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**Policy and Guidelines**

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

**Hepatitis B**
NICE quality standards [QS65] Published date: July 2014

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**New and Updated Cochrane Systematic Reviews**

**New Reviews - October 2014**

*Capsule endoscopy for the diagnosis of oesophageal varices in people with chronic liver disease or portal vein thrombosis*

**New Reviews - August 2014**

*Motivational interviewing for alcohol misuse in young adults*

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**Cochrane Editorial**

*Large evidence base, small effects: motivational interviewing for alcohol misuse in young adults*

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**Journal Articles**

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1: A framework to develop nurses' liver care skills
Citation: Nursing Times, Jul 2014, vol. 110, no. 30, p. 20-23, 0954-7762 (July 23, 2014)
Author(s): Clayton, Michelle, Greenslade, Lynda
Abstract: Liver Disease: Part 2 OF 2. Following the overview of liver disease in part 1, the second part of this series looks at how a new competency framework was developed for nurses caring for people with or at risk of liver disease to address the increasing burden of the disease across public health, primary care and secondary care. Understanding of liver disease and its risk factors remains poor among many health professionals; a competency framework enables nurses and teams to identify and develop the skills, knowledge and understanding they need to provide high-quality, person-centred care. [Publication] 8 references
Source: BNI
Full text: Available ProQuest at Nursing Times
Full text: Available ProQuest at Salisbury District Hospital Healthcare Library
Full text: Available ProQuest at Nursing Times; NT

2: Accuracy of one or two simple questions to identify alcohol-use disorder in primary care: a meta-analysis
Citation: British Journal of General Practice, Jul 2014, vol. 64, no. 624, p. e408., 0960-1643 (July 2014)
3: Alcohol and Substance Use in Adolescence and Young Adulthood: The Role of Siblings.

**Citation:** Journal of Family Social Work, 01 July 2014, vol./is. 17/4(324-343), 10522158

**Author(s):** Kothari, Brianne H., Sorenson, Paul, Bank, Lew, Snyder, Jim

**Language:** English

**Abstract:** Interpersonal relationships within and outside the family have been a central part of alcohol and substance use research. Many studies have focused on the role of parents and peers; fewer studies have focused on siblings. This article examines siblings' roles in alcohol, tobacco, and other drug (ATOD) use patterns and trajectories in the context of familial and nonfamilial factors across time. First, intraclass correlations were used to examine the degree to which older siblings' ATOD use was associated with younger siblings' ATOD use. Second, hierarchical regression analyses were conducted to examine the degree to which individual, parent, sibling, and peer factors over time were associated with adolescents' and young adults' ATOD use. It should be noted that developmentally proximal predictors were utilized in these models and within-family replication was also examined. Results demonstrate strong associations between older and younger siblings' ATOD use. Moreover, the developmentally proximal sibling variables were predictive of younger sibling ATOD use in the context of other variables across all substances. Study findings are discussed in terms of identifying promising and potentially malleable points of intervention for future investigators.

**Publication type:** journal article

**Source:** CINAHL

4: Alcohol brief interventions in Scottish antenatal care: a qualitative study of midwives’ attitudes and practices

**Citation:** BMC Pregnancy and Childbirth, May 2014, vol. 14, no. 170, p. 10 pages, 1471-2393 (May 21, 2014)

**Author(s):** Doi, Lawrence, Cheyne, Helen, Jepson, Ruth

**Abstract:** Background: Infants exposed to alcohol in the womb are at increased risk of experiencing health problems. However, mixed messages about the consequences of prenatal alcohol consumption have resulted in inconsistent attitudes and practices amongst some healthcare practitioners. Screening and alcohol brief interventions (ABIs) can reduce risky drinking in various clinical settings. Recently, a program of screening and ABIs have been implemented in antenatal care settings in Scotland. However, current evidence suggests that midwives’ involvement in alcohol brief interventions activities is patchy. This study explored midwives’ attitudes and practices regarding alcohol screening and ABIs in order to understand why they are relatively underutilized in antenatal care settings compared to other clinical settings. Methods: This was a qualitative study, involving semi-structured interviews with 15 midwives and a focus group with a further six midwifery team leaders (21 participants in total) in Scotland. Interview transcripts were analysed using thematic analysis. Results: Midwives were positive about their involvement in the screening and ABI program. However, they were not completely convinced about the purpose and value of the screening and ABIs in antenatal care. In the midst of competing priorities, the program was seen as having a low priority in their workload. Midwives felt that the rapport between them and pregnant women was not sufficiently established at the first antenatal appointment to allow them to discuss alcohol issues appropriately. They reported that many women had already given up drinking or were drinking minimal amounts prior to the first antenatal
appointment. Conclusions: Midwives recognised the important role they could play in alcohol intervention activities in antenatal care. As the majority of women stop consuming alcohol in pregnancy, many will not need an ABI. Those who have not stopped are likely to need an ABI, but midwives were concerned that it was this group that they were most likely to alienate by discussing such concerns. Further consideration should be given to pre-pregnancy preventative measures as they are more likely to reduce alcohol-exposed pregnancies. [PUBLICATION] 51 references

