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French general practitioners obstacles to SBI: a qualitative study

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BACKGROUND

In France, 35% of the general population is considered as "at risk" drinkers (26.6% one-time-risk drinkers and 8.8% chronic or dependence-risk drinkers) [1] according to the Audit-C [2]. General practitioners (GPs) are seen to have a favored position in detecting and managing alcohol related problems. However in 2009, only 23% of French GPs' declared that they systematically screened their patients for alcohol consumption [3]. This situation does not offer a favorable context for Screening and Brief Intervention (SBI) dissemination in France whereas SBI has been shown to be a cost-efficient method to reduce alcohol related harm [4].

This qualitative study aims at exploring GPs' knowledge and perceptions regarding prevention, alcohol in general and SBI in particular.

MATERIALS AND METHODS

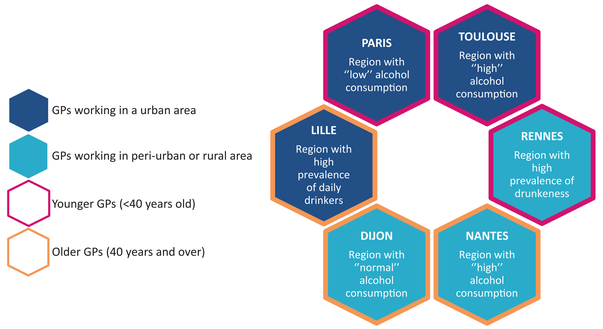
Focus-groups constitution

Six focus-groups of 4 or 5 French GP's (28 in total) were conducted in 2016 from November 21st to 29th using a semi-structured topic guide.

An independent specialized survey institute recruited by phone GPs who did not participate in such a study more than once in the past 12 months. Groups were separated in terms of GPs' age (<40 years old or 40 years old and more), urbanization level of their office location (urban area or peri-urban/rural area) and type of alcohol consumption trends in the region. 6 cities were chosen to insure a certain representativeness of different levels of consumption in France [5] (Figure 1).

Figure 1 | Repartition of the 6 focus-groups according to GPs' age, urbanization level of their office location and type of alcohol consumption trends in the region

High/Normal/Low alcohol consumption region means a region where the level of consumption is higher/similar/lower than the national level.



Within groups, participants were mixed in terms of gender, type of exercise (in a group office or alone) and type of patient base (of upper, middle or lower class).

Participants were each given 50€ (≈58US$) for taking part in the survey. Groups were moderated by two focus-group animation professionals from the survey institute.

Data collection and analysis

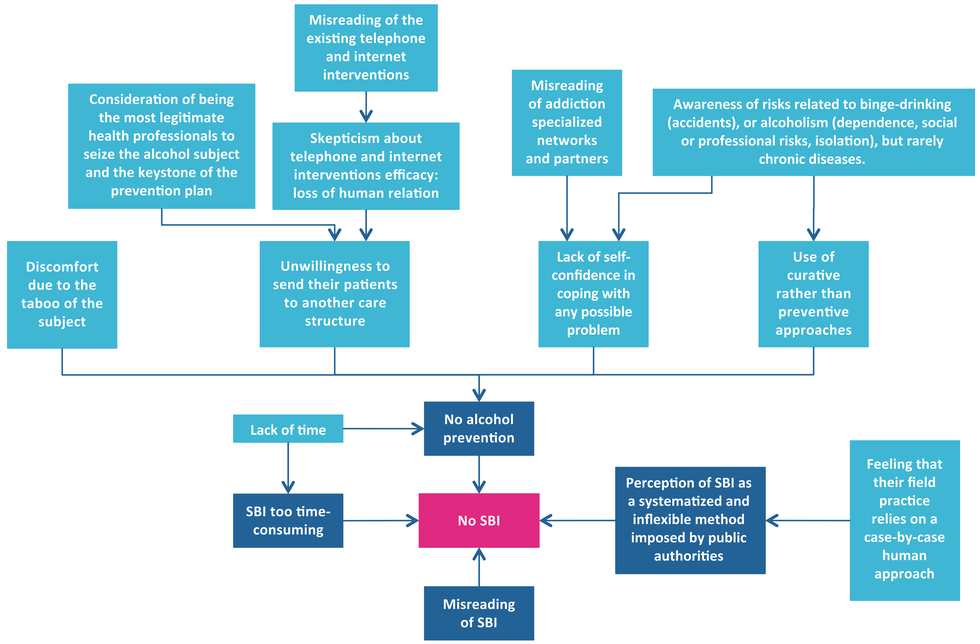
The focus groups proceedings followed a semi-structured topic guide elaborated by the authors. It broached the following themes: attitudes towards prevention in general, representations related to alcohol consumption, alcohol related risks, recommendations they knew and/or gave, eventual resort to tools or documentation, level of knowledge and use of SBI.

