Author's response to reviews

Title: Screening and brief interventions for hazardous and harmful alcohol use among hospital outpatients in South Africa: results from a randomized controlled trial

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Author's response to reviews: see over
Dear Prof. Supa Pengpid,

Thank you for your recent submission to BMC Public Health.

Your manuscript has been assess by the Section Editor and feels that the Background section of your manuscript is too short. In line with this, the Section Editor would like you to expand the Background before the manuscript is considered further. We strongly urge you to make these changes promptly, as we cannot start the peer review process until we have received a version containing the changes.

Response:

Expanded back ground as in below

Background

The use of alcohol in South Africa is among the highest in Africa, with a total adult per capita consumption of 9.5 litre pure alcohol per year [1]. High hazardous or harmful alcohol use has been found among alcohol users in South Africa [2,3], with a per capita consumption of 34.9 litres pure alcohol per year (men 39.6 l, women 23.8 l) among people that drink alcohol [1]. Hazardous drinking is defined as a quantity or pattern of alcohol consumption that places patients at risk for adverse health events, while harmful drinking is defined as alcohol consumption that results in adverse events (e.g., physical or psychological harm) [4]. The prevalence of hazardous or harmful alcohol use identified in patients in general hospitals has been higher than that in community surveys [5-7]. In a sample of 1532 hospital outpatients in South Africa, 34.8% were found to be hazardous or harmful drinkers [5], and from 7938
psychiatric hospital patient records in Cape Town alcohol abuse was 6.3% among women and 15.1% among men [8].

Screening and brief alcohol intervention has been found an effective preventive method to reduce hazardous or harmful alcohol use, particularly in primary care settings [9,10]. Brief interventions for hazardous or harmful alcohol users may include assessing drinking patterns, giving personalized feedback, dealing with resistance and ambivalence, aiming at reduced alcohol use or abstinence, reviewing a client-centred workbook and having reinforcement visits [11]. A number of randomized controlled trials have shown [9] including more recently three trials in various settings in low and middle income countries [12-14] that, in comparison with controls, hazardous and harmful drinkers receiving brief intervention will reduce alcohol consumption by an average of 25%. Overall, it has been estimated that around 20% of patients identified as hazardous or harmful drinkers who receive a brief intervention will reduce their alcohol consumption [15].

Hospital settings are a particularly valuable point of contact for the delivery of brief interventions because of the large access to patient populations each year [16]. Field et al. [17] found in a review that the general efficacy of brief alcohol interventions in emergency departments, inpatient hospital settings, and trauma care settings has been recognized, but the evidence is increasingly mixed. In a systematic review of brief interventions for heavy alcohol users admitted to general hospital wards, McQueen et al. [18] showed that patients receiving brief interventions have a greater reduction in alcohol consumption compared to those in control groups at six month, and nine months follow up, but this is not maintained at one year. They note that these findings were based on studies involving mainly male participants and that further research was required to determine the optimal content and treatment exposure of brief interventions within general hospital settings and whether they are likely to be more successful in patients with certain characteristics [18]. There is a lack of studies on screening and brief intervention of alcohol problems in general hospital out-patient settings, in particular in low and middle income countries. Therefore, the aim of this study was to assess the effectiveness of Screening and Brief Intervention (SBI) for alcohol problems among hospital outpatients in South Africa using a randomized controlled trial design.