Source: BNI
Full text: Available National Library of Medicine at BMC Pregnancy and Childbirth

5: Alcohol in hypertension
Citation: World of Irish Nursing & Midwifery, Jul 2014, vol. 22, no. 6, p. 55-56, 2009-4264 (Jul-Aug 2014)
Author(s): Gallagher, Anne
Abstract: Hypertension is a major health issue leading to significant mortality and morbidity, and alcohol is a major contributing factor, writes Anne Gallagher. [PUBLICATION] 56 references
Source: BNI

6: Alcohol liaison services in a general hospital.
Citation: Mental Health Practice, 01 September 2014, vol./is. 18/1(28-29), 14658720
Author(s): Kouimtsidis, Christos, Pullin, Jane
Language: English
Abstract: This article reports on the first year of an alcohol specialist liaison nurse working in a general hospital. The specialist nurse was able to see all but four of the 182 referrals sent, the majority of which came from medical and other wards rather than the emergency department. The data presented here indicate that the number of patients referred to the service more than once during its first eight months was much lower compared to earlier ‘revolving door’ presentations. Another achievement was the development of a joint detoxification policy by acute hospital and specialist alcohol services, enabling early discharge from hospital and the continuation of detoxification in the community.
Publication type: journal article
Source: CINAHL
Full text: Available Mental Health Practice at Mental Health Practice

7: ALCOHOL MISUSE: ASSESSMENT, TREATMENT AND AFTERCARE.
Citation: Nursing Older People, 01 October 2014, vol./is. 26/8(18-24), 14720795
Author(s): Murdoch, Jay
Language: English
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 type: journal article
Source: CINAHL
Full text: Available EBSCOhost at Cancer Nursing Practice
Full text: Available EBSCOhost at Nursing Older People

8: Alcohol reduction starts here
Citation: Nursing Standard, Jun 2014, vol. 28, no. 43, p. 24-25, 0029-6570 (June 25, 2014)
Author(s): Dermody, Emma
Abstract: Emma Dermody leads a hospital-based specialist nursing team working with patients who have alcohol-related problems. They aim to reduce admissions by early intervention. [PUBLICATION] 0 references
Source: BNI
Full text: Available Nursing Standard at Nursing Standard

9: Alcohol-related liver disease
Citation: Nursing Standard, Jul 2014, vol. 28, no. 46, p. 42-47, 0029-6570 (July 16, 2014)
Author(s): Fullwood, Danielle
Abstract: Alcohol is one of the three leading causes of liver disease in the developed world. Patients with alcohol-related liver disease are often cared for in general wards and hospitals, rather than specialist centres. This may be a result of the number of patients being admitted or a lack of referral to specialist services by healthcare professionals. The financial cost of caring for patients with alcohol-related injuries is continuing to rise. This article explores the mechanisms of liver injury caused by alcohol; the risk factors associated with alcohol-related liver disease; assessment tools used to identify patients with alcohol use disorders; withdrawal from alcohol; chronic liver disease; and issues surrounding transplantation. The importance of the nursing role in assessing and monitoring patients undergoing withdrawal from alcohol, information giving and advice on the prevention of alcohol-related liver injury, and supporting patients with alcohol-related liver injury is highlighted. [Continuing Professional Development, NS752] [PUBLICATION] 33 references

Source: BNI

Full text: Available Nursing Standard at Nursing Standard

10: Association between alcohol and cardiovascular disease: Mendelian randomisation analysis based on individual participant data

Citation: BMJ (Online), July 2014, vol./is. 349/, 1756-1833 (10 Jul 2014)


Language: English

Abstract: Objective: To use the rs1229984 variant in the alcohol dehydrogenase 1B gene (ADH1B) as an instrument to investigate the causal role of alcohol in cardiovascular disease. Design: Mendelian randomisation meta-analysis of 56 epidemiological studies. Participants: 261 991 individuals of European descent, including 20 259 coronary heart disease cases and 10 164 stroke events. Data were available on ADH1B rs1229984 variant, alcohol phenotypes, and cardiovascular biomarkers. Main outcome measures: Odds ratio for coronary heart disease and stroke associated with the ADH1B variant in all individuals and by categories of alcohol consumption. Results: Carriers of the A-allele of ADH1B rs1229984 consumed 17.2% fewer units of alcohol per week (95% confidence interval 15.6% to 18.9%), had a lower prevalence of binge drinking (odds ratio 0.78 (95% CI 0.73 to 0.84)), and had higher abstention (odds ratio 1.27 (1.21 to 1.34)) than non-carriers. Rs1229984 A-allele carriers had lower systolic blood pressure (-0.88 (-1.19 to -0.56) mm Hg), interleukin-6 levels (-5.2% (-7.8 to -2.4%)}, waist circumference (-0.3 (-0.6 to -0.1) cm), and body mass index (-0.17 (-0.24 to -0.10) kg/m<sup>2</sup>) than non-carriers. The protective association of the ADH1B rs1229984 A-allele variant remained the same across all categories of alcohol consumption (P=0.83 for heterogeneity). Although no association of rs1229984 was identified with the combined subtypes of stroke, carriers of the A-allele had lower odds of ischaemic stroke (odds ratio 0.83 (0.72 to 0.95)). Conclusions: Individuals with a genetic variant associated with non-drinking and lower alcohol consumption had a more favourable cardiovascular profile and a reduced risk of coronary heart disease than those without the genetic variant. This suggests that reduction of alcohol consumption, even for light to moderate drinkers, is beneficial for cardiovascular health.

