The prevalence of problem-drinking and other health-related behaviours in a sample of Hong Kong general hospital patients.

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Abstract   Objective : Little research evidence is available on the prevalence of problem drinking and other health related behaviours in Hong Kong. The purpose of this study was to test the utility, the validity and reliability of the AUDIT, a well-tested and validated screening instrument for alcohol consumption, in the Chinese language and with a sample of Hong Kong hospital patients. The study examined the prevalence of problem-drinkers amongst a sample of general hospital patients and compared this to the prevalence of other health-related behaviours.

Method: The AUDIT was translated into Chinese and embedded in a broader lifestyle questionnaire and administered to a convenience sample of 121 general hospital patients in a busy Hong Kong general hospital.

Results: 44% of the sample had received no formal education or were educated at the primary level and the respondents felt the people who should be interested in their health were relatives and friends ahead of doctors and nurses. The sample expressed they had a definite weight problem (28%); an eating problem (16%); a smoking problem (22%); a drinking problem (4%) and a fitness problem (23%). The AUDIT proved internally consistent and was able to detect that 44% of the respondents were non-drinkers and that 11% were drinking at a hazardous or harmful level.

Conclusions : The findings encouraged the future use of this Chinese version of the AUDIT in future research and provided useful baseline data for health related behaviours as well as suggesting that Hong Kong health care workers consider seriously their role in working with people and their families in relation to health promotion and education.

INTRODUCTION

There is a strong movement in some countries toward the adoption of early-intervention programs initiated at a secondary health care level, in hospitals and health care clinics. Much of this work has focused on alcohol consumption, and alcohol early-intervention is becoming regular practice amongst health care workers in general hospitals, who are confronted with significant numbers of clients who drink at hazardous or harmful levels, yet are admitted to the service for other reasons.

Some valuable data on the prevalence of alcohol dependence in China was produced in a WHO report by Shen and his colleagues in 1989 and in Hong Kong (Leung, 1992), however little research is available on the prevalence of problem drinking, at the hazardous or harmful level in Hong Kong and the connection between drinking and other health-related behaviours such as smoking, diet, and exercise.

The purpose of this study is to test the utility of the a well-tested and validated screening instrument, in the Chinese language and with a sample of Hong Kong Chinese hospital

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patients. The study will examine the prevalence of problem-drinkers amongst a sample of general hospital patients and compare this to other health-related behaviours.

OVERVIEW OF THE LITERATURE

The study of problem drinking and early-intervention is gathering momentum because it shifts the focus away from the small group of dependent drinkers (often referred to as 'alcoholics') to a much larger group of people who may not have current problems but are at risk of future problems related to their alcohol use. Studies have shown that alcohol early-intervention can significantly reduce alcohol consumption to safe levels.

Alcohol early-intervention

Controlled clinical trials have produced convincing evidence that early intervention using a screening instrument and an intervention of up to 20 minutes duration conducted by 'generalists' in hospitals can have a significant effect on the mortality and hospitalisation in a group of harmful drinkers (Elvy *et al.*, 1988; Kristenson *et al.*, 1983; Chick *et al.*, 1985).

Saunders (1988a & b), as part of the WHO collaborative study on early-intervention conducted with 551 subjects, was able to demonstrate that "structured advice of one to five minutes duration resulted in a statistically significant and clinically relevant improvement in outcome" (Saunders & Foulds, 1992, p.229) and that 20 minutes intervention has more therapeutic benefit than 5 minutes of intervention. The WHO supported an early-intervention study of 1,661 non-alcoholic drinkers in 10 countries, results of which were released in 1992, and recommended that brief intervention techniques receive widespread dissemination for use with heavy drinkers in primary care settings (Babor *et al.*, 1994).

Prevalence of problem-drinkers amongst general hospital patients

It is generally accepted that around two to five percent of the adult population show major signs of alcohol dependence, alcohol related harm is experienced by up to 20 percent of the population, and approximately 60 percent drink at risk-free levels (Skinner, 1990; Saunders & Foulds, 1992).

