# GP PROBLEMS WHEN COMMUNICATING WITH PATIENTS ABOUT THEIR ALCOHOL DRINKING. AN INVESTIGATION IN THE AREA OF FLORENCE (2010-2012)



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## **Risky Drinking in Italy**

In keeping with changes in lifestyles, Italians today appear more open than in the past to share their drinking problems with others, and probably also with their GP. However, according to consistent observations during the last 25 years, the identification of risky drinkers and of alcoholics by GPs among clients has been as low as 4-11%, and 0.8-2%, respectively (Alberti et al., 1986; Moiraghi, 1988; Allamani et al., 1998; Azienda Sanitaria Firenze, 2007). Italian GPs today are still inclined to make a too clear-cut distinction between normal drinkers without any problem, and hopeless alcoholics, according to the Italian cultural tradition.

# **Are Italian GPs effectively trained on the issue of alcohol?**

Even if some alcohol training courses for GPs have been done in Italy after the completion of WHO EIBI Collaborative Study, Phase IV, and the related training guidelines (Gual et al., 2005, Scafato et al, 2006), still the quite limited University and postdoctoral education on alcohol does not allow Gps to adequately meet both the drinking pattern changes and the communication problems in present Italian society. Therefore, understanding the opinions of GPs about their communication with risky drinking clients can provide useful information in order to improve the GP's competence to identify risky drinkers and to motivate them to reduce their drinking behaviour.

### The study

A 25-question BIQ questionnaire, previously used by Struzzo in Italy on the basis of the WHO EIBI Collaborative Study, Phase III (Saunders and Wutzke, 1998; Struzzo et al, 2003), was administered to 158 GPs in the area of Florence, during six one-day alcohol training courses carried out during the period 2010-2012, just prior to the start of the training. Responders were 98 males and 60 females, 41-68 years old, 10-40 years of service.

#### The study: Questions and answers

**Q1-** How GPs were able to correctly identify risky drinking tresholds?

Risky thresholds of alcohol consumed, pure grams p. die	GPs' opinion for male clients (N) %		GPs' opinion for female clients (N) %	
20-30 (M) 10-20 (F)	54	42.5	101	70.6
30-40g(M) 20-30 (F)	58	45.7	42	29.4
over	15	11.8		
Total	127	100.0	143	100.0

Only in less than 50% for males, and less than 30% for females, GPs were correct (according to the present consensus about risky drinking thresholds).

**A1-** Gps appear not to be updated enough on the issue of alcohol risk.

**Q2-** How GPs were able to face the issue of alcohol drinking with their clients? What was GPs' opinion about the client's reaction after they have introduced the issue of alcohol?

	GP attitude about facing the issue of alcohol  N %	GP opinion on the client reaction when the issue of alcohol is faced N %
positive	73 4.,7	32 20.9
problem atic	80 <i>52.3</i>	121 79.1 (client indifferent or negative)
Total	153 <i>100.0</i>	153 100.0

Slightly more than half responders reported that they have problems talking with their patient about alcohol, and nearly 80% reported that they think their patients react indifferently or even negatively to the introduction of the issue of alcohol.

**A2-** GPs feel that they may have problems communicating with their clients about the issue of alcohol; the patient's reaction is expected to be more problematic than their introducing the topic.

**Q3-** What was GPs' opinion about their effectiveness in changing their client's drinking practice?

GP's opinion on his/her effectiveness at inducing client's drinking practice change

	N	9/0	
po sitive	70	47.3	
Slight/negative	78	52.7	
Total	148	100.0	

A bit more than half responders reported that they were slightly, or no effective in inducing changes in their client's drinking practices.

**A3-** GPs often appear not to be confident about their skills in inducing changes about the issue of alcohol.

**Q4-** How much the opinion of GPs corresponds to the opinions as well as to the behaviours of clients?

A4- GPs tend to overlook the effectiveness of their communication with clients (Allamani et al., 2009).

**Q5-** To what extent GP is a role model for clients regarding alcohol drinking?

	GP drinking frequency N %	Drinking frequency, Italian general population 2011 - Health Min. 2012
At least once per year	105 <i>82.5</i>	65.0
Every day	33 25.6	25.8

In this study GPs scored over the national figures as to diniking frequencies.

**A5-**Drinking differences between GPs and their clients might be overcome, while the effectiveness of doctor/patient communication contemporarily improves.

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