Screening and Intervention

for Alcohol Use and Depression

A Guide for Health Care Professionals

OTHER LOGOS

SCALE-UP OF PREVENTION AND MANAGEMENT OF ALCOHOL USE DISORDERS AND COMORBID DEPRESSION IN LATIN AMERICA

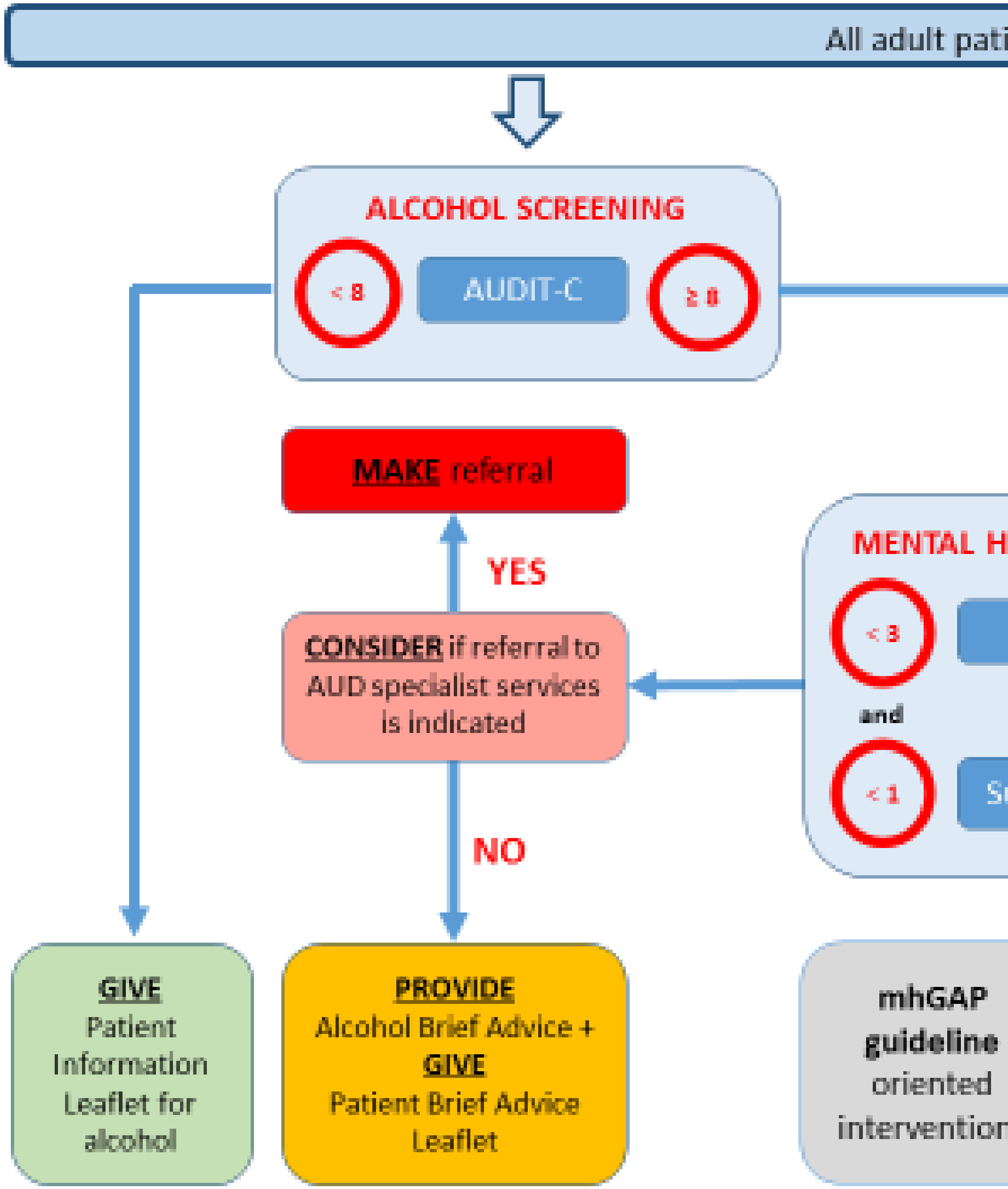
OTHER LOGOS

Contents

Introduction

- Alcohol is a causal factor in over 60 different medical conditions, including cancer and cardiovascular disease.
- The World Health Organization (WHO) estimates that heavy alcohol use causes over three million deaths per year worldwide.
- Depression affects 1 in 5 people, is a leading cause of disability and a major contributor to the global disease burden.
- Risky alcohol consumption and depression often co-occur and can exacerbate one another.
- By identifying people who are drinking at increasing risk levels and/or are suffering from depression the primary care provider can offer advice, support and referrals so that patients can reduce their risk of harm.