Recent prevalence studies of problem drinkers in general hospitals have shown a range of results from five percent to 77 percent (Elvy, 1986, p. 305), while evidence points towards a significant group of patients in general hospitals whose alcohol consumption is at hazardous levels at least (Chick, 1988; Cole, 1990, p58; Elvy, 1986; Conigrave *et al.*, 1991). Elvy's (1986) finding of a prevalence of 25 percent of problem drinkers in some wards is a useful working figure while Conigrave *et al* (1991) claimed a prevalence of 41 percent of problem drinking subjects in an Australian hospital accident and emergency department. A study of alcohol and drug use amongst orthopaedic patients in a general hospital in the Northern Territory, 117 patients were assessed using semi-structured interview, the MAST and Trauma Scale. Twenty eight percent (36% of the men and 12% of the women) were identified as drinking at a hazardous level (Chalmers *et al.*, 1988, p.143). These studies offer a challenge to health care workers to initiate early intervention.

In Hong Kong, it is difficult to obtain reliable figures about problem drinking. A pilot survey was conducted by the Hong Kong Council of Social Service in 1982 (April to June) on 100 victims of industrial accidents attending the Accident and Emergency Department of United Christian Hospital. Results showed that a large proportion of the patients (43) were detected to have consumed alcohol by estimating their alcohol dehydrogenase levels and seven of them

had an alcohol intake exceeding the safe level of 0.05mg/dl. Only eight patients admitted to drinking alcohol prior the accidents and it was suggested that a strong element of denial and social disapproval of alcoholism existed in Hong Kong.

According to a study carried out in mid-1981 by the Medical and Health Department, among 1001 inpatients in 23 general and psychiatric hospitals, 13.3% were identified as problem drinkers by using the MAST, comprising 96 (23.1%) of the men and 37 (6.3%) of the women (Shum, Leung & Yeung, 1983). Over the period of 1978 to 1983, the Hong Kong Council of Social Service reported that 0.083% of admissions to government hospitals were alcohol-related (alcoholic psychoses or dependence) with male to female ratio of 9 to 1 (Lam, 1992).

Problem drinking in Hong Kong

The Psychiatric Epidemiology Research Unit at the Chinese University reported a community study of alcoholism in Hong Kong during the late eighties. Findings suggested that the life-time prevalence of alcohol abuse/dependence was about 9% in men and less than 1% in women (Leung, 1992). Meanwhile, alcohol consumption appears to be a growing problem in Hong Kong, especially for young people. More lounge and karaoke bars have opened in the community and young people tend to spend more leisure time in these drinking centred institutions instead of traditional tea or coffee houses (Green, 1991). They may underestimate the health hazard of beer - the most common beverage among young people, and there is a concern that many will develop alcohol related problems unknowingly (Green, 1991).

The problem of under-age drinking in Hong Kong is worthy of more concern. A survey conducted by the Narcotics Division of the Security Branch in 110,000 teenagers has found that 73.1% of Chinese-speaking secondary school students had consumed beer and wine, with 15% having their first drink aged six or under (Fraser, 1993).

There is a further suggestion that alcohol consumption and related problems are on the increase in China as foreign brewers move into the country and the expansion of beer markets take place (Leung, 1992). An as yet untested suggestion is that alcohol consumption is more problematic in mainland China than in the Hong Kong SAR and in the light of the change of sovereignty there is a possibility that alcohol consumption and drinking problems will reach uniform levels in Mainland China and Hong Kong in years to come. It is timely for Hong Kong to take the lead in developing reliable/ valid screening tools and early intervention techniques for drinking problems, and to expand on recent studies by replicating the use of instruments which have proven reliable in detecting risky drinkers in community settings and general hospitals.

Screening

An instrument was developed as part of an international WHO project (Saunders, *et al.*, 1993) where data were collected in six countries by means of 150 questions, comprehensive interview, clinical examination and various biochemical and haematological tests. Inferential statistical procedures reduced the instrument to 10 items, which reflected the domains: 'the amount and frequency of alcohol consumption' (three items), 'alcohol dependence' (three items) 'alcohol related problems' (three items) and 'psychological reactions to alcohol' (one item). The Alcohol Use Disorders Identification Test (AUDIT) as it became known has been shown to possess the necessary discrimination to enhance alcohol early intervention strategies.