Audio recordings were transcribed and examined by two qualitative analysts following the principles of thematic analysis [6].

RESULTS

The main results are shown in Figure 2.

Figure 2 | Scheme of GPs' obstacles to SBI



CONCLUSIONS

French GPs do not seem ready to practice SBI for many reasons and the first one is probably that they do not have an alcohol preventive position to start with. Our study underlined that this is mainly due to their priority to the curative practice combined to a lack of time, a lack of self-confidence in coping with any possible problem, an unwillingness to send their patients to another care structure and a discomfort in broaching this taboo subject. It seems that these obstacles result essentially from a lack of knowledge concerning alcohol: regarding both risks (when it does not concern binge-drinking or alcoholism) and existing care tools or specialized partners.

Other studies in developed countries highlighted similar obstacles to alcohol prevention, and so to SBI, such as the taboo of the subject [7-11], the lack of time [7, 8, 10, 12, 13] and the lack of knowledge and training conducting to a lack of self-efficacy [8, 11-14]. Besides, other obstacles identified in literature did not emerge in our groups: considering patients' declarations on alcohol consumption as unreliable [7, 9, 10], the absence of government incentives for time dedicated to prevention [8, 12] and the lack of knowledge concerning what constitutes an alcoholic beverage [8].

Another important obstacle underlined in literature regarding alcohol prevention was GPs social and cultural positive attitudes toward alcohol [8, 9, 13, 14]. These aspects were not questioned in our study.

In order to overcome what seem to be the first obstacles to alcohol prevention and to SBI, some specific training (initial and ongoing) is urgently needed to improve French GPs' knowledge and practice regarding their patient's alcohol consumption.

REFERENCES:

[1] Beck F, et al. Usages de drogues et pratiques addictives en France. Analyses du Baromètre santé Inpes. Saint-Denis: Inpes; 2014.

[2] Bush K, et al. The Audit alcohol consumption questions (Audit-C): an effective brief screening test for problem drinking. Archives of Internal Medecine 1998;158:p. 1789-95.

[3] Gautier A. Baromètre santé médecins généralistes. Saint-Denis: Inpes; 2011. 266 p.

[4] Sassi F. Tackling Harmful Alcohol Use: Economics and Public Health Policy. Paris: OECD Publishing; 2015.

[5] Beck F., et al. Atlas des usages de substances psychoactives 2010. Analyses régionales du Baromètre santé de l'Inpes. Études santé territoires, editor. Saint-Denis: Inpes coll.; 2013.

[6] Bryman A. Social Research Methods. 5th Edition. Oxford: OUP; 2016.

[7] Mules T, et al. Addressing patient alcohol use: a view from general practice. J Prim Health Care. 2012;Sep 1;4(3):217-22.

[8] Poplas Susic T, et al. Why do general practitioners not screen and intervene regarding alcohol consumption in Slovenia? A focus group study. Wien Klin Wochenschr. 2010;May;122 Suppl 2:68-73.

[9] Tam CWM, et al. Australian general practitioner perceptions of the detection and screening of at-risk drinking, and the role of the AUDIT-C: a qualitative study. BMC Family Practice. 2013;14(121).

[10] Miller E, et al. How Australian general practitioners engage in discussions about alcohol with their patients: a cross-sectional study. BMJ Open. 2016;Dec 1;6(12):e013921.

[11] Nygaard P. Use and barriers to use of screening and brief interventions for alcohol problems among Norwegian general practitioners. Alcohol and Alcoholism. 2010 Mar-Apr;45(2):207-12.

[12] Wilson GB. Intervention against Excessive Alcohol Consumption in Primary Health Care: A Survey of GPs' Attitudes and Practices in England 10 Years On. Alcohol and Alcoholism. 2011;Sep-Oct; 46(5):570-7.

[13] Ketterer F, et al. What factors determine Belgian general practitioners' approaches to detecting and managing substance abuse? A qualitative study based on the I-Change Model. BMC Fam Pract. 2014; Jun 14;15:119.

[14] Anderson P, et al. Attitudes and managing alcohol problems in general practice: an interaction analysis based on findings from a WHO collaborative study. Alcohol and Alcoholism. 2004;Jul-Aug;39(4):351-6.

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