

ALCOHOL REDUCTION SUPPORT FOR HIV PATIENTS

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Alcohol Use in HIV Patients

- Alcohol use is common among individuals with HIV infection
- For example, in a study in 3 VA HIV clinics
(Conigliaro et al., 2003)
 - 20% were “hazardous drinkers”
 - 33% were binge drinkers

Concerns about Alcohol Use in HIV Patients

- Facilitates increased risky sexual behavior among both heterosexual individuals with HIV infection and HIV seropositive MSM (Palepu et al., 2005; Parsons et al., 2004; Stein et al., 2005)
- Associated with poorer adherence, access, and response to ARV regimens (Braithwaite et al., 2005; Giordano et al., 2005; Heckman et al., 2004; Samet et al., 2003; 2004)
- Increases patient morbidity (Conigliaro et al., 2004; Cook, 1998; Meyerhoff, 2001)

Patients Co-infected with HIV and HCV

- HIV/HCV co-infection is common
 - at least 25% of HIV patients have HCV infection
 - almost all IDUs with HIV have HCV

(Conigliaro et al., 2004; Sherman et al., 2002; Sulkowski & Thomas, 2003; Thomas, 2002)

- Alcohol use
 - is more often associated with fibrosis and cirrhosis than in mono-infected patients
 - can accelerate the course of HCV
 - can increase the risk of liver cancer
 - can decrease the efficacy of antiviral treatment

(Prakash et al. 2002; Poynard et al., 1997; Khan & Yatsunami, 2000; Loguercio et al., 2000; Benhamou et al., 1999; Di Martino et al., 2001; Pol et al., 1998)

Few Providers Support HIV Patients' Alcohol Reduction

- Many HIV care providers
 - don't assess patients for alcohol use
 - don't counsel patients about alcohol reduction

(Fultz et al., 2003; Conigliaro et al., 2003)

- Barriers to provision of alcohol reduction support:
 - care vs. prevention
 - fear of damaging patient-provider relationship
 - limited education/training to address alcohol abuse
 - limited addiction-related skills, confidence, experience
 - limited organizational support

(Mitchell & Linsk, 2001; Mitchell et al., 2005; Bluespruce et al., 2001; Cooke, 1992)

Brief Interventions (BIs)

- An optimal and effective approach to support patients' alcohol reduction (Fleming et al., 2002; Bertholet et al., 2005)
 - much less time-consuming than other interventions (often involves 3 or 4 brief sessions) (Jönson et al., 1995; Fleming et al., 1992)
 - incorporates patient-centered, motivational, and interactive counseling techniques that increase patients' readiness to change harmful behaviors (Moyer et al., 2002)

Potential for Supporting HIV Patients' Alcohol Reduction

- Using BIs, alcohol reduction counseling can be framed as consistent with patients' health promotion (Gerbert et al., 2006)
- Providers can collaborate with patients to set practical, achievable goals that can be revisited and strengthened over time

- We now present data collected from 115 HIV care providers in 7 hospital-based HIV Care Centers in NYC.
- These providers were participating in an NIAAA-funded study, “Supporting Alcohol Reduction in HIV+ Patients: A Training for HIV Care Providers,” R21AA016743).
- The data were collected before the providers received a training intended to support their use of screening and brief interventions for HIV patients’ alcohol reduction.

Percent of NYC Hospital-Based HIV Care Providers Who Regularly Implement Various Alcohol Screening and BI Components (N=115)

- Ask most/all HIV patients about alcohol use (77.4%)
- Educate most/all HIV patients who drink regarding the risks of alcohol use (54.8%)
- Advise most/all HIV patients who drink about sensible drinking (50.4%)
- Encourage most/all HIV patients who drink to talk about reducing their alcohol use (50.0%)

Strauss, S.M., Tiburcio, N., Munoz-Plaza, C., et al. (2009). HIV care providers' implementation of routine alcohol reduction support for their patients. *AIDS Patient Care and STDs*, 23(3), 211-218.

Percent of NYC Hospital-Based HIV Care Providers Who Regularly Implement Various Alcohol Screening and BI Components (N=115)

- Acknowledge challenges about changing drinking patterns with most/all HIV patients who drink (38.6%)
- Assess most/all HIV patients who drink on their readiness to cut down on their alcohol use (38.3%)
- Ask most/all HIV patients who drink about their alcohol reduction progress in subsequent meetings (36.6%)
- Provide suggestions about reducing their alcohol use to most/all HIV patients who drink (36.5%)

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Percent of NYC Hospital-Based HIV Care Providers Who Regularly Implement Various Alcohol Screening and BI Components (N=115)