The instrument can be readily included in routine assessment procedures of patients, and is easily self-administered. No pressure need be placed on patients to complete the instrument and those who decline can be offered literature on the effects of drinking (including references to specialist services) with no follow up. The items in the instrument generate a possible score of 40. A cut off of eight was shown to correlate well with detection of hazardous and harmful drinking (Saunders *et al.*, 1993). Further, the AUDIT was found to correlate significantly with the widely used MAST and with serum blood tests and was found to be superior in discriminating between hazardous and non-hazardous and harmful and non-harmful drinkers in a recent study of inpatient and outpatients in a United States hospital (Bohn *et al.*, 1995)

In the light of the above evidence suggesting the value of screening and early intervention and in an absence of such research in Hong Kong it was decided to commence a pilot study to test the AUDIT and hopefully stimulate some interest in early intervention. The objectives of this study were:

1. To translate the Alcohol Use Disorders Identification Test (AUDIT) instrument into Chinese and embed it within a broader 'lifestyle' questionnaire.

2. To conduct reliability and validity studies of the 'lifestyle' questionnaire.

3. To conduct a pilot study into the prevalence of problem-drinking, and other health-related behaviours amongst a sample of general hospital patients in Hong Kong.

METHOD

Instrument

A 'Lifestyle' questionnaire was developed which asked questions relating to smoking, drinking, diet and exercise. The AUDIT instrument was embedded within a broader life-style questionnaire for two reasons, firstly to compare the relationship between the different behaviours and secondly to increase the reliability of the instrument by putting the consumption of alcohol within the context of other health-related behaviours (Saunders *et al*, 1993). The instrument consisted of 18 questions with questions 11, 13, 14 and 15 containing the AUDIT items. Items related to other health-related behaviours were taken from the abundant literature in this area and related to Hong Kong culture by the researchers. Demographic data were collected.

To consider face and content validity of the health related behaviour questions the instrument was sent to one international and two local experts for comment. The researchers considered the comments and a Chinese version of the instrument was developed and tested by back translation. A considerable amount of work was put into making sure the instrument reflected local practices for example dietary and exercise habits and the questions relating to alcohol reflected the locally available beverages and commonly used drinking containers.

A pilot was conducted to test the instrument in three wards of a large general hospital. The instrument was self-administered by 17 patients and 10 were returned via internal mail. Initial problems with return arose from illiteracy, poor eyesight and clashes with visiting hours.

With these influences in mind, the instrument was administered to a convenience sample of 250 patients in a large, central Hong Kong general hospital by key hospital staff, over a two-week period. The sample included adult patients able to complete the questionnaire in Chinese and excluded those below 18 years of age, the seriously ill and maternity, paediatric and ICU wards. The participants were asked to complete the instrument and return it through internal mail.

All patients offered the instrument were also offered a 'Healthy Lifestyle' pamphlet, which explained safe alcohol consumption and highlighted the risks of hazardous alcohol consumption. The pamphlet also provided information about healthy eating, exercise, cutting down smoking and managing stress. The names, addresses and phone numbers of numerous community and institutional services available in the community were attached.

RESULTS

Of the 121 respondents, 61 (50%) were male, 28 (23%) were in the age group 36 to 45 and 47 (38%) were over 55 years of age. Most (68%) were married, 57 (47%) were born in China and 48 (39%) in Hong Kong and 80 (66%) stated that they were ethnically Cantonese. The mean number of years lived in Hong Kong was 38 (sd=16). Interestingly 49 (40%) lived in Hong Kong for the first 10 years of life and 50 (41%) in China while from the age of 11 to 15 the corresponding figures were 70 (58%) and 36 (29.8%). The trend continued from age 16 to 20 {84 (69%) and 25 (29%) respectively} and in the last five years 109 (90%) had lived in Hong Kong.

The sample's education background was spread from 17 (14%) who stated they had no formal education, to 38 (31%) primary, 43 (35%) secondary and 19 (16%) tertiary educated. In response to the question 'Why were you

admitted to hospital?', there were 46 different responses ranging from medical, surgical to trauma related problems and no trends were evident.

Diet

Five questions were designed to examine the sample's consumption of the main food groups. There was an interesting spread of results for number of servings per day of cereals with 23 (19%) eating one serve, 13(10%) three serves, 33(27%) 5 serves and 18(15%) more than six serves.