Publication type: Journal: Article

Source: EMBASE

Full text: Available BMJ (Clinical research ed.) at The BMJ
11: Depression as a mediator in the longitudinal relationship between psychological stress and alcohol use
Citation: Journal of Substance Use, Aug 2014, vol. 19, no. 4, p. 327-333, 1465-9891 (August 2014)
Author(s): Barbosa-Leiker, Celestina, McPherson, Sterling, Cameron, Jennifer M., Jathar, Rahul, Roll, John, Dyck, Dennis G.
Abstract: The study examined whether depression mediated the relationship between psychological stress on later alcohol use, and if differences in age, gender and rurality affected the relationship. Utilizing a 14-year study of 527 community-dwelling older adults, latent growth structural equation regression modeling was used to test if the Center for Epidemiological Studies Depression Scale (CES-D) mediated the relationship between the Perceived Stress Scale (PSS) and the Alcohol Use Disorders Identification Test (AUDIT). Age, gender and distance from the city center were added to the model to determine their influence. Results indicated that depression mediated the relationship between stress and current alcohol use scores. This relationship remained when age, gender and distance from the city center were added into the model. Men had higher AUDIT values and lower PSS intercept scores, younger participants and participants living further from the city center had higher longitudinal averages of PSS values, while participants living closer to the city center had higher AUDIT values. In a sample of older, healthy participants, the relationship between psychological stress and alcohol use was mediated by depression over time. [PUBLICATION]
Source: BNI

12: Detecting and managing alcohol misuse
Citation: World of Irish Nursing & Midwifery, Sep 2014, vol. 22, no. 7, p. 59-62, 2009-4264 (September 2014)
Author(s): Lalevic, Grozdana
Abstract: Many patients undergoing alcohol withdrawal can do so safely at home under supervision, but some need inpatient admission, writes Grozdana Lalevic. [PUBLICATION] 12 references
Source: BNI

13: Differences between abstinent and non-abstinent individuals in recovery from alcohol use disorders.
Citation: Addictive Behaviors, 01 December 2014, vol./is. 39/12(1730-1735), 03064603
Author(s): Subbaraman, Meenakshi Sabina, Witbrodt, Jane
Language: English
Abstract: OBJECTIVE: Non-abstinent goals can improve quality of life (QOL) among individuals with alcohol use disorders (AUDs). However, prior studies have defined "recovery" based on DSM criteria, and thus may have excluded individuals using non-abstinent techniques that do not involve reduced drinking. Furthermore, no prior study has considered length of time in recovery when comparing QOL between abstinent and non-abstinent individuals. The current aims are to identify correlates of non-abstinent recovery and examine differences in QOL between abstainers and non-abstainers accounting for length of time in recovery. SAMPLE: A large (N=5380) national sample of individuals who self-describe as "in recovery" from alcohol problems recruited in the context of the What Is Recovery? (WIR) study. METHOD: Multivariate stepwise regressions estimating the probability of non-abstinent recovery and average quality of life. RESULTS: Younger age (OR=0.72), no prior treatment (OR=0.63) or AA (OR=0.32), fewer dependence symptoms (OR=0.17) and less time in recovery all significantly (P<0.05) related to non-abstinent recovery. Abstainers reported significantly (P<0.05) higher QOL than non-abstainers (B=0.39 for abstinence vs. non-abstinence), and abstinence was one of the strongest correlates of QOL, even beyond sociodemographic variables like education. CONCLUSIONS: Non-abstainers are younger with less time in recovery and less problem severity but worse QOL than abstainers. Clinically, individuals considering non-abstinent goals should be aware that abstinence may be best for optimal QOL in the long run. Furthermore, time in recovery should be accounted for when examining correlates of recovery.
Publication type: journal article
Source: CINAHL

