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**Policy and Guidelines**

**National Institute for Health and Clinical Excellence (NICE)**

Nalmefene for reducing alcohol consumption in people with alcohol dependence
NICE technology appraisals [TA325] Published date: November 2014

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**New and Updated Cochrane Systematic Reviews**

**New Reviews - November 2014**

Restricting or banning alcohol advertising to reduce alcohol consumption in adults and adolescents

**Updated Reviews - December 2014**

Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users

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**Journal Articles**

Please click on the blue link at the end of the abstract (where available) to access full text. You may need an Athens username and password. To register for an Athens account click [here](#).

**Table of Contents**

1. Addressing liver disease in the UK: A blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis
2. Alcohol and sexual health in young people: the role of PSHE
3. Alcohol misuse in older patients: a hidden problem
4. Alcohol misuse: assessment, treatment and aftercare
5. Alcohol withdrawal syndrome in critically ill patients: Protocolized versus nonprotocolized management
6. Alcoholic disease: Liver and beyond
7. Alcoholic hepatitis: current management
8. Alcohol-related harm in the practice
9. Audit of the alcohol service provided to head and neck cancer patients within Mid-Yorkshire Hospitals NHS Trust
10. Benzodiazepines are the mainstay of treatment for acute alcohol withdrawal syndrome
11. Brief interventions for hazardous and harmful alcohol consumption in accident and emergency departments
12. Decompensated alcoholic liver disease intensive care prognosis: A district general hospital perspective
Liver disease in the UK stands out as the one glaring exception to the vast improvements made during the past 30 years in health and life expectancy for chronic disorders such as stroke, heart disease, and many cancers. Mortality rates have increased 400% since 1970, and in people younger than 65 years have risen by almost five times. Liver disease constitutes the third commonest cause of premature death in the UK and the rate of increase of liver disease is substantially higher in the UK than other countries in western Europe. More than 1 million admissions to hospital per year are the result of alcohol-related disorders, and both the number of admissions and the increase in mortality closely parallel the rise in alcohol consumption in the UK during the past three decades. The new epidemic of obesity is equally preventable. Of the 25% of the population now categorised as obese, most will have non-alcoholic fatty liver disease many (up to 1 in 20 of the UK population) will have ongoing inflammation and scarring that finally leads to cirrhosis. Of those patients with cirrhosis, 5-10% will get liver cancer. This increasing burden of liver disease is added to by chronic viral hepatitis; annual deaths from hepatitis C have almost quadrupled since 1997, 0140-6736;1474-547X (29 Nov 2014)
which showed that the care of patients acutely sick with liver disease dying in hospital was judged to be good in less than half of patients; other unacceptable findings were the inadequate facilities and lack of expertise of those caring for patients. Also, it is increasingly evident that deficiencies exist in primary care, which has crucial opportunities for early diagnosis and prevention of progressive disease. The aim of this Commission is to provide the strongest evidence base through involvement of experts from a wide cross-section of disciplines, making firm recommendations to reduce the unacceptable premature mortality and disease burden from avoidable causes and to improve the standard of care for patients with liver disease in hospital. From the substantial number of recommendations given in our Commission, we selected those that will have the greatest effect and that need urgent implementation. Although the recommendations are based mostly on data from England, they have wider application to the UK as a whole, and are in accord with the present strategy for health-care policy by the Scottish Health Boards, the Health Department of Wales, and the Department of Health and Social Services in Northern Ireland. Our ten key recommendations are based on the strong evidence base and are in line with reports in 2014 of several other enquiries, including from the 2014 All Party Parliamentary Group on Hepatology and the All Party Parliamentary Group on alcohol misuse. Results showing the value of a minimum unit price policy in targeting heavy drinkers were published in The Lancet in May, 2014, and the European Observatory on Health Policy, together with the Department of Health and NHS England, has drawn attention to four areas of premature mortality, including liver disease, in which the UK lags behind other European countries. Such stark contrasts with our European neighbours are unacceptable and in this Commission we give clear, evidence-based policy proposals for the UK Government to use in closing the gap in liver disease.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available [Lancet at Lancet, The]

**2. Title:** Alcohol and sexual health in young people: the role of PSHE

**Citation:** Community Practitioner, Dec 2014, vol. 87, no. 12, p. 34-37, 1462-2815 (December 2014)

**Author(s):** Rowlinson, Louise

**Abstract:** This paper explores the relationship between sexual health and alcohol in young people in contemporary society, and the role of personal, social and health and economic education (PSHE). This research was prompted by the decision of the Department of Health (DH) not to publish National Institute for Health and Care Excellence (NICE) guidance on PSHE in January 2011. The guidance was requested following a Department for Education internal review into PSHE education. This paper will review qualitative and quantitative research, and data pertaining to the issue of sexual health behaviour and alcohol use among young people in the UK and the role of PSHE education. NICE guidance remains the gold standard' for evidence-based healthcare service provision and its implications for sexually transmitted infection and teenage pregnancy rates remains a high priority. Equally, research supports that addressing the issue of alcohol is an increasing priority in young people. This paper will argue that the NICE PSHE review findings should be updated, published and implemented. [Publication] 44 references

**Source:** BNI

**Full text:** Available [Community Practitioner at Community Practitioner]

**3. Title:** Alcohol misuse in older patients: a hidden problem

**Citation:** World of Irish Nursing & Midwifery, Nov 2014, vol. 22, no. 9, p. 53-55, 2009-4264 (November 2014)

**Author(s):** Bressan, Juliet

**Abstract:** Alcohol use disorder can be missed in older people due to confounding comorbidity, failure to screen and lack of sensitivity in screening tools, writes [PUBLICATION] 14 references

**Source:** BNI

**Full text:** Available [World of Irish Nursing & Midwifery at World of Irish Nursing & Midwifery]

**4. Title:** Alcohol misuse: assessment, treatment and aftercare

**Citation:** Nursing Older People, Sep 2014, vol. 26, no. 8, p. 18-24, 1472-0795 (September 26, 2014)

**Author(s):** Murdoch, Jay

**Abstract:** Alcohol misuse among older adults is increasing, with evidence of its adverse effects on health. However, healthcare professionals and patients may be uncomfortable about broaching the subject for a variety of reasons. This article provides an overview of assessment, treatment and aftercare options for older people who misuse alcohol. It highlights that all healthcare professionals are responsible for raising the issue of substance misuse if appropriate and referring to specialist services if required. [PUBLICATION] 33 references

**Source:** BNI
5. Title: Alcohol withdrawal syndrome in critically ill patients: Protocolized versus nonprotocolized management

Citation: Journal of Trauma and Acute Care Surgery, December 2014, vol./is. 77/6(938-943), 2163-0755;2163-0763 (11 Dec 2014)

Author(s): Duby J.J., Berry A.J., Ghayyem P., Wilson M.D., Cocanour C.S.

