8th Annual International Network on Brief Interventions for Alcohol Problems (INEBRIA) Conference: September 22-23, 2011

Screening and brief interventions for alcohol use in surgical oncology unit : framework, educational program and qualitative analysis of the implementation process

Barrault M, Ph.D [1,2]; Saint Jacques M, Ph.D [3]; Gilliard J, Ph.D [4] Grados C, MPs [1]; Garguil V, MPs 5 ; Boyer A, MPs [1]; Barthelemy V , Msc Nurs [1]; Lakdja F, MD [1]; Bussières E, MD, Ph.D [1]

1 : Institut Bergonié, Regional Cancer Centre Bordeaux (France)
2 : University Bordeaux Segalen, EA4139 Psyvhology, Health and Quality of Life (France)
3 University of Sherbrooke (Canada), Faculty of Medicine (Canada)
4 General Hospital of Blaye (France)
5 Charles Perrens Hospital Drug Disorders Departement

Cancers and behavioral risk factors

- It is well known that tobacco use is the most preventable cause of cancer, accounting for 30% of all cancer related deaths (IARC, 2007; WHO, 2011).
- Harmful alcohol use is a risk factor for many cancers, including oral, pharynx, larynx, oesophagus, liver, colorectal and breast (WHO,2008).
- Synergic interactions between tobacco and alcohol in carcinogenic process for oral, lung, head cancers (Castellsague et al., 2005; Stewart et al., 2005 ; Tuyns et al., 1988)

Cancer care and harmful health behaviors

- Persistent tobacco-use post-diagnosis is associated with poorer outcomes (Gritz et al., 2005 ; Lin et al., 2005).
- At least 2 to 3 unhealthy behaviors in cancer survivors who smoke (Butterfield et al., 2004; Demark-Wahnefried, 2008).
- A need for multiple behavioral health interventions for cancer patients (Demark-Wahnefried, 2008 ; Hewitt et al., 2005; Lambert et al., 2005 ; McBride et al., 2003 ; Pinto et al., 2005).

How to transfer public health recommandations in oncological setting?

- Most of guidelines for suvivorship care consider smoking cessation treatment as priority (Zon, 2009 ASCO Statements ; INCa, 2011).
- French guidelines for screening and brief interventions for at-risk drinkers : Primary care, GP : (Anderson P., Gual A., Colom J., INCa (trad.) Alcool et médecine générale. Recommandations cliniques pour le repérage précoce et les interventions brèves. Paris, 2008).
- National Cancer Plan (2009-2013) : vague
- No systematic educational programs for heath care-givers to implement smoking cessation treatment or brief interventions for alcohol in clinical routine.

Aims

- Description of the pre-implementation steps of SBI program in surgical oncology unit
- Description of the specifications of the context in which the program will be implementated.

Specific social and cultural context

Talking about alcohol in Bordeaux, a double bind? Wine is not alcohol...

8th Annual International Network on Brief Interventions for Alcohol Problems (INEBRIA) Conference: September 22-23, 2011

Clinical routine

- Lack of systematic screening for unhealty behaviors.
- During anesthetic consultations for tobacco
- Non scientific terms used to describe alcohol behaviors : “social/moderate alcoholism”
- Alcohol or drug dependant patients are stigmatized by health providers

- if nicotine withdrawal syndrome is detected in the department of surgery:
  - proposition of nicotinic substitute,
  - referral to tobacco cessation program.

Specific emotional context

- Cancer presents not only physical but also emotional, social, informational, spiritual, and practical challenges for patients and their families (Fitch, 2008).

- Care for the patient as a whole = **person-centred care.**
- Screening for Distress, represents one driver to achieve person-centred care.

When is the best time to intervene?

- Cancer diagnosis provides a teachable moment for making positive lifestyle changes (Ganz et al., 2007; McBride et al., 2003).
- Health professionals can play a key role in catalyzing behavior change.
- Thus, the cancer diagnosis must be considered in the development and implementation of programs of screening and brief interventions for alcohol.

Screening process and brief interventions

- Nursing interview at the arrival of patients in surgery unit (first cancer patients).
- Screening for distress should be brief as to minimize patient burden and to maximize ease to up-take into clinical practice (Canadian Partership Against Cancer, 2009).
- Global Screening for :
  - Distress : Distress Thermometer (DT) and Problem Checklist (NCCN, 2003), Edmonton Symptom Assessment System (ESAS ; Bruera et al., 1991).
  - Health behaviors : diet, exercise, alcohol, tobacco (Institute of Medicine, 2007, 1990).
    - Single-Question for tobacco (NIDA, 2011 http://ww1.drugabuse.gov/nmassist/? ; Smith et al., 2010)
    - AUDIT-C (Babor et al., 2001)
- Patient agreement for advices and brief interventions

Implementation team

- Team leaders : Head nurse & clinical psychologist
- 3 Motivated nurses and 2 surgeons
- Multidisciplinary team
- Internal partneers : Medical direction, Behavioral Research Group, Oncological Surgery and Anesthetics Dpt
- External partners : Specialised Treatment Center for addictive behaviors (referral)

Focus Group before implementation

- Qualitative focus group discussion method, to describe and explore a complex phenomenon (Kizinger, 1995 ; Morgan, 2003)

- Participants encouraged to share their experiences, points of view, mental representations

- Deductive method of thematic analysis data treatment, (a priori themes from the CFIR meta-model; (CFIR; Damschroder et al., 2009; Damshroder & Hagedorn, 2011 ; Sorensen & Kosten, 2011 ; Williams et al, 2011))

- Focus group pre-implementation (3 nurses, head nurse, 1surgeon)

- 62mn, recorded, full verbatim transcription, thematic content analysis

Results

- Lack of self-confidence with these specific issues
- Uncertainty about the justification for initiating discussion on alcohol or tobacco issues with patients
- Confusion regarding alcohol issues (e.g. standard drink units, limits), the different levels from normal to diagnosis of alcohol disorders
- Time constraints to carry out screening and brief interventions

Training

- Distress, Alcohol and tobacco risk, screening and brief interventions.
- Trainers : 2 clinical psychologists (CC and Referral)
- 1 day (0,5 day X2) for distress screening
- 3 days for screening and brief interventions : Health policy, backgroung about risk behaviors and addiction, SBI process, motivational interview background, play role
- 6 boosters over 1 year

Communication Strategy

- Booklets about alcohol are available in surgery unit : patients and family
- Clinical case discussion
- Monthly newsletter for all members of Oncological Surgery Department

- Thanks to my collegues : M St Jacques, V Barthelemy, C Grados, E Bussieres, F Lakdja, J Gilliard, V Garguil, Vincent Allafort, Maryline, Marine.
- This pilot project is funded by the French Foundation

The Consolidated Framework for Implementation Research

- "**Meta-theoretical"** – a synthesis of existing models applicable to implementation research (CFIR; Damschroder et al., 2009; Damshroder & Hagedorn, 2011 ; Sorensen & Kosten, 2011 ; Williams et al, 2011) :

- **CFIR** comprise **five major domains** of implementation **:**
  - Intervention characteristics
  - Outer setting (e.g. Peer Pressure, External Policies and Incentives)
  - Inner setting of the clinic
  - Characteristics of the individuals involved (e.g. Individual Stage of Change)
  - Process of implementation (e.g. leaders and external Change Agents and Executing the planned change)

Planning before implementing this program

- Analyze specifications of the context of implementation
- Identify program staff
- Educational program
- Define the target population for patients who will be screened
- Develop a protocol for screening
- Develop a record-keeping protocol
- Communication strategy