14: Effectiveness of alcohol brief interventions in general practice
Citation: British Journal of Nursing, Jun 2014, vol. 23, no. 11, p. 574-580, 0966-0461 (June 12, 2014)
Author(s): Clossick, Emma, Woodward, Sue
Abstract: Harmful levels of alcohol consumption are a longstanding but continually growing health concern affecting individuals, and consequently populations. Through personalised advice, alcohol brief interventions (ABIs) target drinking habits, which are deemed damaging to health. They are not targeted at dependent drinkers for whom a more intensive and specialist service would be better suited. In response to recent shifts in public-health strategy away from ABIs, and the publication of new trials into their effectiveness, this article evaluates the value of ABIs through the review of eleven relevant studies. Findings suggest that hazardous drinkers did reduce their drinking patterns following ABI, but not more so than control participants who were given standard treatment. The evolution
of standard treatment to include thorough screening, non-personalised advice and sometimes literature on alcohol intake delivers an intervention, that is effective in reducing drinking. Therefore, future research and practice should focus on screening methods and quality of standard care rather than on brief interventions. [PUBLICATION] 34 references

Source: BNI

Full text: Available British journal of nursing (Mark Allen Publishing) at British Journal of Nursing

15: Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: A modelling study

Citation: The Lancet, 2014, vol./is. 383/9929(1655-1664), 0140-6736;1474-547X (2014)

Author(s): Holmes J., Meng Y., Meier A., Brennan A., Angus C., Campbell-Burton A., Guo Y., Hill-McManus D., Purshouse R.C.

Language: English

Abstract: Background: Several countries are considering a minimum price policy for alcohol, but concerns exist about the potential effects on drinkers with low incomes. We aimed to assess the effect of a 0.45 minimum unit price (1 unit is 8 g/10 mL ethanol) in England across the income and socioeconomic distributions. Methods: We used the Sheffield Alcohol Policy Model (SAPM) version 2.6, a causal, deterministic, epidemiological model, to assess effects of a minimum unit price policy. SAPM accounts for alcohol purchasing and consumption preferences for population subgroups including income and socioeconomic groups. Purchasing preferences are regarded as the types and volumes of alcohol beverages, prices paid, and the balance between on-trade (eg, bars) and off-trade (eg, shops). We estimated price elasticities from 9 years of survey data and did sensitivity analyses with alternative elasticities. We assessed effects of the policy on moderate, hazardous, and harmful drinkers, split into three socioeconomic groups (living in routine or manual households, intermediate households, and managerial or professional households). We examined policy effects on alcohol consumption, spending, rates of alcohol-related health harm, and opportunity costs associated with that harm. Rates of harm and costs were estimated for a 10 year period after policy implementation. We adjusted baseline rates of mortality and morbidity to account for differential risk between socioeconomic groups. Findings: Overall, a minimum unit price of 0.45 led to an immediate reduction in consumption of 16% (-117 units per drinker per year) in our model. Moderate drinkers were least affected in terms of consumption (-38 units per drinker per year for the lowest income quintile vs 08 units increase for the highest income quintile) and spending (increase in spending of 004 vs 186 per year). The greatest behavioural changes occurred in harmful drinkers (change in consumption of -37% or -1382 units per drinker per year, with a decrease in spending of 401), especially in the lowest income quintile (-76% or -2998 units per drinker per year, with a decrease in spending of 3463) compared with the highest income quintile (-10% or -343 units, with an increase in spending of 1635). Estimated health benefits from the policy were also unequally distributed. Individuals in the lowest socioeconomic group (living in routine or manual worker households and comprising 417% of the sample population) would accrue 818% of reductions in premature deaths and 871% of gains in terms of quality-adjusted life-years. Interpretation: Irrespective of income, moderate drinkers were little affected by a minimum unit price of 0.45 in our model, with the greatest effects noted for harmful drinkers. Because harmful drinkers on low incomes purchase more alcohol at less than the minimum unit price threshold compared with other groups, they would be affected most by this policy. Large reductions in consumption in this group would however coincide with substantial health gains in terms of morbidity and mortality related to reduced alcohol consumption. Holmes et al. Open Access article distributed under the terms of CC BY.

Publication type: Journal: Article

Source: EMBASE

Full text: Available Lancet at Lancet, The

Full text: Available Lancet at Salisbury District Hospital Healthcare Library

Full text: Available Lancet at Lancet, The

16: Emotion differentiation and alcohol-related problems: The mediating role of urgency.

Citation: Addictive Behaviors, 01 October 2014, vol./is. 39/10(1459-1463), 03064603

Author(s): Emery, Noah N, Simons, Jeffrey S, Clarke, C Joseph, Gaher, Raluca M

Language: English

Abstract: Deficits in emotional and behavioral regulation figure prominently in etiological models of alcohol-related problems. This study tests a model linking poor differentiation of emotion to alcohol-related problems via urgency. The sample consisted of 102 undergraduates between the ages 18 and 24 who reported moderate to heavy alcohol consumption. As hypothesized, negative urgency mediated the relationship between negative emotion differentiation and alcohol-related problems. However, contrary to hypothesis, positive urgency was not associated with either positive emotion differentiation or alcohol-related problems and the indirect effect of positive emotion
and alcohol, relative to alcohol alone, alters: (i) physiological, psychological, cognitive and psychomotor outcomes. The aim of this study was to review the evidence about whether co

Abstract:

Language: English

Author(s): Peacock, Amy, Pennay, Amy, Droste, Nicolas, Bruno, Raimondo, Lubman, Dan I.