Eighty one (67%) ate one or two servings of protein per day, 55(45%) did not eat dairy products with 33(27%) having one serve per day. Fruit consumption was not high with 69 (65%) eating one or less serve per day while 97(94%) ate between one and three serves of vegetable. The majority of the sample chose foods that were low in fat (80,66%), low in sugar (67,55%), low in salt (67,55%) and low in MSG (64, 53%). Most (69,57%) ate most of their meals at home with 19(16%) eating at cafeterias or restaurants, and 50 (41%) felt that their diet was quite good but could improve while 26(21%) said their diet was good.

Exercise

Although 21(19%) had daily work which was active or very active, only 47(42%) exercised to keep fit and 30(27%) of these people exercised 3 or more days per week. Only 6 (9%) practised Tai Chi regularly, and 22(18%) were on a diet to lose weight in the last year.

Cigarette smoking and alcohol consumption

In response to the question 'Have you smoked cigarettes in the last year?', 35(31%) had and 13 of these smoked less than 10, 16 smoked between 10 and 20, and 21 smoked more than 10 per day.

Nine (8%) of the respondents drank alcohol more than 2 times per week with five of these (4%) four or more times per week, eleven (10%) drank more than three standard drinks on a typical day. Two drank ten or more. To clarify the meaning of the type of wine drunk, the sample were asked to indicate the brand name and six named a brandy and three named beer brands. One person stated having daily or almost daily six drinks and a further two, one to three times per month. Nine (8%) of the sample drank Chinese wine. Four (4%) found that they were not able to stop drinking once they had started on a weekly or almost daily basis and the same number failed to do what was expected from them because of drinking on a weekly or almost daily basis. One person stated it would be difficult to. stop or cut down drinking.

The next four questions were designed to provide a contrast between the variables diet, weight, smoking, alcohol consumption and fitness. The respondents were asked if in the last year they felt they should improve or reduce; whether a relative, friend, doctor or health worker suggest they improve or cut down; whether in the last year they felt any guilt or remorse and whether in the last year they had woken up wanting to partake. This was based on the CAGE framework (Saunders & Kershaw, 1980), a well used clinical screening tool for alcohol consumption.

There was a clear tendency for the smokers and drinkers to feel that they should cut down very often; people who were concerned suggested improving or cutting down with a fairly equal distribution. Similar numbers of people felt daily guilt or remorse for each of the variables. (Table 1)

In order to determine who's opinion the sample valued, they were asked to respond to who

should be interested in, and who has ever given advice about each of: weight, eating, smoking, drinking and exercise. For weight, eating and exercise the answers were consistent (Table 2). The responses, decreased in order of frequency from 'relatives', 'nobody', 'friend', 'doctor', 'don't know' to 'nurses' last. For smoking and drinking the order changed to 'nobody', 'relative', 'don't know', 'doctor', 'friend' and noticeably last, 'nurse'. To contrast this, they were asked who has given them advice and 'relatives', 'nobody' and 'doctor' were most frequently nominated (except for fitness) and again 'nurse' was the least frequently nominated.

The final question asked "Do you think you currently have..." a problem for each of the five variables. The results revealed that 22 (25%) possibly and 24(28%) definitely had a weight problem; 14(16%) thought they definitely had an eating problem, 25 (29%) probably; 17(22%) thought they definitely had a smoking problem, 8(10%) possibly; while 3 (4%) definitely thought they had a drinking problem and 9(12%) possibly. In relation to fitness 20(24%) definitely thought they had a problem and 16(19%) possibly.

The AUDIT

The AUDIT items were embedded amongst other items in the instrument for the purpose of facilitating accurate self-reporting (Saunders *et al*, 1993). The scores on the AUDIT range from 0 to a maximum possible score of 40. Of the 90 valid responses, there were 40(44%) respondents who scored zero (non-drinkers), 51(46%) consumed alcohol and 10(11%) scored above 8, a score indicating a strong likelihood of hazardous or harmful alcohol consumption (Saunders et al, 1993, p.804). One respondent scored 18 and the mean (SD) score was 2.53 (3.67).

