragmatisk kartlegging i allmennpraksis

Materiale og metode

- Dialogbasert kursrekke (4 x) på legesenter
- Korte presentasjoner, diskusjoner og rollespill
- 4 legesentre med 14 leger gjennomførte
- To e-læringsmoduler
- Fokusgruppeintervju innledningsvis dag 1 og 3
- Ett fokusgruppeintervju med leger fra to andre legesentre

Resultater

- Gi en mulighet for endring, når det er relevant
- Tid som mulighet og begrensning
- Mellom skam og normalitet

- Å manøvrere mellom autonomi og felles forpliktelse

Så hva trenger vi?

- Ingen generell screening
 - Passer ikke
 - Virker ikke
- Fokus på relevans
 - For legen, for pasienten
- Økt oppmerksomhet og frimodighet
- God støtte i andrelinjen
 - For veiledning
 - For henvisninger