Citation: Addiction, 01 October 2014, vol./is. 109/10(1612-1633), 09652140

Full text: Available National Library of Medicine at Addiction

Aims Alcohol mixed with energy drinks (AmED) is a relatively new consumption trend generating increasing concern regarding potential adverse effects. Despite the political and health imperative, there has been no systematic and independent synthesis of the literature to determine whether or not AmED offers additional harms relative to alcohol. The aim of this study was to review the evidence about whether co-consumption of energy drinks and alcohol, relative to alcohol alone, alters: (i) physiological, psychological, cognitive and psychomotor outcomes;
(ii) hazardous drinking practices; and (iii) risk-taking behaviour. Methods Pubmed, PsycInfo and Embase databases were searched until May 2013 for papers outlining descriptive, observational analytical and human experimental studies which compared target outcomes for AmED versus alcohol consumers (between-subjects), or AmED versus alcohol consumption (within-subjects). Odds ratios were calculated for target outcomes following screening, data extraction and quality assessment. Results Data were extracted from 19 papers. Analyses typically revealed increased odds of self-reported stimulation-based outcomes and decreased odds of sedation-based physiological and psychological outcomes relative to when alcohol was consumed alone, as indicated by rigorous cross-sectional descriptive research. These findings typically have not been reflected in experimental research, due possibly to the low doses administered relative to typical self-reported ‘real-life’ intake. AmED consumers generally report more hazardous alcohol consumption patterns and greater engagement in risk-taking behaviour than alcohol consumers. While most studies had equivocal findings, two studies showed lower odds of risk-taking behaviour for AmED relative to alcohol drinking sessions but limitations with respect to the outcome measures used restrict conclusions with regard to the behavioural outcomes of AmED use. Conclusions Mixing alcohol with energy drinks may exert a dual effect, increasing stimulation-based effects and reducing sedation-based outcomes; the clinical severity and dose threshold has not been established. At this stage it is unclear whether these changes in the nature of intoxication translate into greater alcohol intake and risk-taking behaviour.

**Publication type:** journal article

**Source:** CINAHL

20: Involving service users in delivering alcohol addiction therapy

**Citation:** Nursing Standard, Jun 2014, vol. 28, no. 42, p. 44-48, 0029-6570 (June 18, 2014)

**Author(s):** Rooke, Clementinah, Jones, Benjamin, Thomas, Michele

**Abstract:** Involving and empowering people who use health services, and taking their experiences into account, has evolved from being considered good practice to being duties of the NHS. However, evidence suggests that the rate of progress and change has been slow, despite the constant emphasis on the merits of involving and engaging the public and patients. This article, written in collaboration with two service users, reports on efforts by nursing staff working in alcohol addiction to involve service users in setting up and managing the self-management and recovery training initiative at the Brian Hore Unit, part of the Manchester Mental Health and Social Care Trust. The article aims to encourage healthcare professionals to appreciate the benefits of proactive patient and public involvement for their organisations and for those who get involved. [PUBLICATION] 18 references

**Source:** BNI

**Full text:** Available Nursing Standard at Nursing Standard

21: Liver cirrhosis

**Citation:** Lancet, May 2014, vol. 383, no. 9930, p. 1749-1761, 0140-6736 (May 17, 2014)

**Author(s):** Tsochatzis, Emmanuel A, Bosch, Jaime, Burroughs, Andrew K

**Abstract:** Cirrhosis is an increasing cause of morbidity and mortality in more developed countries, being the 14th most common cause of death worldwide but fourth in central Europe. Increasingly, cirrhosis has been seen to be not a single disease entity, but one that can be subclassified into distinct clinical prognostic stages, with 1-year mortality ranging from 1% to 57% depending on the stage. We review the current understanding of cirrhosis as a dynamic process and outline current therapeutic options for prevention and treatment of complications of cirrhosis, on the basis of the subclassification in clinical stages. The new concept in management of patients with cirrhosis should be prevention and early intervention to stabilise disease progression and to avoid or delay clinical decompensation and the need for liver transplantation. The challenge in the 21st century is to prevent the need for liver transplantation in as many patients with cirrhosis as possible. [Publication] 140 references

**Source:** BNI

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

**Full text:** Available Salisbury District Hospital Healthcare Library

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

22: Managing substance use in the practice

**Citation:** Practice Nursing, Oct 2014, vol. 25, no. 10, p. 480-485, 0964-9271 (October 2014)

**Author(s):** Hamilton, Ian, Watson, Jude

**Abstract:** Drug and alcohol use is widespread, and practice nurses are often in contact with users. Ian Hamilton and Jude Watson explain how substance use can be assessed and managed in the practice. [PUBLICATION] 23 references