- Encourage or arrange follow-up support with most/all HIV patients who drink (28.1%)
- Create an actual alcohol reduction plan with most/all HIV patients who drink (11.5%)
- Provide most/all HIV patients who drink with alcohol reduction literature (11.4%)
- **Total BI components out of 11:**
median, 4.0; mean (standard deviation), 4.4 (3.3)

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NYC Hospital-Based HIV Care Providers' Regular Implementation of Alcohol Screening and BI Components (N=115)

- Providers routinely implemented 5 or more of 11 alcohol screening and BI components if they
 - had a specific caseload (and were therefore responsible for a smaller number of patients)
 - had greater exposure to information about alcohol's effect on HIV
 - had been in their present positions for at least 1 year
 - had greater self efficacy to support patients' alcohol reduction efforts

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NYC Hospital-Based HIV Care Providers' Regular Implementation of Alcohol Screening and BI Components: Implications

- Important to educate all HIV care providers about
 - the negative impact of excessive alcohol use for patients with HIV
 - the value of alcohol screening and BIs
- Important to promote increased self efficacy for providers in implementing alcohol screening and BI components, especially through targeted training for alcohol screening and BIs

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Usefulness of a Brief Alcohol Screening Instrument with HIV Patients (N=400)

- Over a 6-month period, in one NYC, hospital-based HIV Care Center, all patients completed the 10-item Alcohol Use Disorders Identification Test (AUDIT) at their annual comprehensive examinations (N=400)

Strauss, S.M., and Rindskopf, D. M. (2009). Screening patients in busy hospital-based HIV care centers for hazardous and harmful drinking patterns: the identification of an optimal screening tool. Journal of the International Association of Physicians in AIDS Care, 8(6), 347-53.

First 3 AUDIT Items (AUDIT-C)

- 1. How often do you have a drink containing alcohol? (never=0 points.; monthly or less=1 pt.; 2 to 4 times a month=2 pts.; 2 to 3 times a week=3 pts.; 4 or more times a week=4 pts.)
- 2. How many drinks containing alcohol do you have on a typical day when you are drinking? (1 or 2=0 points.; 3 or 4=1 pt.; 5 or 6=2 pts.; 7 to 9=3 pts.; 10 or more=4 pts.)
- 3. How often do you have five or more drinks on one occasion? (Never=0 points; Less than monthly=1 pt.; Monthly=2 pts.; Weekly=3 pts.; Daily or almost daily=4 pts.)

Several of the Additional AUDIT Items

- How often during the last year have you found that you were not able to stop drinking once you had started? (Never=0 points; Less than monthly=1 pt.; Monthly=2 pts.; Weekly=3 pts.; Daily or almost daily=4 pts.)
- How often during the last year have you failed to do what was normally expected of you because of drinking? (Never=0 points; Less than monthly=1 pt.; Monthly=2 pts.; Weekly=3 pts.; Daily or almost daily=4 pts.)
- How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (Never=0 points; Less than monthly=1 pt.; Monthly=2 pts.; Weekly=3 pts.; Daily or almost daily=4 pts.)

Usefulness of a Brief Alcohol Screening Instrument with HIV Patients (N=400)

- Using the 400 AUDITs completed at one NYC, hospital-based HIV Care Center, we examined the potential for using the AUDIT-C (the first 3 items of the 10-item AUDIT) to efficiently screen patients for alcohol abuse
- For cutoff scores on the AUDIT from 4-8, cutoff scores on the AUDIT-C of 3 and 4, respectively, resulted in sensitivities between .94-.97, and .81-.89, respectively, and in specificities between .82-.91, and .91-1.0, respectively

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Usefulness of a Brief Alcohol Screening Instrument with HIV Patients: Implications

- In busy HIV Care Centers, the AUDIT-C with cutoff scores of 3 or 4 is a reasonable alternative to the full AUDIT as an alcohol screening instrument, especially at the time of the annual comprehensive exam

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NYC Hospital-Based HIV Care Providers' Role Legitimacy and Efficacy As Patients' Alcohol Reduction Supporters (N=115)

- We examined the extent to which HIV care providers viewed patients' alcohol reduction support as legitimately within their scope of practice
- Providers were less likely to have a high level of role legitimacy as patients' alcohol reduction supporters if they
 - were responsible for a very large number of patients
 - had limited confidence in their own ability to give this assistance, but high confidence in their program's ability to do so

In Summary...

- Alcohol reduction support for HIV patients is currently quite limited, and needs to be increased
- HIV care providers need to be encouraged and trained to enhance their self confidence in implementing alcohol screening and BIs, and to view this implementation as being in their scope of practice
- A 3-item alcohol screen (AUDIT-C) is adequate when time/resources are limited

Thank you!!!