Language: English

Abstract: Background: Approximately 18% to 25% of patients with alcohol use disorders admitted to the hospital develop alcohol withdrawal syndrome (AWS). Symptom-triggered dosing of benzodiazepines (BZDs) seems to lead to shorter courses of treatment, lower cumulative BZD dose, and more rapid control of symptoms in noncritically ill patients. This study compares the outcomes of critically ill patients with AWS when treated using a protocolized, symptom-triggered, dose escalation approach versus a nonprotocolized approach. Methods: This is a retrospective pre-post study of patients 18 years or older with AWS admitted to an intensive care unit (ICU). The preintervention cohort (PRE) was admitted between February 2008 and February 2010. The postintervention cohort (POST) was admitted between February 2012 and January 2013. The PRE patients were treated by physician preference and compared with POST patients who were given escalating doses of BZDs and/or phenobarbital according to an AWS protocol, titrating to light sedations (Richmond Agitation Sedation Scale score of 0 to -2). Results: There were 135 episodes of AWS in 132 critically ill patients. POST patients (n = 75) were younger (50.7 [13.8] years vs. 55.7 [8.7] years, p = 0.03) than PRE patients (n = 60). Sequential Organ Failure Assessment (SOFA) scores were higher in the PRE group (6.1 [3.7] vs. 3.9 [2.9], p = 0.0004). There was a significant decrease in mean ICU length of stay from 9.6 (10.5) days to 5.2 (6.4) days (p = 0.0004) in the POST group. The POST group also had significantly fewer ventilator days (5.6 < 13.9) days vs. 1.31 < 5.6) days, p < 0.0001) as well as a significant decrease in BZD use (319 [1,084] mg vs. 93 [171] mg, p = 0.002). There were significant differences between the two cohorts with respect to the need for continuous sedation (p < 0.001), duration of sedation (p < 0.001), and intubation secondary to AWS (p < 0.001). In all of these outcomes, the POST cohort had a notably lower frequency of occurrence. Conclusion: A protocolized treatment approach of AWS in critically ill patients involving symptom-triggered, dose escalations of diazepam and phenobarbital may lead to a decreased ICU length of stay, decreased time spent on mechanical ventilation, and decreased BZD requirements.

Publication type: Journal: Conference Paper

Source: EMBASE

Full text: Available Ovid at Journal of Trauma and Acute Care Surgery

6. Title: Alcoholic disease: Liver and beyond

Citation: World Journal of Gastroenterology, October 2014, vol./is. 20/40(14652-14659), 1007-9327;2219-2840 (28 Oct 2014)

Author(s): Rocco A., Compare D., Angrisani D., Sanduzzi Zamparelli M., Nardone G.

Language: English

Abstract: The harmful use of alcohol is a worldwide problem. It has been estimated that alcohol abuse represents the world’s third largest risk factor for disease and disability; it is a causal factor of 60 types of diseases and injuries and a concurrent cause of at least 200 others. Liver is the main organ responsible for metabolizing ethanol, thus it has been considered for long time the major victim of the harmful use of alcohol. Ethanol and its bioactive products, acetaldehyde-acetate, fatty acid ethanol esters, ethanol-protein adducts, have been regarded as hepatotoxins that directly and indirectly exert their toxic effect on the liver. A similar mechanism has been postulated for the alcohol-related pancreatic damage. Alcohol and its metabolites directly injure acinar cells and elicit stellate cells to produce and deposit extracellular matrix thus triggering the "necrosis-fibrosis" sequence that finally leads to atrophy and fibrosis, morphological hallmarks of alcoholic chronic pancreatitis. Even if less attention has been paid to the upper and lower gastrointestinal tract, ethanol produces harmful effects by inducing: (1) direct damaging of the mucosa of the esophagus and stomach; (2) modification of the sphincter pressure and impairment of motility; and (3) alteration of gastric acid output. In the intestine, ethanol can damage the intestinal mucosa directly or indirectly by altering the resident microflora and impairing the mucosal immune system. Notably, disruption of the intestinal mucosal barrier of the small and large intestine contribute to liver damage. This review summarizes the most clinically relevant alcohol-related diseases of the digestive tract focusing on the pathogenic mechanisms by which ethanol damages liver, pancreas and gastrointestinal tract.

Publication type: Journal: Review

Source: EMBASE

7. Title: Alcoholic hepatitis: current management  
Citation: Digestive diseases and sciences, October 2014, vol./is. 59/10(2357-2366), 1573-2568 (Oct 2014)  
Author(s): Spengler E.K., Dunkelberg J., Schey R.  
Language: English  
Abstract: Alcoholic hepatitis is an acute manifestation of alcoholic liver disease with mortality as high as 40-50% in severe cases. Patients usually have a history of prolonged alcohol abuse with or without a known history of liver disease. Although there is significant range in severity at presentation, patients with severe alcoholic hepatitis typically present with anorexia, fatigue, fever, jaundice, and ascites. The use of either pentoxifylline or corticosteroids in those with severe disease (Maddrey’s discriminate function >32) has significant mortality benefit. The addition of N-acetylcysteine to corticosteroids decreases the incidences of hepatorenal syndrome, infection, and short-term mortality, but does not appear to significantly affect 6-month mortality. Nutritional support with high-calorie, high-protein diet is recommended in all patients screening positive for malnutrition. Liver transplantation for a highly selected group of patients with severe alcoholic hepatitis may be an option in the future, but is not currently recommended or available at most transplant institutions.  
Publication type: Journal: Review  
Source: EMBASE

8. Title: Alcohol-related harm in the practice  
Citation: Practice Nursing, Jan 2015, vol. 26, no. 1, p. 10-15, 0964-9271 (January 2015)  
Author(s): Holloway, Aisha  
Abstract: Alcohol-related harm is a serious public health concern. Aisha Holloway explains how practice nurses can identify those at risk and deliver brief interventions to facilitate the change of alcohol consumption behaviour. [PUBLICATION] 24 references  
Source: BNI  
Full text: Available Practice Nursing at Practice Nursing