Table 1. In the last one year, have you felt that you should:

	No	Sometimes	Quite Often	Very often	Not applicable
Improve your diet	38(31%)	42(42%)	16(16%)	4(4%)	-
Lose some weight	40(40%)	33(33%)	20(20%)	6(6%)	-
Cut down or stop smoking	40(40%)	11(11%)	9(9%)	15(15%)	25(25%)
Cut down or stop drinking	39(37.5%)	12(11.5%)	6(5.8%)	17(16.3%)	30(29%)
Do more to keep fit	27(28.7%)	31(33%)	29(30.9%)	7(7.4%)	-

In the last one year, has a relative, friend, a doctor or other health worker been concerned about you and suggested you to:

	No	Yes, but not in the last one year	Yes, during the last one year	Not applicable
Improve your diet	50(50%)	30(30%)	20(20%)	-
Lose some weight	53(58%)	22(24%)	16(17.6%)	-
Cut down or stop smoking	44(45%)	17(17%)	15(15%)	22(22.4%)
Cut down or stop drinking	54(54%)	10(10%)	11(11%)	24(24%)
Do more to keep fit	36(39%)	36(39%)	20(22%)	-

In the last one year, have you felt guilty or remorse:

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Not applicable
About how much you eat	62(68%)	10(11%)	12(13%)	4(4%)	3(3%)	-
About your weight	56(64%)	12(14%)	11(13%)	4(4%)	5(6%)	-
About how much you smoke	60(65%)	3(3%)	5(5%)	4(4%)	2(2%)	18(20%)
After drinking	62(68%)	4(4%)	1(1%)	1(1%)	2(2%)	21(23%)
About how unfit you are	54(65%)	8(10%)	12(15%)	3(4%)	6(7%)	-

In the last one year, how often have you been waking up wanting to :

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have something to eat	50(53%)	4(4%)	14(15%)	8(9%)	18(19%)
Take some exercise to keep fit	53(62%)	10(12%)	10(12%)	7(8%)	6(7%)
Smoke	63(78%)	4(5%)	4(5%)	2(3%)	8(10%)
Drink to get yourself going after drinking session	78(96%)	2(3%)	1(1%)	-	-

Table 2. In your opinion, who should be interested in your:

	Nurse	Doctor	Friend	Nobody	Don't know	Relative
Weight	7(8%)	12(13%)	14(16%)	15(17%)	12(13%)	25(28%)
Eating habits	6(7%)	10(12%)	11(13%)	16(19%)	10(12%)	24(28%)
Smoking habits	4(4%)	10(11%)	9(10%)	27(29%)	11(12%)	12(13%)
Drinking habits	3(3%)	7(8%)	4(5%)	32(36%)	11(12%)	13(15%)
Exercise habits	4(5%)	10(11%)	12(14%)	22(25%)	12(14%)	21(24%)

As far as you can remember, who has ever given you advice about your :

	Nurse	Doctor	Friend	Nobody	Don't know	Relative
Weight problem	6(7%)	17(20%)	16(19%)	17(20%)	7(8%)	20(23%)
Eating problem	7(9%)	16(20%)	10(12%)	15(19%)	4(5%)	25(31%)
Smoking problem	5(6%)	16(18%)	7(8%)	23(26%)	5(6%)	13(14%)
Drinking problem	2(2%)	11(13%)	6(7%)	30(35%)	4(5%)	12(14%)
Fitness problem	5(6%)	8(10%)	15(19%)	26(33%)	10(13%)	13(17%)

Internal consistency of the AUDIT was estimated by Cronbach's alpha coefficient at 0.92. The corrected item-total correlation for all items was found to be greater than 0.76 except for 'In the last year has a relative, friend, doctor or other health worker been concerned about you and suggest you cut down or stop drinking?' (r=0.34); 'How often during the past year have you felt guilty or remorseful after drinking?' (r=0.42) and 'How often during the last year have you needed a first drink in the morning to get yourself going?' (r=0.30). Removal of these items would not have improved the overall reliability of the instrument.

DISCUSSION

In terms of the objectives for the study, the AUDIT was successfully translated into Chinese and validated for use in a sample of Hong Kong Chinese. The pilot study and validation by experts supported the content and face validity of the instrument and the reliability was supported statistically. No major problems were encountered with the translation of the instrument however it was necessary to consider the local culture of alcohol use in terms of different types of drinks and containers used. Hong Kong, being a mixture of East and West has a wide variety of different types of alcohol readily available from the typical 'international' drinks to numerous different types of Chinese wines and spirits which range in alcohol content from 10% to 80%. An interesting area, not addressed in the study was the traditional Cantonese approach to alcohol consumption, which does not encourage the consumption of alcohol on a daily basis except for ceremonies and traditional wine for medicinal purposes.

