ARE CLINICIANS OVERLOOKING THE DIAGNOSIS OF ALCOHOLISM?

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In this country the alcoholic beverage is a substance of major abuse which leads to a wide range of physically, emotionally and economically costly public health problems. In spite of public awareness and acceptance of alcoholism as a disease, many physicians still miss the diagnosis of alcoholism during early stages of its development. If we reach people before they lose their family through divorce, their job due to poor performance and increased absenteeism and their health due to organ pathology, we will have a better chance to motivate them to quit alcohol.

Many physicians experience difficulty in distinguishing the alcoholic from the social drinker during early stages of the disease. They see their patients as sociopathic, incurable or as having overwhelming societal problems. It takes an average of 17 years for an individual to become a full blown alcoholic and we are now seeing adolescents develop alcohol and drug dependence in as many months!

Alcoholism is a serious condition in which the patient's drinking is damaging social, occupational, psychological and physical health Approximately twenty million people suffer from this condition and real figures may be much higher than reported. Over fifty percent of deaths due to traffic accidents may be caused by alcoholic intoxification and fifteen thousand homicides and suicides are attributed to alcohol. Over twenty thousand people die each year due to direct effects of alcohol. The cost for treatment and rehabilitation of alcoholism is estimated to be over $15 billion. However, the figure may be as high as $120 billion when we include the cost of treatment with loss of productivity, loss of life, property loss and victim losses. For each of the twenty million youth and adults with alcohol problems, four others close to them suffer from the effects of alcoholism. There is a clear evidence that benefits of alcoholism treatment clearly outweigh its costs.

Our society has made a decision to continue to use alcohol for recreation and it has become an integral part of our culture. Since it is not possible for us to change this reality, we as physicians have responsibilities to minimize the lethal risk and costly consequences of alcoholism.

The AMA House of Delegates issued a statement, in 1956, recognizing that alcoholism is an illness, and, more recently the AMA survey of physicians confirm that alcoholism is a major national problem and a disease entity. Considering the severity of alcohol related problems and cost in human suffering, it is imperative that all physicians become skilled in recognizing this illness in early stages.

How to improve the competence of physicians with multiple specialties is still a major task. Traditionally our medical schools teach the medical model of diagnosis and treatment of health problems. We are finding that this model does not help in recognition and treatment of a variety of illness in early stages of development, e.g., coronary heart disease, cancer or alcoholism. Environmental factors such as nutrition, exercise and habits all play a significant role in pathegenesis of these ailments.

Organ systems approach does not help in recognizing alcoholism until it is too late. Like many other illnesses, the earliest sign of alcoholism is a behavior problem. If we wait to look for organ pathology before diagnosing alcoholism, the disease is far along and much more difficult to treat. Some medical schools still teach how to manage the medical complications of alcoholism,

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e.g., cirrhosis, pancreatitis or gastric ulcers and do not pay sufficient attention to recognizing early signs and symptoms of the disease.

Many medical schools in this country, including Johns Hopkins and Harvard, are now taking a leading role in developing a teaching program for medical students to recognize and treat alcoholism at an early stage. In Johns Hopkins, the required curriculum hours devoted to teaching alcoholism and chemical dependency has doubled from ten to twenty hours during the first two years of medical school. The University of Texas Medical Branch at Galveston opened a sixteen-bed in-patient unit for the treatment of alcoholism. Medical students and residents are taught that alcoholism is a multi-dimensional problem and they are encouraged to obtain data from several areas of life, living and characteristic patterns of adaptation. Individualized treatment plans are created for helping patients consider personal health problems in the context of social, cultural and interpersonal factors.

Vanderbilt University opened a fourteen-bed unit for identification and treatment of alcoholism using a multidisciplinary approach with a supportive network of health counseling, marital counseling, group therapy and Alcoholics Anonymous. The program is linked to an Employee's Assistance Program set up in recent years by businesses around the country. The supervisor calls in and says the employee probably has a problem. This is based on the employee's job performance. That person is contacted and told that he must get help. To overcome the denial common to many alcoholics, those suspected of having a drinking problem are often threatened with loss of their jobs. The medical students and residents are assigned to the program for a month to gain knowledge and prepare them to recognize and treat the patients.

Harvard Medical School also started an early diagnosis program for alcoholics. The program is geared to teach medical students and residents in primary care to recognize early signs of alcoholism. The major goal of the program is to develop competency in primary care physician so that they can take a larger responsibility for management of alcoholism rather than avoiding responsibility.

EARLY RECOGNITION OF ALCOHOLISM

The diagnosis of alcoholism can be made primarily by obtaining a detailed history of the drinking pattern and consequences resulting from non-social drinking. As a guide to the type of information needed, the Michigan alcoholism screening test can be a valuable aid in history taking. Three major behavior patterns should be looked for: (1) compulsivity, (2) loss of control, and (3) continued use of the chemical. These are real symptoms, comparable to dizziness in hypertension or hemetemsis in peptic ulcer.

Four clinical interview questions have proven useful to make a diagnosis of alcoholism. The questions focus on cutting down, annoyance by criticism, guilty feelings and eye openers. The acronym **CAGE** helps the physician to recall questions.

1. Have you ever felt that you ought to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of hangover (**E**ye opener)?

The **CAGE** questions can be, and should be, incorporated into routine history and physical examination and it will be helpful detecting the patients with alcoholism at an early stage.

When early diagnosis of alcoholism is made it is not sufficient to advise the patient to stop drinking on his own. Advice in absence of a comprehensive treatment plan is highly unlikely to be effective. A comprehensive inpatient program with strong family therapy components and involvement of the alcoholic patient and family in support groups is extremely valuable for a successful treatment module.

Again, a diagnosis reached early (before the patient loses family, job and/or health), gives the patient a better chance for recovery.

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