9. Title: Audit of the alcohol service provided to head and neck cancer patients within Mid-Yorkshire Hospitals NHS Trust  
Citation: British Journal of Oral and Maxillofacial Surgery, October 2014, vol./is. 52/8(e95), 0266-4356 (October 2014)  
Author(s): Suida M.I., Hoole J., Smith J., Jordan K., Andrews M., Mitchell D.  
Language: English  
Abstract: Introduction: Harmful drinking and alcohol dependence can cause many mental and physical health problems, and social problems. Following release of the NICE guidance on management of alcohol-use disorders, a new local pathway was developed to assess and manage patients classified as higher risk prior to treatment for head and neck cancer. This audit aims to evaluate our alcohol service to ensure patients are receiving appropriate care, treatment and advice in accordance to the NICE guidelines. Methods: Alcohol assessments are carried on all patients with a new diagnosis of head and neck cancer. This audit assessed whether all appropriate measures were completed for patients classified as a "higher risk drinker" according to the NICE guidance. Results Out of 45 patients, 100% were assessed, offered an assisted withdrawal program and were successfully withdrawn from alcohol prior to their planned treatment or surgery, with no related admissions, no incidence of post operative complications and significant cost reductions. Conclusions: Historically in our trust, patients classified as "higher risk drinkers" were admitted prior to treatment/ surgery for observation and potentially detoxification. The new local alcohol care pathway has allowed all relevant patients to be successfully withdrawn from alcohol prior to their planned treatment/surgery, in line with the NICE guidelines. Furthermore all patients requiring detoxification received their treatment at home, including the support and guidance required to be able to successfully withdraw from alcohol, whilst still carrying out their normal daily activities. This has shown a cost saving to the trust of 144,580 in only one year.  
Publication type: Journal: Conference Abstract  
Source: EMBASE

10. Title: Benzodiazepines are the mainstay of treatment for acute alcohol withdrawal syndrome.  
Citation: Drugs & Therapy Perspectives, 01 November 2014, vol./is. 30/11(395-398), 11720360  
Language: English  
Abstract: Benzodiazepines are first-line therapy for treatment of alcohol withdrawal syndrome (AWS). Longer acting benzodiazepines may provide a smoother withdrawal, while shorter-acting benzodiazepines may be preferred in patients who are elderly or have significant hepatic impairment. Front loading, fixed dose and symptom-triggered
benzodiazepine dosing strategies may be used when treating moderate to severe AWS in the hospital setting. Other drugs may be appropriate as adjuncts to benzodiazepine therapy or in the treatment of mild to moderate AWS.

**Publication type:** journal article

**Source:** CINAHL

11. **Title:** Brief interventions for hazardous and harmful alcohol consumption in accident and emergency departments

**Citation:** Frontiers in Psychiatry, 2014, vol./is. 5/OCT, 1664-0640 (2014)

**Author(s):** Wojnar M., Jakubczyk A.

**Language:** English

**Abstract:** The prevalence of alcohol abuse among patients treated in accident and emergency departments (A&E) is considered substantial. This paper is a narrative review of studies investigating the effectiveness of brief interventions (BI) for hazardous and harmful alcohol consumption in A&E. A&E departments in hospitals (and other health care infrastructures) are commonly the place where serious consequences of alcohol drinking are seen and need to be tackled, supporting the suggested theoretical usefulness of delivering brief interventions in this environment. Available research shows that brief interventions (BI) may be considered a valuable technique for dealing with alcohol-related problems. However, it is suggested that the usefulness of BI may depend significantly on the target population to be dealt with. BI have proved to be beneficial for male individuals and those patients who do not abuse other psychoactive substances. In contrast, evidence indicates that brief interventions in A&E settings are not effective at all when dealing with men admitted as a consequence of violence-related event. In addition, some studies were unable to confirm the effectiveness of BI in female population, in emergency setting. Studies investigating the association between drinking patterns and the effectiveness of brief interventions also present inconsistent results. Most studies assessing the effectiveness of BI in A&E settings only adopted a short perspective (looking at the impact up to a maximum of twelve months after the BI was delivered). When assessing the effects of BI, both the amount of alcohol consumed as well as expected reductions in alcohol consequences, such as injuries, can be taken into account. Evidence on the implementation of brief intervention in emergency departments remains inconclusive as to whether there are clear benefits. A variety of outcome measures and assessing procedures were used in the different studies, which have investigated this topic.

**Publication type:** Journal: Review

**Source:** EMBASE

12. **Title:** Decompensated alcoholic liver disease intensive care prognosis: A district general hospital perspective

**Citation:** Intensive Care Medicine, September 2014, vol./is. 40/1 SUPPL. 1(S31), 0342-4642 (September 2014)

**Author(s):** McFarlane J.M., Mostert M., Rose B.O., Breeze R.

**Language:** English

**Abstract:** INTRODUCTION. The UK has seen a growing prevalence of alcoholic liver disease (ALD) over the last 25 years with worrying increases in <35 year olds [1]. Mortality rates for decompensated ALD admissions to ICU are commonly quoted at around 70 %, though the majority of studies represent tertiary care centres [2]. This guides all centres’ views on prognosis. OBJECTIVES. We aim to evaluate if the ALD mortality in District General Hospitals (DGH) is comparable to current tertiary centre rates. METHODS. This retrospective study examines the 1 year mortality of decompensated ALD admissions to a DGH’s ICU over 3 years, between November 2009 and November 2012. Only patients with decompensated ALD as their primary admission cause were included and were divided into three main presenting features: upper gastrointestinal bleed (UGIB); multiorgan failure (MOF)/sepsis and encephalopathy. Three main organ support factors were recorded for all patients: renal replacement therapy (RRT); mechanical ventilation (MV) and ionotropic support (IS). RESULTS. We identified 54 admissions to the 17 bed ICU with 5 multiple admissions. The median age was 54 years (IQR 47-61) with 4.1 % of admissions <35 years of age. Mean APACHE II and ICNARC scores were 18.4 (SD 7.5) and 22.4 (SD 10.3) respectively. Overall mortality rates were 30.6, 44.9, 55.1 and 57.1 % for ICU, hospital, 6 month and 12 month mortality respectively. UGIB represented the most common diagnosis at presentation (57.1 %). These patients had the lowest mean APACHE II score (17, SD 6.4) as well as the lowest hospital (35.7 %) and 12 month (42.9 %) mortality. Encephalopathic patients (14 %) had a mean APACHE II score of 20 (SD 5.5) and the lowest mean ICNARC (15.9, SD 4.7) scores with an ICU and 12 month mortality of 14 % rising to 71 % respectively. Patients presenting with MOF/ sepsis (29 %) had the highest mean APACHE II (20.4, SD 6) and ICNARC (25.8, SD 8.5) scores and also the highest ICU (50 %) and 12 month (79 %) mortality. 29 % of patients required no organ support, with a discharge survival of 71 %. MV represented the most common organ support (57 %), but carried the best prognosis for ICU and hospital mortality (39.3 % and 46.4 %, respectively). IS had the worst prognosis for ICU and hospital mortality (78.6 % and 85.7 %, respectively). For >2 organs supported, ICU and hospital mortality was 62.5 % and 68.8 % respectively. CONCLUSIONS. Our study indicates that DGH mortality in
decompensated ALD is lower than current published tertiary care studies, whose patients may represent a select cohort [2]. Our findings suggest a review of current ALD predicted prognosis in DGHs, on which the burden of disease largely rests [2]. This is now increasingly relevant with research indicating the benefits of earlier transplant in ALD [3]. (Table Presented).