Although the sample was one of convenience, the AUDIT was able to detect that 44% of the respondents were non-drinkers and that 11% were drinking at a hazardous or harmful level. Compared to Western studies where the number of abstainers is around 15% and hazardous and harmful consumption around 20%, this is an interesting finding. Of course the sample was biased and this warrants further investigation in other more representative samples of the population.

Some problems with literacy were encountered and this may have effected the reliability of the instrument, as there were many (26) cases in which there were several missing items. This may be accounted for by literacy problems and in view of the sample's education background, 45% primary level or less, this may be a factor to consider in future studies.

There were no remarkable findings from the variables relating to diet and exercise and the results have helped add to the profile of lifestyle behaviours of Hong Kong people. Of note was the response from smokers and drinkers that they felt they should cut down and news for the professions was the responses to who they felt should be interested in, and who has ever given advice about their health related behaviour. Clearly the respondents felt the people who should be interested in their health were relatives and friends with nurses and doctors behind. It seems that relatives and doctors give more advice, and again nurses were infrequently mentioned. In a sample which felt they had a definite weight problem (28%); an eating problem (16%); a smoking problem (22%); a drinking problem (4%) and a fitness problem (23%) this lack of confidence in nurses as having a role in health promotion and the lack of actively giving advice is a concern. Further the 4% of people who acknowledge a problem with alcohol consumption is enlarged by the AUDIT finding of 11% and clearly a health promotion role is indicated.

CONCLUSION

This study was the first of its kind in HK in which the health related behaviours of a sample of general hospital patients were examined by a general lifestyle instrument which embedded the AUDIT instrument. The study supported the reliability of the AUDIT as an instrument for assessing alcohol consumption in general health care settings and reinforces the idea of nurses taking an active role in screening and utilising brief interventions for people who would otherwise not be detected as problem drinkers by the system.

Future research should examine the prevalence of alcohol consumption in other samples in Hong Kong, particularly in the light of what some suggest are changing alcohol patterns. Traditionally cognac is used at celebrations and traditional wines as health tonics but changes are occurring where the society is becoming strongly influenced by red and white wine consumption and a bar culture is emerging where beer and spirit drinking are social lubricants for less traditional activities such as karaoke.

From a health promotion perspective, the strength of the relative as an important opinion leader is acknowledged. In view of the needs and concerns of this group nurses, doctors and other health workers are encouraged to incorporate alcohol early intervention and general screening and health promotion into their practice while future research needs to examine ways to effectively utilise the family in facilitating behaviour change.

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在一所香港普通科醫院病人樣本中，酗酒及其他相關健康行為的普遍性

研究目標：基於香港只有很小研究去探討酗酒之流行性及其他與健康相關之行為，因此觸發本研究之動機。本研究目標之一是測試「酗酒失常認別測試」(AUDIT)之中文譯本，於本港某醫院內病人所發揮之效用、其可信度及可靠性。「酗酒失常認別測試」在西方國家經過廣範試驗，可量度出危險的酒精飲用量。而本研究之另一目標是了解本港某醫院內病人之酗酒流行情況及比較酗酒和其他與健康相關的行為。

研究方法：將「酗酒失常認別測試」之英文本翻譯為中文，然後加插於一份生活模式的問卷之中，再把這份問卷分發給本港一間繁忙普通科醫院內的121名病人填寫。而這些病人全屬非隨機樣本。

研究結果：在參與問卷調查中，有44所之人仕達到小學教育程度或從沒有接受過正統的教育。這些人仕均認為他們的家人及朋友相比起醫生及護士，對他們的健康較為感興趣。而在這些人仕當中，28%均認為自己絕對有体重方面的問題。22%人仕認為自己有吸煙方面的問題，4%的人仕認為自己有酗酒的門題及23%的人仕對於自己身材的標準感到有問題。本研究證明「酗酒失常認別測試」有內部一致性，它能檢定出44%參與研究人仕是完全耗酒及11%參與研究人仕之耗酒量達於危險或有害之程度。

結論 ：研究結果鼓勵我們繼續使用中文譯本的「酗酒失常認別測試」於將來之研究及提供了一些健康與行為相關之有用基礎數據。另一方面，本研究結果亦建議醫療工作人員應慎重考慮在健康教育及健康推廣工作上，對病人及其家人所擔當的角色。

摘要