Addiction

Risk algorithm could help predict onset of hazardous drinking

A simple risk algorithm may aid GPs in assessing patients' risk of progression to hazardous drinking over 12 months.

The investigators conducted a prospective cohort study involving 174 GPs, from 32 primary care health centres, in six Spanish provinces. Random samples of four to six attendees from GP appointment lists were taken for each day of recruitment. A total of 3,954 abstinent or low-risk drinkers were recruited to the study between October 2005 and February 2006. Participants were evaluated at baseline, and at 6 and 12 months.

Of the 3,954 patients assessed at baseline, 2,667 (67.5%) were interviewed at 6 months and 2,301 (58.2%) at 12 months.

Overall, 41 risk factors were measured and multilevel logistic regression and inverse probability weighting were used to develop the algorithm predictAL-10. The algorithm included nine variables that covered ten questions: province, sex, age, cigarette consumption, perception of financial strain, having ever received treatment for an alcohol problem, childhood sexual abuse, AUDIT-C, and interaction AUDIT-C*Age.

When used to predict development of hazardous drinking the sensitivity and specificity of the predictAL-10 algorithm were 0.83 and 0.80, respectively.

The authors also examined the algorithm without the question on childhood sexual abuse (predictAL-9) obtaining similar outcomes.

Alcohol misuse is responsible for very significant preventable morbidity and mortality in the UK and is associated with high social and economic costs. Medical conditions related to alcohol use include suicide, accidents and injuries, cancers, hypertension, dementia and liver disease. Currently 31% of men and 16% of women in the UK drink more than recommended guideline amounts.[1]

Much has been published on screening for alcohol misuse and on brief interventions for those found to be drinking at at-risk levels. However, much less is known about the risk factors for progression to hazardous or harmful use in those who are currently abstinent or low-risk drinkers. Although a risk assessment tool exists, it is complex to deliver and is not easily applicable to the primary care environment.

The study authors conclude: 'The predictAL-10/9 algorithm is a simple, brief, and internally valid risk algorithm to predict the onset of hazardous drinking over 12 months in primary care attendees who are abstinent or low-risk drinkers.'

Because predictAL-10/9 incorporates the AUDIT-C test it allows for simultaneous assessment of current hazardous drinking and the risk of progressing to hazardous drinking, providing opportunities for both primary and secondary prevention of hazardous drinking.

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Bellón JA, de Lios Luna J, King M et al. Predicting the onset of hazardous alcohol drinking in primary care: development and validation of a simple risk algorithm. *Br J Gen Pract* 2017; DOI: https://doi.org/10.3399/bjgp17X690245

REFERENCE

1 NHS Digital. Statistics on Alcohol. England 2017 www.gov.uk/government/statistics/statistics-on-alcohol-england-2017

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Sexual health

Not all patients with chlamydia are being tested for HIV

Most chlamydia testing now takes place outside genitourinary medicine (GUM) clinics. Although the majority of those tested in other settings are less likely to report risky sexual behaviour, a substantial minority do and some patients with chlamydia infection are missing out on HIV tests, NATSAL-3 has shown.

The investigators compared characteristics of those tested for chlamydia in GUM, general practice and other settings using data from NATSAL-3, a British probability sample survey carried out in 2010-2012.

Survey participants were aged 16-44 years with at least one sexual partner in the past year. Of a total of 8,397 participants (4,992 women) 27% of women and 17% of men reported having a chlamydia test in the past year. This was more common in those aged 16-24 (55% of women and 36% of men) which is the age group eligible for the national chlamydia screening programme in England.

Of those who had been tested, 28% of women and 41% of men had been tested in GUM clinics; 41% and 27% of women and men respectively in general practice, and 31% and 38% in other non-GUM settings including: university, schools, family planning clinics, antenatal clinics and termination of pregnancy services.

Women who tested for chlamydia in general practice tended to be older, living with a partner, and living in rural areas compared with those tested in GUM clinics. Men were just as likely to test in general practice and in GUM clinics for chlamydia.