**Source:** BNI

**Full text:** Available Practice Nursing at Practice Nursing
23: Nursing care for end-stage liver disease
Citation: Nursing Times, Jul 2014, vol. 110, no. 29, p. 16-19, 0954-7762 (July 16, 2014)
Author(s): Clements, Amanda, Greenslade, Lynda
Abstract: Liver disease: Part 1 OF 2. Nurses are seeing more and more patients with liver disease, many of whom are under 65. Most common causes are avoidable and, as liver disease may take up to 30 years to develop, identifying those at risk is key. Patients with liver disease often have a fluctuating course of complications that needs a team approach to care. Improving end-of-life care can also reduce the number of these patients who die in hospital. This article, the first in a two-part series, explores some common complications of liver disease and best practice for nurses treating patients with end-stage liver disease. [Publication] 24 references
Source: BNI
Full text: Available ProQuest at Nursing Times
Full text: Available ProQuest at Salisbury District Hospital Healthcare Library
Full text: Available ProQuest at Nursing Times; NT

24: Nutritional intake and status in persons with alcohol dependency: data from an outpatient treatment programme.
Citation: European Journal of Nutrition, 01 October 2014, vol./is. 53/7(1483-1492), 14366207
Author(s): Wilkens Knudsen, Anne, Jensen, Jens-Erik, Nordgaard-Lassen, Inge, Almdal, Thomas, Kondrup, Jens, Becker, Ulrik
Language: English
Abstract: Purpose: Malnutrition increases the risk of developing alcohol-related complications. The aim of this study was to describe nutrient intake, nutritional status and nutrition-related complications in a Danish population of outpatients with alcohol dependency. Methods: This was a cross-sectional study with a 6-month follow-up enrolling persons with alcohol dependency ( n = 80) admitted to a hospital-based outpatient clinic. Body mass index, the waist-to-hip ratio and handgrip strength (HGS) were measured, a 7-day food diary was collected, and biochemical testing was conducted. Dual-energy X-ray absorptiometry was performed to determine body composition and bone mineral density (BMD). Results: In total, 64 % of the patients with alcohol dependency had vitamin D insufficiency (25-OH-vit D <50 nmol/l). Compared with surveys of the general population, the patients with alcohol dependency had lower energy intake ( p = 0.008), s-zinc levels ( p < 0.001), s-magnesium levels ( p = 0.02), Z-scores for BMD (lumbar spine, p = 0.03; total hip, p = 0.009) and HGS ( p < 0.001). Osteopenia was observed in 52 % of individuals, and overt osteoporosis was noted in 7 %. Comparing baseline data with data from the follow-up ( n = 30), we found a decrease in s-CRP ( p = 0.002) and s-alanine amino transferase ( p = 0.01) levels and an increase in s-parathyroid hormone levels ( p = 0.02). Conclusions: Patients with alcohol dependency have an altered nutritional status and risk of complications, as evidenced by osteopenia/osteoporosis and reduced muscle strength. Treatment at an outpatient clinic improved the variables related to liver function, but no change was observed in nutritional status over time. These findings suggest that specific screening and targeted treatment regimens for nutritional deficits could be beneficial.
Publication type: journal article
Source: CINAHL

25: Older people and alcohol use
Citation: British Journal of Community Nursing, Aug 2014, vol. 19, no. 8, p. 370-374, 1462-4753 (August 2014)
Author(s): Bakhshi, Savita, While, Alison E.
Abstract: The proportion of older people drinking alcohol above the recommended levels has been increasing in the UK. Alcohol dependency and misuse can lead to various physical and psychological problems for older people. A range of factors can influence alcohol dependency and misuse among older adults, which need careful consideration when interventions are being developed to reduce consumption. Interventions to reduce alcohol consumption among older people can include: home visits, telephone support, mentoring, one-to-one and group programmes, family and community engagement programmes, outreach programmes, and targeted support groups focused on education and social activities. There is a need for the training of community nurses focused on improving the detection (screening and assessment), treatment and service provision for older people. [PUBLICATION] 31 references
Source: BNI
Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

26: Psychopharmacological treatment of young people with substance dependence: a survey of prescribing
practices in England

Citation: Child and Adolescent Mental Health, May 2014, vol. 19, no. 2, p. 102-109, 1475-357X (May 2014)
Author(s): Bateman, Johanna, Gilvarry, Eilish, Tziggili, Maria, Crome, Ilana B, Mirza, Kah, McArdle, Paul
Abstract: Background. Prescribing for substance-dependent youth requires expert knowledge of developmental and contextual issues and use of largely unlicensed medicines. This first national survey aimed to determine the nature of pharmacological treatments delivered in England including the extent of maintenance therapy, supervised consumption and specialties prescribing. Method. Data were gathered regarding opiate substitutes & other medications prescribed for opiate, alcohol & benzodiazepine dependence, drug & alcohol relapse prevention and comorbidities. Evidence of distinct approaches to younger compared with older adolescents was sought. Results. The overall response rate was 73%. The majority treated were over 16 years. 85% treatments were opiate substitute therapies; many received longer term maintenance therapy. Prescribing for alcohol dependence & comorbidity was low; the largest prescribing group were General Practitioners. Conclusions. Questions remain about the scale of youth dependence, the use of substitute agents in maintenance treatment and the number of adolescent addiction specialists in the treatment cadre. [PUBLICATION] 53 references

Source: BNI

27: Psychosocial difficulties in alcohol dependence: a systematic review of activity limitations and participation restrictions.

