Screening for alcohol use disorders in HIV patients

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Many chronic health conditions have been linked to alcohol consumption, as well as excess morbidity, mortality and an increased financial burden on the National Health Service (NHS). The British HIV Association (BHIVA) recommends that HIV patients be asked about alcohol due to its effect on adherence to antiretroviral therapy. National Institute of Health and Clinical Excellence (NICE) guidelines recommend screening for alcohol use disorders in patients attending genitourinary medicine (GUM) clinics. In this study we looked at the use of a screening tool for alcohol use disorders in HIV patients in a metropolitan city. We assessed HIV patients over a 6-month period for alcohol use disorders using the AUDIT-C questionnaire. Patients with a score >4 were identified as higher risk and provided with brief advice about alcohol and offered written information and support. Demographic data was collected along with hepatitis B and C status, information on sexually transmitted infection (STI) testing and diagnosis. 352 patients were reviewed with a mean age of 41. 297 (84.4%) patients were male, 235 (66.8%) were white British and 251 (71.3%) were men who have sex with men (MSM). 277 (78.7%) patients were on antiretroviral therapy with 254 (91.7%) of these having an undetectable viral load. Alcohol use disorders were assessed using the AUDIT-C score in 332 (94.3%) patients with no patient declining assessment. 166 (50%) patients had an AUDIT-C score >4 signifying higher risk. Alcohol advice was provided to 161 (97%) of these patients and a Drink Smart guide offering advice on alcohol self help offered to 103 (64%) patients and accepted by 45 (43.7%). An opportunistic STI screen was offered to 258 (73.3%) patients on that visit in line with best practice guidelines and was accepted by 83 (32.2%). 25 infections were found in 20 patients, of which 13 (65%) had AUDIT-C scores >4. There were 8 active hepatitis C co-infected patients of which 3 had an AUDIT-C score >4 and 12 chronic hepatitis B co-infected patients with 3 having an AUDIT-C score >4. Our results show that screening for alcohol use disorders using the AUDIT-C questionnaire has high acceptability among HIV patients; however the data is biased to Caucasian MSM. Alcohol use has been shown to exacerbate liver damage in patients with chronic hepatitis, increase the likelihood of STI acquisition and compromise immunity. It is therefore important to screen for and quantify alcohol use as part of routine HIV clinical practice.