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE

13. **Title:** Detecting alcohol problems in older adults: Can we do better?  
**Citation:** International Psychogeriatrics, November 2014, vol./is. 26/11(1755-1766), 1041-6102;1741-203X (15 Nov 2014)  
**Author(s):** Taylor C., Jones K.A., Dening T.  
**Language:** English  
**Abstract:** Alcohol problems in older adults aged 65 years or over, in the United Kingdom and internationally, have risen steadily over the past decade. These are a common but underdiagnosed and underrecognized problem. A UK survey in 2008 found that 21% of men and 10% of women aged 65 years and over reported drinking more than four and three units of alcohol respectively on at least one day per week (National Health Service Information Centre, 2010). A recent Royal College of Psychiatrists Report (2011) cited research that showed there has been a rise in the number drinking over weekly recommended limits by 60% in men and 100% in women between 1990 and 2006 with the number of people aged over 65 years requiring treatment for a substance misuse problem, set to more than double between 2001 and 2020, all of which points to a significant public health problem both now and in the future (National Health Service Information Centre, 2009).

**Publication type:** Journal: Review  
**Source:** EMBASE

14. **Title:** Evaluating the impact of the alcohol act on off-trade alcohol sales: a natural experiment in Scotland.  
**Citation:** Addiction, 01 December 2014, vol./is. 109/12(2035-2043), 09652140  
**Author(s):** Robinson, Mark, Geue, Claudia, Lewsey, James, Mackay, Daniel, McCartney, Gerry, Curnock, Esther, Beeston, Clare  
**Language:** English  
**Abstract:** Background and Aims A ban on multi-buy discounts of off-trade alcohol was introduced as part of the Alcohol Act in Scotland in October 2011. The aim of this study was to assess the impact of this legislation on alcohol sales, which provide the best indicator of population consumption. Design, Setting and Participants Interrupted time-series regression was used to assess the impact of the Alcohol Act on alcohol sales among off-trade retailers in Scotland. Models accounted for underlying seasonal and secular trends and were adjusted for disposable income, alcohol prices and substitution effects. Data for off-trade retailers in England and Wales combined (EW) provided a control group. Measurements Weekly data on the volume of pure alcohol sold by off-trade retailers in Scotland and EW between January 2009 and September 2012. Findings The introduction of the legislation was associated with a 2.6% (95% CI = −5.3 to 0.2%, P = 0.07) decrease in off-trade alcohol sales in Scotland, but not in EW (−0.5%, 95% CI = −4.6 to 3.9%, P = 0.83). A statistically significant reduction was observed in Scotland when EW sales were adjusted for in the analysis (−1.7%, 95% CI = −3.1 to −0.3%, P = 0.02). The decline in Scotland was driven by reduced off-trade sales of wine (−4.0%, 95% CI = −5.4 to −2.6%, P < 0.001) and pre-mixed beverages (−8.5%, 95% CI = −12.7 to −4.1%, P < 0.001). There were no associated changes in other drink types in Scotland, or in sales of any drink type in EW. Conclusions The introduction of the Alcohol Act in Scotland in 2011 was associated with a decrease in total off-trade alcohol sales in Scotland, largely driven by reduced off-trade wine sales.

**Publication type:** journal article  
**Source:** CINAHL

15. **Title:** Favourite alcohol advertisements and binge drinking among adolescents: a cross-cultural cohort study.  
**Citation:** Addiction, 01 December 2014, vol./is. 109/12(2005-2015), 09652140  
**Author(s):** Morgenstern, Matthiis, Sargent, James D., Sweeting, Helen, Faggiano, Fabrizio, Mathis, Federica, Hanewinkel, Reiner  
**Language:** English  
**Abstract:** Aims To investigate the association between having a favourite alcohol advertisement and binge drinking among European adolescents. Design Data were obtained from a longitudinal observational study on relationships between smoking and drinking and film tobacco and alcohol exposures. Setting State-funded schools. Participants Baseline survey of 12 464 German, Italian, Polish and Scottish adolescents (mean age 13.5 years), of whom 10 259 (82%) were followed-up 12 months later. Measurements Pupils were asked the brand of their favourite alcohol
advertisement at baseline. Multi-level mixed-effects logistic regressions assessed relationships between having a favourite alcohol advertisement ('alcohol marketing receptivity') and (i) binge drinking at baseline; and (ii) initiating binge drinking during follow-up among a subsample of 7438 baseline never binge drinkers. Findings Life-time binge drinking prevalence at baseline was 29.9% and 25.9% initiated binge drinking during follow-up. Almost one-third of the baseline sample (32.1%) and 22.6% of the follow-up sample of never-bingers named a branded favourite alcohol advertisement, with high between-country variation in brand named. After controlling for age, gender, family affluence, school performance, TV screen time, personality characteristics and drinking behaviour of peers, parents and siblings, alcohol marketing receptivity was related significantly to both binge drinking at baseline [adjusted odds ratio (AOR) = 2.13, 95% confidence interval (CI) = 1.92, 2.36] and binge drinking initiation in longitudinal analysis (AOR = 1.45, 95% CI = 1.26, 1.66). There was no evidence for effect heterogeneity across countries. Conclusions Among European adolescents naming a favourite alcohol advertisement was associated with increased likelihood of initiating binge drinking during 1-year follow-up, suggesting a relationship between alcohol marketing receptivity and adolescent binge drinking.