Citation: Disability & Rehabilitation, 15 July 2014, vol./is. 36/15(1227-1239), 09638288
Author(s): Levola, Jonna, Kaskela, Teemu, Holopainen, Antti, Sabariego, Carla, Tourunen, Jouni, Cieza, Alarcos, Pitkänen, Tuuli
Language: English
Abstract: Purpose: There has been a lack of comprehensive reviews targeting specific aspects of functioning and the difficulties faced by persons with alcohol dependence. The aim of the present review was to systematically compile the existing literature on activity limitations and participation restrictions as defined in the International Classification of Functioning, Disability and Health (ICF) in the context of alcohol dependence. Methods: A database search (MEDLINE and PsychINFO) was performed for studies published in English (2005-2012), examining the activity limitations and participation restrictions in alcohol dependence. Using a standardised protocol, information about the studies' characteristics and data on activity limitations and participation restrictions, their evolution, onset, determinants and associations with other variables were extracted from the studies under review. Results: A total of 211 difficulties in activities and participation in persons with alcohol dependence were extracted from 125 papers) The spectrum of studies was wide, and their overall quality was good. A common reason for the exclusion of studies was an inconclusive definition of alcohol dependence, issues with interpersonal interactions, economic and professional life, dealing with aggression and legal problems were the most frequently reported difficulties. Problems with high-risk behaviours and in seeking appropriate treatment were also common. The most frequent determinants of the onset and evolution of the identified difficulties were factors pertaining to the course of alcohol dependence. These difficulties were rarely the studies' focus; therefore, the data on their underlying causes and courses were limited. Conclusions: The results confirm that alcohol dependence profoundly affects the family and social network of the afflicted person. The treatment of alcohol dependence can contribute to the alleviation of these associated difficulties. The ICF offers a new perspective on evaluating the wide range of difficulties encountered in the context of alcohol dependence.
Publication type: journal article
Source: CINAHL

28: Reducing Physical Restraint Use in Alcohol Withdrawal Patients: A Literature Review

Citation: Dimensions of Critical Care Nursing, Jul 2014, vol. 33, no. 4, p. 201-206, 0730-4625 (July 2014)
Author(s): Rainier, Nicole C.
Abstract: Alcohol withdrawal patients experience symptoms ranging from mild anxiety and disorientation to severe agitation and hallucinations. The most critical of these patients are treated in intensive care units. Physical restraints are often required to maintain patient safety until symptoms resolve. The use of physical restraints is contradictory to nursing values and is unsupported by evidenced-based literature. A literature review was conducted to see what, if any, alternatives have been tested to improve patient care for this complicated patient population. [PUBLICATION] 10 references

Source: BNI

29: Screening for alcohol use disorders in a genitourinary medicine and contraception clinic: a service evaluation

Citation: International Journal of STD & AIDS, Oct 2014, vol. 25, no. 11, p. 812-816, 0956-4624 (October 2014)
Thorley, Nicola L, Kumar, Vinod, Nightingale, Peter, Radcliffe, Keith

Abstract: National Institute for Health and Clinical Excellence guidance advises that all patients routinely undergo alcohol screening. Our service evaluation in a sexual health clinic assessed the acceptability of alcohol screening, the prevalence of hazardous drinking and the uptake of referral to a specialist alcohol service. Three services were evaluated: a genitourinary medicine service, a contraception service and an integrated sexual health service. AUDIT was used to screen 276 patients; those scoring ≥8 were classified as hazardous drinkers. Screening uptake was 58% overall, 58% for the contraception service, 71% for the genitourinary medicine service and 100% for the integrated sexual health service. Overall, 28% had AUDIT scores ≥8. Hazardous drinking rates were higher in the genitourinary medicine (32%) and integrated sexual health services (52%) compared to the contraception service (21%); 7% of hazardous drinkers accepted referral. High rates of hazardous drinking were identified within all three groups, but uptake of referral was low. Alternative strategies to specialist alcohol service referral are discussed. [PUBLICATION]

Source: BNI

30: Should people who are drunk pay for urgent treatment?

