

Alcohol screening and alcohol interventions among patients with hypertension in primary health care: an empirical survey of German general practitioners

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Background: Alcohol is one of the least intervened risk factors in the management of hypertension at the primary care level. In order to improve alcohol interventions, a better understanding of knowledge, attitudes and clinical practice of lifestyle interventions in the management of hypertension is needed. **Method:** As a part of a European study (France, Germany, Italy, Spain, UK), 211 German general practitioners (GPs) were recruited in Bavaria and Hamburg and surveyed via an Internet-based questionnaire. Results were compared with the European sample (n=2870). **Results:** One-third of the patients seen by German GPs had hypertension (36.2%, standard deviation (SD): 14.6) and among cases with hypertension, less than half were ever screened for alcohol (4.5 out of 10 patients). The foremost reasons for not screening for alcohol were that alcohol was not considered a major risk factor for hypertension plus the lack of knowledge of appropriate alcohol screening instruments. The majority of German GPs managed patients with hazardous drinking levels themselves or in their practice (71.3%, 95% confidence interval (CI): 64.6–77.2%), but only 42.0% (95% CI: 35.2–49.0%) managed alcohol dependent patients. German screening rates were slightly lower but interventions of screened positive patients higher than the European average. **Conclusions:** Rates of alcohol screening in patients with hypertension in primary health care may be increased by improving GPs knowledge of alcohol as a major risk factor for hypertension, increasing GPs education on alcohol and screening instruments, and providing reimbursement. This may increase treatment of alcohol problems in patients with hypertension and reduce hypertension.

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The role of alcohol in the management of hypertension in patients in European primary health care practices - a survey in the largest European Union countries

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Background Even though addressing lifestyle problems is a major recommendation in most guidelines for the treatment of hypertension (HTN), alcohol problems are not routinely addressed in the management of hypertension in primary health care. **Methods** Internet based survey of 3081 primary care physicians, recruited via the mailing lists of associations for general practitioners (GPs) in France, Germany, Italy, Spain and the UK. Clinical practice, attitudes, knowledge, education and training were assessed. Logistic regression to predict screening, brief intervention and treatment for alcohol dependence in the management of hypertension were assessed. **Results** Overall, about one third of the interviewed GPs reported sufficient screening in cases with HTN (34.0 %, 95 % confidence interval (CI):32.1–35.8 %). One out of five GPs screened and delivered brief interventions in HTN patients with hazardous consumption (22.2 %, 95 % CI: 20.6–23.8 %) and about one in 13 GPs provided treatment for HTN patients with alcohol dependence other than advice or brief intervention (7.8 %, 95 % CI: 6.8–8.9 %). Post-graduate training and belief in their effectiveness predicted interventions. There were marked differences between countries. **Conclusions** While current interventions were overall low, marked differences between countries indicate that current practices could be improved. Education and post-graduate training seems to be key in improving clinical practice of including interventions for problematic alcohol consumption and alcohol dependence in primary health care.

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