Publication type: journal article
Source: CINAHL

16. Title: Health on the web: Randomised controlled trial of online screening and brief alcohol intervention delivered in a workplace setting
Citation: PLoS ONE, November 2014, vol./is. 9/11, 1932-6203 (19 Nov 2014)
Author(s): Khadjesari Z., Freemantle N., Linke S., Hunter R., Murray E.
Language: English
Abstract: Background: Alcohol misuse in England costs around 7.3 billion (US$12.2 billion) annually from lost productivity and absenteeism. Delivering brief alcohol interventions to employees as part of a health check may be acceptable, particularly with online delivery which can provide privacy for this stigmatised behaviour. Research to support this approach is limited and methodologically weak. The aim was to determine the effectiveness of online screening and personalised feedback on alcohol consumption, delivered in a workplace as part of a health check.
Methods and Findings: This two-group online individually randomised controlled trial recruited employees from a UK-based private sector organisation (approx. 100,000 employees). 3,375 employees completed the online health check in the three week recruitment period. Of these, 1,330 (39%) scored five or more on the AUDIT-C (indicating alcohol misuse) and were randomised to receive personalised feedback on their alcohol intake, alongside feedback on other health behaviours (n = 659), or to receive feedback on all health behaviours except alcohol intake (n = 671). Participants were mostly male (75%), with a median age of 48 years and half were in managerial positions (55%).
Median Body Mass Index was 26, 12% were smokers, median time undertaking moderate/vigorous physical activity a week was 173 minutes and median fruit and vegetable consumption was three portions a day. Eighty percent (n = 1,066) of participants completed follow-up questionnaires at three months. An intention to treat analysis found no difference between experimental groups for past week drinking (primary outcome) (5.6% increase associated with the intervention (95% CI-4.7% to 16.9%; p = .30)), AUDIT (measure of alcohol-related harm) and health utility (EQ-5D). Conclusions: There was no evidence to support the use of personalised feedback within an online health check for reducing alcohol consumption among employees in this organisation. Further research is needed on how to engage a larger proportion of employees in screening.
Publication type: Journal: Article
Source: EMBASE
Full text: Available ProQuest at PLoS ONE
Full text: Available ProQuest at PLoS One

17. Title: Health professionals' alcohol-related professional practices and the relationship between their personal alcohol attitudes and behavior and professional practices: A systematic review
Citation: International Journal of Environmental Research and Public Health, December 2014, vol./is. 11/1(218-248), 1661-7827;1660-4601 (23 Dec 2013)
Author(s): Bakhshi S., While A.E.
Language: English
Abstract: Health professionals' personal health behaviors have been found to be associated with their practices with patients in areas such as smoking, physical activity and weight management, but little is known in relation to alcohol use. This review has two related strands and aims to: (1) examine health professionals' alcohol-related health promotion practices; and (2) explore the relationship between health professionals' personal alcohol attitudes and behaviors, and their professional alcohol-related health promotion practices. A comprehensive literature search of the Cochrane Library, MEDLINE, EMBASE, PsycINFO, CINAHL, British Nursing Index, Web of Science, Scopus and
Science Direct (2007-2013) identified 26 studies that met the inclusion criteria for Strand 1, out of which six were analyzed for Strand 2. The findings indicate that health professionals use a range of methods to aid patients who are high-risk alcohol users. Positive associations were reported between health professionals' alcohol-related health promotion activities and their personal attitudes towards alcohol (n = 2), and their personal alcohol use (n = 2). The findings have some important implications for professional education. Future research should focus on conducting well-designed studies with larger samples to enable us to draw firm conclusions and develop the evidence base.

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**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available ProQuest at International Journal of Environmental Research and Public Health

18. **Title:** Helping elderly individuals address substance use  
**Citation:** Nursing & Residential Care, Oct 2014, vol. 16, no. 10, p. 586-590, 1465-9301 (October 2014)  
**Author(s):** Green, Danielle  
**Abstract:** This competence-based optional unit assesses the care worker’s ability to support individuals with drug or alcohol problems in developing and reviewing their action plans. [PUBLICATION] 14 references  
**Source:** BNI  
**Full text:** Available Nursing & Residential Care at Nursing & residential care : the monthly journal for care assistants, nurses and managers working in health and social care

19. **Title:** Hospital admissions for alcoholic liver disease vary threefold across England.  
**Citation:** BMJ, 2014, vol./is. 349/(g5767), 0959-535X;1756-1833 (2014)  
**Author(s):** Kmietowicz Z  
**Language:** English  
**Publication type:** News  
**Source:** MEDLINE  
**Full text:** Available BMJ (Clinical research ed.) at The BMJ

20. **Title:** Impact of minimum price per unit of alcohol on patients with liver disease in the UK  
**Citation:** Clinical Medicine, Journal of the Royal College of Physicians of London, August 2014, vol./is. 14/4(396-403), 1470-2118;1473-4893 (01 Aug 2014)  
**Author(s):** Sheron N., Chilcott F., Matthews L., Challoner B., Thomas M.  
**Language:** English  
**Abstract:** The slow epidemic of liver disease in the UK over the past 30 years is a result of increased consumption of strong cheap alcohol. When we examined alcohol consumption in 404 subjects with a range of liver disease, we confirmed that patients with alcohol-related cirrhosis drank huge amounts of cheap alcohol, with a mean weekly consumption of 146 units in men and 142 in women at a median price of 33p/unit compared with 1.10 for low-risk drinkers. For the patients in our study, the impact of a minimum unit price of 50p/unit on spending on alcohol would be 200 times higher for patients with liver disease who were drinking at harmful levels than for low-risk drinkers. As a health policy, a minimum unit price for alcohol is exquisitely targeted at the heaviest drinkers, for whom the impact of alcohol-related illness is most devastating. Royal College of Physicians 2014. All rights reserved.  
**Publication type:** Journal: Article  
**Source:** EMBASE

21. **Title:** Industry Actors, Think Tanks, and Alcohol Policy in the United Kingdom.  
**Citation:** American Journal of Public Health, Aug 2014, vol. 104, no. 8, p. 1363-1369, 0090-0036 (August 2014)  
**Author(s):** Hawkins, Benjamin, McCambridge, Jim  
**Abstract:** Corporate actors seek to influence alcohol policies through various means, including attempts to shape the evidential content of policy debates. In this case study, we examined how SABMiller engaged the think tank Demos to produce reports on binge drinking, which were heavily promoted among policymakers at crucial stages in the development of the UK government’s 2012 alcohol strategy. One key report coincided with other SABMiller-funded publications, advocating measures to enhance parenting as an alternative to minimum unit pricing. In this instance, the perceived independence of an influential think tank was used to promote industry interests in tactics similar to those of transnational tobacco corporations. This approach is in keeping with other alcohol industry efforts to marginalize the peer-reviewed literature. [PUBLICATION] 57 references  
**Source:** BNI  
**Full text:** Available EBSCOhost at American Journal of Public Health
22. Title: Long working hours and alcohol use: systematic review and meta-analysis of published studies and unpublished individual participant data.