Citation: Emergency Nurse, Jun 2014, vol. 22, no. 3, p. 11, 1354-5752 (June 2014)

Author(s): Dean, Erin

Abstract: Nurses at RCN congress to debate how emergency department staff can help to tackle alcohol misuse among patients [PUBLICATION] 1 reference

Source: BNI

Full text: Available Emergency nurse : the journal of the RCN Accident and Emergency Nursing Association at Emergency Nurse

31: Soft methods, hard targets: regional alcohol managers as a policy network

Citation: Journal of Substance Use, Aug 2014, vol. 19, no. 4, p. 319-326, 1465-9891 (August 2014)

Author(s): Lloyd, Charlie, Thom, Betsy, MacGregor, Susanne, Herring, Rachel, Godfrey, Christine, Toner, Paul, Tchilingirian, Jordan

Abstract: Regional Alcohol Managers (RAMs) were employed in the nine English health regions over 2008-2011. Their mission was to impact on the 'hard target' of Alcohol-Related Hospital Admissions (AHRAs) through the 'soft methods' of persuasion and influence: working with local partners on evidence-based interventions. Drawing on a qualitative evaluation, this article shows how a central government policy imperative (AHRAs) led to 'government at a distance' responses, including the introduction of RAMs. The processes involved in shaping and delivering this function bore the hallmarks of a complex, interactive policy network model, involving individuals whose bearings and roles were flexible and sometimes ambiguous. While there were overlaps and blurring of boundaries, there were three levels of policy network: central government, regional and local. As the 'network in the middle', the RAMs were pulled in both directions by conflicting agendas but were also able to have an impact on central and local policy. [PUBLICATION]

Source: BNI

32: Substitute prescribing: a pathway to abstinence

Citation: British Journal of Mental Health Nursing, Jul 2014, vol. 3, no. 4, p. 184-188, 2049-5919 (July 2014)

Author(s): Fernandez, Jeff, Orr, Terry

Abstract: This article examines how a balanced approach that uses concepts of harm reduction should be focused on when addressing substance misuse. The article looks at the role of recovery as a goal in primary care alcohol and drugs services (PCADS) in Islington. [PUBLICATION] 9 references

Source: BNI

33: Talk About Alcohol: impact of a school-based alcohol intervention on early adolescents

Citation: International Journal of Health Promotion and Education, Sep 2014, vol. 52, no. 5, p. 283-299, 1463-5240 (September 2014)

Author(s): Lynch, Sarah, Dawson, Anneka, Worth, Jack

Abstract: Despite a downward trend in alcohol consumption among 11-15-year-olds in recent years (Fuller, E, ed. 2013. Smoking, Drinking and Drug Use Among Young People in England in 2012. London: Health and Social Care Information Centre. http://www.hscic.gov.uk/catalogue/PUB11334), the proportion of young people seeking support from alcohol-related specialist services, and the societal and monetary costs associated with alcohol consumption, need to be addressed. Education can play an important role in this. The evaluation of the Alcohol Education Trust's Talk About Alcohol school-based intervention was conducted across England between November 2011 and October
2013 by independent evaluators. The aim was to compare the alcohol-related knowledge, awareness, and behaviour of students aged 12-14 in an intervention group with a statistically matched comparison group. Three identical surveys were carried out with approximately 4000 students to explore change over time over a 16-18-month timeframe. Multilevel modelling looked at changes in outcomes over the three time points and control for measured differences between intervention and comparison groups. There was evidence of a statistically significant delay in the age at which teenagers start to drink. There was also a significant association between the intervention and knowledge of alcohol and its effects. Although levels of frequency of drinking and binge drinking were lower than in the comparison schools, there were no statistically significant differences. Students from both groups identified personal, social, and health education lessons as a preferred source of information about alcohol and its effects. The positive impact on alcohol knowledge and the delayed onset of drinking show that the materials may support England’s policy priorities around alcohol. [PUBLICATION]

Source: BNI

**34: The Development of a Behaviorally-Based Alcohol Intoxication Scale**

**Citation:** Journal of Emergency Nursing, Jul 2014, vol. 40, no. 4, p. 330-335, 0099-1767 (July 2014)

**Author(s):** Volz, Tina M, Boyer, Kimberly S

**Abstract:** Introduction: The ED and Behavioral Health (BH) department developed a behaviorally-based alcohol intoxication scale (AIS) to assess when patients can be transferred to the BH unit from the ED rather than using blood alcohol levels. The purpose of this study was to determine the reliability and validity of the scale. A secondary purpose was to determine whether there was any correlation between blood alcohol level and the alcohol intoxication scale. Methods: Inter-rater reliability was calculated by assessing the same patient at the same time by 2 people. To assess for criterion-related validity of the scale, the medical records of the subjects were reviewed in behavioral health to determine whether the patients being transferred to BH were medically stable. Results: Using Krippendorffs alpha to assess inter-rater reliability, the total score on the AIS yielded an alpha of 0.9396. To assess for criterion-related validity of the scale, the charts of the subjects were reviewed; data supported that the patients were medically stable after transfer. As expected, there was no correlation between the AIS and blood alcohol level. The results of this study show initial reliability and validity for the AIS. Discussion: This study showed preliminary support for using a behaviorally-based assessment as a basis for transferring patients to the BH unit. More studies are needed to further substantiate the reliability and validity of this measure as a tool to accurately assess stability for transfer to a BH unit. [PUBLICATION] 20 references

Source: BNI

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http://alcoholnwpctl.wordpress.com/

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