- Screening and brief intervention takes just a few minutes but can play an important role in harm reduction.
- This booklet will lead you step by step through the screening, identification, intervention and referral process. In combination with the training programme it will enable you to provide effective and appropriate screening and brief intervention.

Care Pathway



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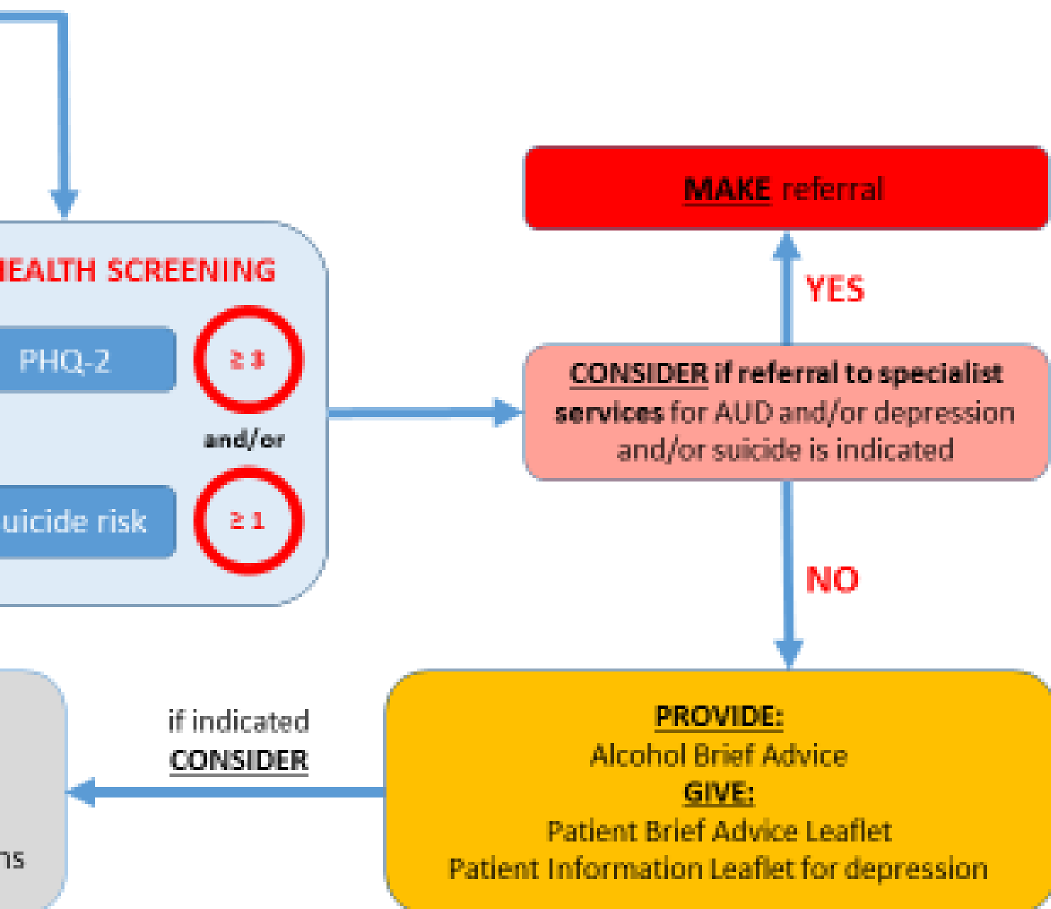

Alcohol Screening

Introduction

The most effective way to identify patients who can benefit from brief advice or referral to specialist services is to employ a validated screening tool. We will use the three question AUDIT C.
It is recommended you complete alcohol screening with all adult patients. If you see a patient who has already completed the alcohol screening there is no need to repeat this unless yourself or a colleague has recommended ongoing monitoring.