Citation: BMJ, 2015, vol./is. 350/(g7772), 0959-535X;1756-1833 (2015)


Language: English

Abstract: OBJECTIVE: To quantify the association between long working hours and alcohol use. DESIGN: Systematic review and meta-analysis of published studies and unpublished individual participant data. DATA SOURCES: A systematic search of PubMed and Embase databases in April 2014 for published studies, supplemented with manual searches. Unpublished individual participant data were obtained from 27 additional studies. REVIEW METHODS: The search strategy was designed to retrieve cross sectional and prospective studies of the association between long working hours and alcohol use. Summary estimates were obtained with random effects meta-analysis. SOURCES OF HETEROGENEITY were examined with meta-regression. RESULTS: Cross sectional analysis was based on 61 studies representing 333693 participants from 14 countries. Prospective analysis was based on 20 studies representing 100602 participants from nine countries. The pooled maximum adjusted odds ratio for the association between long working hours and alcohol use was 1.11 (95% confidence interval 1.05 to 1.18) in the cross sectional analysis of published and unpublished data. Odds ratio of new onset risky alcohol use was 1.12 (1.04 to 1.20) in the analysis of prospective published and unpublished data. In the 18 studies with individual participant data it was possible to assess the European Union Working Time Directive, which recommends an upper limit of 48 hours a week. Odds ratios of new onset risky alcohol use for those working 49-54 hours and >55 hours a week were 1.13 (1.02 to 1.26; adjusted difference in incidence 0.8 percentage points) and 1.12 (1.01 to 1.25; adjusted difference in incidence 0.7 percentage points), respectively, compared with working standard 35-40 hours (incidence of new onset risky alcohol use 6.2%). There was no difference in these associations between men and women or by age or socioeconomic groups, geographical regions, sample type (population based v occupational cohort), prevalence of risky alcohol use in the cohort, or sample attrition rate. CONCLUSIONS: Individuals whose working hours exceed standard recommendations are more likely to increase their alcohol use to levels that pose a health risk. Copyright Virtanen et al 2015.

Publication type: Journal Article
Source: MEDLINE
Full text: Available BMJ (Clinical research ed.) at The BMJ

23. Title: Managing alcoholic liver disease

Citation: Nursing, Nov 2014, vol. 44, no. 11, p. 30-40, 0360-4039 (November 2014)

Author(s): Morrison, Dolores, Sgrillo, Justine, Daniels, Lauren H.

Abstract: Morrison et al discuss the pathophysiology, incidence, and etiology of alcoholic liver disease (ALD), potential complications, medical and pharmacologic management, and nursing priorities. A serious consequence of chronic alcohol consumption, ALD poses complex medical and psychosocial challenges for the patient, family, and the healthcare team. ALD is a major cause of preventable liver disease in the US and worldwide. In 2003, 44% of deaths from liver disease in the US were attributed to alcohol. And in 2004, alcohol consumption was responsible for 3.8% of global mortality. Research indicates that women are twice as susceptible to hepatic damage from excess alcohol consumption. Compared with men, women are more prone to severe ALD even when consuming lower doses of alcohol. Explanations for gender disparities are linked to differences in alcohol absorption and metabolism. [PUBLICATION] 57 references

Source: BNI
Full text: Available Nursing at Nursing

24. Title: Multiple vitamin deficiencies in a patient with a history of chronic alcohol excess and self-neglect in the UK

Citation: BMJ Case Reports, September 2014, vol./is. 2014/, 1757-790X (22 Sep 2014)

Author(s): Dickson J.M., Naylor G., Colver G., Powers H.J., Masters P.

Language: English
Abstract: We report a case of inadequate diet (caused by extreme self-neglect and alcohol excess) which led to chronic severe deficiencies of vitamins A, D and E. At presentation the patient had widespread follicular hyperkeratosis of the skin, keratomalacia of both eyes and a severe cognitive impairment. He responded well to treatment including high dose parenteral vitamins, but lasting impairments in his vision and cognition have caused permanent disability. Copyright 2014 BMJ Publishing Group. All rights reserved.

Publication type: Journal: Article
Source: EMBASE

25. Title: Normative misperceptions about alcohol use in the general population of drinkers: A cross-sectional survey
Citation: Addictive Behaviors, March 2015, vol./is. 42/(203-206), 0306-4603;1873-6327 (March 01, 2015)
Author(s): Garnett C., Crane D., West R., Michie S., Brown J., Winstock A.
Language: English
Abstract: Introduction: Underestimating one's own alcohol consumption relative to others ('normative misperception') has been documented in some college student and heavy-alcohol using samples, and may contribute to excessive drinking. This study aimed to assess how far this phenomenon extends to alcohol users more generally in four English-speaking countries and if associations with socio-demographic and drinking variables exist. Methods: A cross-sectional online global survey (Global Drugs Survey-2012) was completed by 9820 people aged 18. + from Australia, Canada, the UK and US who had consumed alcohol in the last year. The survey included the AUDIT questionnaire (which assessed alcohol consumption, harmful drinking and alcohol dependence), socio-demographic assessment and a question assessing beliefs about how one's drinking compares with others. Associations were analysed by linear regression models. Results: Underestimation of own alcohol use relative to others occurred in 46.9% (95% CI: 45.9%, 47.9%) of respondents. 25.4% of participants at risk of alcohol dependence and 36.6% of harmful alcohol users believed their drinking to be average or less. Underestimation was more likely among those who were: younger (16-24; p< 0.003), male (. p< 0.001), from the UK (versus US; p< 0.001), less well educated (. p=. 0.003), white (. p=. 0.035), and unemployed (versus employed; p< 0.001). Conclusions: Underestimating one's own alcohol consumption relative to other drinkers is common in Australia, Canada, the UK and US, with a substantial minority of harmful drinkers believing their consumption to be at or below average. This normative misperception is greater in those who are younger, male, less well educated, unemployed, white, from the UK and high-risk drinkers.
Publication type: Journal: Article
Source: EMBASE

