

Problem drinking, depression and outcome of interventions; a quantitative and qualitative evaluation in a tertiary care hospital in Sri Lanka

Authors: Arosha Dissanayake,^A Diroshi Fonseka^B and Harshini Rajapakse^C

Aims

In the Sri Lankan healthcare setting where alcohol-related illnesses are common but well-established alcohol cessation support services are lacking, the aims were to determine the frequency of problem drinking (PD), frequency of depression among problem drinkers (PDs), assess the nature of alcohol cessation interventions practised by healthcare personnel (HCP), and identify barriers to successful interventions.

Methods

Two-hundred male patients who consumed alcohol, receiving care in Teaching Hospital Galle, were assessed. A validated J12 questionnaire of the Mini International Neuropsychiatric Interview was administered to determine frequency of alcohol abuse (AA) and alcohol dependence (AD). A validated PHQ-9 questionnaire was administered to determine prevalence of depression. Semi-structured interviews were conducted to determine the nature and outcome of interventions.

Results

Sixty-three participants (31%) had PD. Of PDs 61% had AD and 39% had AA. Depression was present in 34% of those with AD and 12% of those with AA. Fifty-five percent of PDs had no interventions. Of the 28 PDs who had interventions, 67% had 'very brief interventions', where the HCP provided information on adverse health effects of alcohol consumption and requested patients to reduce or abstain from drinking. Medical officers were involved in 86% of instances and nursing officers in 14%. In 32% with PD, referrals were made to specialist psychiatry services for intensive interventions.

Among those receiving interventions, one had a successful outcome, eight were successful for a brief period of abstinence before relapsing and 19 abandoned interventions midway. Socio-cultural and personal circumstances, financial disturbances

when attending intervention sessions, lack of family support, poor relationships with HCP, lower education levels and social stigma associated with psychiatric services were identified as barriers to interventions.

Conclusion

A high proportion of alcohol users had PD. PD is associated with medical, social and economic adverse consequences especially in low-resource settings where healthcare spending is limited. Depression was three times higher among PDs than the general population. Thus all PDs need to be screened for depression. When depression coexists with PD, it may increase tendency to consume alcohol as well as act as a barrier to treatment. Though PDs require intensive interventions, most received none or received only very brief interventions which were unlikely to help. Many socio-cultural factors operated as barriers, and stigma associated with a psychiatric referral makes it necessary to review the present structure of service provision with greater emphasis of involvement of HCP such as nurses and social workers. ■

Conflict of interest statement

The authors declare no conflict of interests.

Authors: ^ADepartment of Medicine, Faculty of Medicine;

^BDepartment of Nursing, Faculty of Allied Health Sciences;

^CDepartment of Psychiatry, Faculty of Medicine, University of Ruhuna, Sri Lanka