AUDIT C

Thinking about your drinking over the past year:	Scoring system					score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Scoring:..						Total

Does the Patient Score 8 or more?

YES: Provide brief advice for alcohol use AND screen for depression

NO: Provide positive feedback on low-risk drinking status. If available give the patient an alcohol information leaflet.

Alcohol Brief Advice

Patients who score eight or more on the AUDIT C questionnaire should be offered brief advice. Provide one minute of advice including:

- Explanation that their screening score shows that they are at risk of experiencing harm from their drinking
- Pointing out that the best way to reduce the risk of harm is to cut down how much they are drinking.
- Giving the patient an alcohol brief advice leaflet (if available)

NOTE: If you are concerned that the patient may be alcohol dependent or may need further help and support related to their drinking you should consider referral to specialist alcohol support services. More information about this can be found in the 'Referral' section of this booklet.

Depression Screening

Aim to conduct depression screening with all patients who score 8 or more on the AUDIT C questionnaire.

We will use the two item PHQ -2 which you can find on the next page.

Ask the patient the two PHQ – 2 questions. Add up and assess their score as this will let you know what to do next.

PHQ 2					
Over the last two weeks, how often have you been bothered by any of the following problems:	Scoring system				score
	0	1	2	3	
Little interest or pleasure in doing things?	Not at all	Several Days	More than half the days	Nearly every day	
Feeling down, depressed, or hopeless?	Not at all	Several Days	More than half the days	Nearly every day	
					Total

Depression Screening

Does the Patient Score 3 or more?

NO: Provide positive feedback about current low risk depression status.

YES: Assess suicide risk

Suicide Risk Screening					
Over the last two weeks, how often have you been bothered byThoughts that you would be better off dead, or of hurting yourself	Scoring system				score
	0	1	2	3	
	Not at all	Several Days	More than half the days	Nearly every day	

Assess Suicide Risk Score:

Score 1 or less: If available, provide a leaflet on self management of depression and action to take if symptoms persist or worsen.

Score 2: Consider if monitoring is indicated. If not, provide a leaflet (if available) on self management of depression and action to take if symptoms persist or worsen.

Score 3 or more: Consider if referral or monitoring is indicated. If not, provide a leaflet (if available) on self management of depression and action to take if symptoms persist or worsen.

NOTE: If you are concerned that the patient may need further help and support related to their depression or may be at risk of suicide you should consider referral to specialist depression services. More information about this can be found in the 'Referral' section of this booklet.

Referrals

Sometimes patients may need more help or support than you can offer or they may need specialist treatment. In these cases the patient should be referred to specialist services. This section provides some information about when and how to make a referral but you should be guided by your clinical judgement.

Alcohol Use

You may want to consider referral for those patients who:

- Show signs of moderate or severe alcohol dependence
- Have not benefited from previous brief advice and wish to receive further help for an alcohol use problem
- Have a co-morbid condition such as liver disease or mental health problems related to alcohol use

REMEMBER: you should always use your clinical judgement to consider whether making a referral to specialist alcohol treatment services is appropriate.

INSERT DETAILS OF HOW TO REFER PATIENTS TO SPECIALIST ALCOHOL SUPPORT SERVICES

Referrals

Depression

You may want to consider making a referral for those patients who:

- Present a serious or considerable risk to themselves or others
- Have persistent depression which has not responded to treatment

REMEMBER: You should always use your clinical judgement to consider whether making a referral to specialist depression treatment services is appropriate.

INSERT DETAILS OF HOW TO REFER PATIENTS TO SPECIALIST DEPRESSION SUPPORT SERVICES

Referrals

Suicide

You may want to consider making a referral for those patients who:

- Present a serious or considerable risk to themselves
- Report plans or intention to commit suicide

REMEMBER: You should always use your clinical judgement to consider whether making a referral to specialist suicide prevention services is appropriate.

INSERT DETAILS OF HOW TO REFER PATIENTS TO SPECIALIST SUICIDE SUPPORT SERVICES