26. Title: Potential benefits of minimum unit pricing for alcohol versus a ban on below cost selling in England 2014: modelling study
Citation: BMJ (Clinical Research Edition), Oct 2014, vol. 349, no. 7977, p. g5452., 0959-8138 (October 4, 2014)
Author(s): Brennan, Alan, Meng, Yang, Holmes, John, Hill-McManus, Daniel, Meier, Petra S
Abstract: Objective To evaluate the potential impact of two alcohol control policies under consideration in England: banning below cost selling of alcohol and minimum unit pricing. Design Modelling study using the Sheffield Alcohol Policy Model version 2.5. Setting England 2014-15. Population Adults and young people aged 16 or more, including subgroups of moderate, hazardous, and harmful drinkers. Interventions Policy to ban below cost selling, which means that the selling price to consumers could not be lower than tax payable on the product, compared with policies of minimum unit pricing at £0.40 (£0.57; $0.75), 45p, and 50p per unit (7.9 g/10 mL) of pure alcohol. Main outcome measures Changes in mean consumption in terms of units of alcohol, drinkers' expenditure, and reductions in deaths, illnesses, admissions to hospital, and quality adjusted life years. Results The proportion of the market affected is a key driver of impact, with just 0.7% of all units estimated to be sold below the duty plus value added tax threshold implied by a ban on below cost selling, compared with 23.2% of units for a 45p minimum unit price. Below cost selling is estimated to reduce harmful drinkers’ mean annual consumption by just 0.08%, around 3 units per year, compared with 3.7% or 137 units per year for a 45p minimum unit price (an approximately 45 times greater effect). The ban on below cost selling has a small effect on population health - saving an estimated 14 deaths and 500 admissions to hospital per annum. In contrast, a 45p minimum unit price is estimated to save 624 deaths and 23 700 hospital admissions. Most of the harm reductions (for example, 89% of estimated deaths saved per annum) are estimated to occur in the 5.3% of people who are harmful drinkers. Conclusions The ban on below cost selling, implemented in the England in May 2014, is estimated to have small effects on consumption and health harm. The previously announced policy of a minimum unit price, if set at expected levels between 40p and 50p per unit, is estimated to have an approximately 40-50 times greater effect. [PUBLICATION] 29 references
Source: BNI
admitted to the intensive care unit for pneumonia requiring ventilatory support. He was given high doses of intravenous vitamins B1, B2, B3, B6 and C for 2 days, followed by oral thiamine and vitamin B compound tablets.

Vitamin C deficiency is rare in developed countries but there is an increased prevalence in chronic alcohol abusers. In the UK, it is common practice to treat patients with chronic alcoholism who are admitted to hospital with intravenous vitamins B1, B2, B3, B6 and C for 2-3 days, followed by oral thiamine and vitamin B-compound tablets. This is a case of a 57-year-old man with a history of chronic alcoholism and chronic obstructive lung disease who was admitted to the intensive care unit for pneumonia requiring ventilatory support. He was given high doses of
intravenous vitamins B1, B2, B3, B6 and C for 3 days then oral thiamine and vitamin B compound tablets but developed scurvy 4 days later. He was restarted on oral vitamin C supplementation and showed signs of improvement within 3 days of treatment.

**Publication type:** Journal: Article

**Source:** EMBASE

**30.Title:** The cost-effectiveness and public health benefit of nalmefene added to psychosocial support for the reduction of alcohol consumption in alcohol-dependent patients with high/very high drinking risk levels: A Markov model

**Citation:** BMJ Open, 2014, vol./is. 4/9, 2044-6055 (2014)

**Author(s):** Laramee P., Brodtkorb T.-H., Rahhali N., Knight C., Barbosa C., Francois C., Toumi M., Daeppen J.-B., Rehm J.

**Language:** English

**Abstract:** Objectives: To determine whether nalmefene combined with psychosocial support is cost-effective compared with psychosocial support alone for reducing alcohol consumption in alcohol-dependent patients with high/very high drinking risk levels (DRLs) as defined by the WHO, and to evaluate the public health benefit of reducing harmful alcohol-attributable diseases, injuries and deaths. Design: Decision modelling using Markov chains compared costs and effects over 5 years. Setting: The analysis was from the perspective of the National Health Service (NHS) in England and Wales. Participants: The model considered the licensed population for nalmefene, specifically adults with both alcohol dependence and high/very high DRLs, who do not require immediate detoxification and who continue to have high/very high DRLs after initial assessment. Data sources: We modelled treatment effect using data from three clinical trials for nalmefene (ESENSE 1 (NCT00811770), ESENSE 2 (NCT00812461) and SENSE (NCT00811941)). Baseline characteristics of the model population, treatment resource utilisation and utilities were from these trials. We estimated the number of alcohol-attributable events occurring at different levels of alcohol consumption based on published epidemiological risk-relation studies. Health-related costs were from UK sources. Main outcome measures: We measured incremental cost per quality-adjusted life year (QALY) gained and number of alcohol-attributable harmful events avoided. Results: Nalmefene in combination with psychosocial support had an incremental cost-effectiveness ratio (ICER) of 5204 per QALY gained, and was therefore cost-effective at the 20 000 per QALY gained decision threshold. Sensitivity analyses showed that the conclusion was robust. Nalmefene plus psychosocial support led to the avoidance of 7179 alcohol-attributable diseases/injuries and 309 deaths per 100 000 patients compared to psychosocial support alone over the course of 5 years. Conclusions: Nalmefene can be seen as a cost-effective treatment for alcohol dependence, with substantial public health benefits.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available Highwire Press at BMJ Open

**31.Title:** The patient experience of alcohol use disorder

**Citation:** Value in Health, November 2014, vol./is. 17/7(AA62), 1098-3015 (November 2014)


**Language:** English

**Abstract:** Objectives: Alcohol consumption carries a risk of adverse personal, social, and health effects. Alcohol use disorder (AUD) is a problematic pattern of alcohol use leading to clinically significant impairment or distress. The aim of this study was to determine the patient-perceived impact of AUD. Methods: Focus groups were conducted with a sample of patients with current or remitted AUD in the UK and France to identify key areas of impact from the patient perspective. The groups were audio-recorded and transcribed. Thematic analysis of the data was undertaken. Results: Ten focus groups were conducted with a total of 38 patients (20 current AUD, 18 remitted AUD; 26 male, 12 female; age range 23-69 years). All patients met the diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) for alcohol dependence. Patients characterised their relationship with alcohol as an ongoing battle for control. The cycle of consumption and dependence permeated most areas of patients’ lives, with often devastating consequences. Seven key areas of impact of AUD were identified: social and personal relationships; household, family and social activities; selfcare and personal safeguarding; emotional well-being; control over life, self and alcohol; financial and housing situation; and sleep disturbance. The impact of AUD continued even after patients stopped drinking; remitted patients described the ongoing battle to remain abstinent, and the lasting legacy of damaged relationships and feelings of low self-worth. Conclusions: AUD has considerable impact on many areas of patients’ lives, particularly relationships, and feelings of control and self-worth, which can continue even after abstinence has been achieved. From the patient perspective, drinking cessation or reduced
consumption may not be the most relevant outcome to determine treatment benefit. There is a clear need for measures that can quantify the humanistic outcomes associated with AUD.

**Publication type:** Journal: Conference Abstract  
**Source:** EMBASE

**32. Title:** The relationship between perceived stress and cue sensitivity for alcohol.  
**Citation:** Addictive Behaviors, 01 December 2014, vol./is. 39/12(1884-1889), 03064603  
**Author(s):** Snelleman, Michelle, Schoenmakers, Tim M, van de Mheen, Dike  
**Language:** English  
**Abstract:** Previous research has shown that cue sensitivity and stress affect the risk for relapse in alcohol-dependent patients. Theoretically, a link between the two can be expected. However, a clear overview of the interplay of these factors is not yet available. The purpose of this review was to examine the empirical evidence for the influence of stress on sensitivity for alcohol-related cues. Empirical studies indexed in PubMed, EMBASE, PsycINFO, and Web of Knowledge that assessed the relation between stress and sensitivity for alcohol-related cues using subjective, behavioral and/or physiological measures were included in the review. Of the 359 articles screened, 12 were included in the review. Nine articles supported the existence of the relationship between stress and heightened cue sensitivity for alcohol-related cues, whereas three articles did not support our hypothesis. We conclude that the relationship between stress and sensitivity to alcohol cues appears to exist. In fact, there may be different factors at play: our review points toward (1) differences between the effect of psychological stress and physiological stress on cue-sensitivity, and (2) individual differences regarding coping drinking which may explain stress-induced cues sensitivity.  
**Publication type:** journal article  
**Source:** CINAHL

**33. Title:** The temporal relationship between posttraumatic stress disorder and problem alcohol use following traumatic injury  
**Citation:** Journal of Abnormal Psychology, Nov 2014, vol. 123, no. 4, p. 821-834, 0021-843X (November 2014)  
**Author(s):** Nickerson, Angela, Barnes, J Ben, Creamer, Mark, Forbes, David, McFarlane, Alexander C, O’Donnell, Meaghan, Silove, Derrick, Steel, Zachary, Bryant, Richard A  
**Abstract:** Chronic alcohol abuse is a major public health concern following trauma exposure; however, little is known about the temporal association between posttraumatic stress disorder (PTSD) symptoms and problem alcohol use. The current study examined the temporal relationship between PTSD symptom clusters (re-experiencing, effortful avoidance, emotional numbing, and hyperarousal) and problem alcohol use following trauma exposure. This study was a longitudinal survey of randomly selected traumatic injury patients interviewed at baseline, 3 months, 12 months, and 24 months following injury. Participants were 1,139 injury patients recruited upon admission from 4 Level 1 trauma centers across Australia. Participants were assessed using the Clinician Administered PTSD Scale and Alcohol Use Disorders Identification Test. Results indicated that high levels of re-experiencing, effortful avoidance, and hyperarousal symptoms at 12 months were associated with greater increases (or smaller decreases) in problem alcohol use between 12 and 24 months. Findings also suggested that high levels of problem alcohol use at 12 months were associated with greater increases (or smaller decreases) in emotional numbing symptoms between 12 and 24 months. These findings highlight the critical importance of the chronic period following trauma exposure in the relationship between PTSD symptoms and problem alcohol use. [Publication]  
**Source:** BNI

**34. Title:** Women’s perceptions of information about alcohol use during pregnancy: a qualitative study  
**Citation:** BMC Public Health, Oct 2014, vol. 14, no. 1048, p. 10 pages, 1471-2458 (October 8, 2014)  
**Author(s):** Anderson, Amy E, Hure, Alexis J, Kay-Lambkin, Frances J, Loxton, Deborah J  
**Abstract:** Background: A number of alcohol guidelines worldwide suggest that pregnant women should abstain from alcohol. However, high prevalence rates of alcohol consumption during pregnancy still exist. It is unknown whether there are problems with the dissemination of guideline information that is potentially contributing to such consumption. This qualitative study aimed to explore women's perceptions of information they received about alcohol use during pregnancy after the introduction of abstinence guidelines. Methods: Nineteen women from the Australian Longitudinal Study on Women's Health (ALSWH) 1973-78 cohort that reported a pregnancy in 2009 were recruited for semi-structured telephone interviews. The interviews were conducted until data saturation was reached. Interviews were transcribed, then thematically analysed. ALSWH survey data was used to augment the findings. The main outcome measure was women’s perceptions of information received about alcohol use during pregnancy after the introduction of the 2009 Australian guidelines promoting abstinence during pregnancy. Results:
Women reported a number of problems with the information about alcohol use during pregnancy and with its dissemination. There were inconsistencies in the information about alcohol use during pregnancy and in the advice provided. Mixed messages and confusion about identifying a safe level of consumption had implications on women's decisions to drink or abstain during pregnancy. Women expressed a need for a clear, consistent message to be provided to women as early as possible. They preferred that the message come from healthcare professionals or another reputable source. Conclusions: To make an informed decision about alcohol use during pregnancy, women must first be provided with the latest evidence-based information. As this study found a number of limitations with information provision, it is suggested that a systematic approach be adopted by healthcare professionals, in line with best-practice guidelines, to ensure all women are made aware of the alcohol recommendations for pregnancy.

[CONCLUSION] 45 references

Source: BNI

Full text: Available ProQuest at BMC Public Health

Full text: Available ProQuest at BMC Public Health

Full text: Available ProQuest at BMC Public Health

Public Health England

Alcohol care in England’s hospitals - an opportunity not to be wasted (November 2014)

Young people’s hospital alcohol pathways: PHE support pack for A&E departments (December 2014)

News

Alcohol Horizon Scanning
http://alcoholnwpctl.wordpress.com/

PHE Alcohol Learning Resources
http://www.alcohollearningcentre.org.uk/

NHS Choices

Ten point plan to tackle liver disease published
Thursday Nov 27 2014
"Doctors call for tougher laws on alcohol abuse to tackle liver disease crisis," The Guardian reports. But this is just one of 10 recommendations for tackling the burden of liver disease published in a special report in The Lancet...

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