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Alcohol use and abuse among HIV-infected veterans often goes unnoticed by physicians, despite its impact on medication adherence and overall health.

Report from a Vulnerable Population: Alcohol Use and Abuse Among HIV-Infected Veterans

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Context: Although there are established links between excessive alcohol consumption, poor social functioning and overall health, physicians often fail to detect alcohol problems in the general population. With the advent of antiretroviral therapy, patients with HIV now live long enough to suffer from many of the conditions common in the general population, including problems with excessive alcohol consumption. However, patients with HIV infection suffer greater consequences from alcohol use and abuse than the general public. These consequences include poor medication adherence, increased risk of hepatic injury, and a higher potential for risky sexual behavior. Nonetheless, excessive alcohol consumption appears to be just as common among HIV-infected patients as it is in the general population. Until this research however, the ability of health care providers to identify excessive alcohol consumption among HIV-infected patients had been unexplored.

Background

The Veterans Aging Cohort Study (VACS) represents a collaboration between the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Aging (NIA), and the Department of Veterans Affairs (VA) led by Amy Justice, MD, PhD (principal investigator) and Joseph Conigliaro, MD, MPH (co-principal investigator). VACS is an ongoing, multi-site, 5-year longitudinal cohort study of the effects of alcohol use and chronic disease on health outcomes in 6,000 veterans with and without HIV infection. The VACS offers a tremendous opportunity to collect both patient and provider data, enabling investigators to test the association of alcohol use and abuse with HIV disease measures, as well as to assess patient and provider attitudes concerning alcohol use and its interaction with HIV disease progression and outcomes.

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Objectives

In this component of the VACS, the the Veterans Aging Cohort Study 3-site Study (VACS-3), the investigators sought to describe patterns of alcohol use; to determine the relationship between patterns of alcohol use and results of routine laboratory tests used to monitor HIV disease; and to assess provider awareness of both current and past alcohol use in their patients. In addition, investigators tried to identify the patient characteristics that were associated with health care provider failure to recognize excessive alcohol consumption.

Methods

The VACS-3 was a prospective cohort research project that enrolled 881 veterans with HIV infection who were cared for at three VA Medical Centers from July 1999 to July 2000. Patients were eligible if they were HIV-positive, were being treated in the Infectious Disease or HIV Clinics of one of the participating medical centers, and had provided informed consent to participate in the study. Patients completed the Alcohol Use and Disorders Identification Test (AUDIT) to assess at-risk drinking, investigators abstracted clinical information from VA electronic medical records, and health care providers completed surveys about each enrolled patient.

Results

- 872 patients were included in the analysis. The mean age of the patients was 49 years. Overall, 54% were African American, 12% Latino, and the remainder were white. Nearly all of the sample (99%) were male. Most (90%) were taking antiretroviral therapy and of these, 99% were taking at least 2 medications.
- One in five (20%) patients had AUDIT scores in the hazardous drinking range (a score of 8 or more). More than one quarter (27%) of patients had an alcohol-related diagnosis in the last 5 years.
 - Existing hazardous drinking was associated with younger age, current illicit drug use, and detectable HIV-viral load.
 - A previous diagnosis of alcohol abuse or dependence in the last five years was associated with younger age, African American race, poor liver function, anemia, and other blood-test abnormalities.
- Health care providers under-identified current hazardous drinking among their HIV-infected patients. Health care providers indicated current excessive drinking in only 22% of the patients who had an AUDIT score in the hazardous drinking range, missing problematic drinking among 78% of these patients.
- In contrast, health care providers correctly identified 95% of patients who had no active drinking problem.

Alcohol use is common among HIV-infected patients treated at VA medical centers.

There was little agreement between patient-reported drinking behavior and health care provider identification of that behavior.

- Health care providers also under-identified past hazardous drinking and often incorrectly assumed a history of excessive alcohol consumption among patients who had no such history. Health care providers correctly identified 32% of patients who had a previous diagnosis of alcohol abuse; however, they misidentified 68% of patients with a previous diagnosis of alcohol abuse or dependence as “never having drunk to excess.”
- Health care providers did correctly identify 46% of those whose AUDIT results indicated that they had “never drank to excess.” However, of those patients assigned a history of excessive alcohol consumption, 64% had no past problems with alcohol according to their AUDIT scores.
- Health care providers tended to miss current hazardous drinking in patients with undetectable viral loads, patients without a positive laboratory test for hepatitis C, and patients with normal liver function tests.
- Similarly, health care providers failed to recognize a history of excessive alcohol consumption in patients who they believed did not have hepatitis C and in patients who had stronger immune systems, as detected by CD4 counts.

Note

In April 2004, the United States Preventive Task Force reissued guidelines calling for screening in primary care settings to accurately identify patients whose alcohol consumption places them at risk for increased morbidity and mortality but does not meet criteria for alcohol dependence. Additionally, the task force noted evidence suggesting that brief behavioral counseling interventions with follow-up can produce small to moderate reductions in alcohol consumption lasting 6-12 months among primary care patients.

Implications

- As HIV therapies become more effective, the health care needs of infected patients begin to mirror the needs of the general population. Indeed, the results here suggest that, as in the general primary care population, past and present problematic drinking is often undetected among HIV-infected veterans. Therefore, the VA's recent adoption of guidelines requiring screening for alcohol use and abuse may greatly increase provider efficiency in detecting harmful alcohol consumption.
- Provider awareness of HIV-infected patient alcohol consumption may contribute to improvements in overall HIV disease management by identifying patients at risk for non-adherence, hepatitis, liver failure, anemia, and poor HIV control.
- Given that brief interventions have shown promise in primary care settings, research into and implementation of similar interventions in the HIV-treatment setting may benefit this vulnerable patient population.

Among HIV-infected patients, health care providers were more likely to miss current and historic excessive alcohol consumption in those patients who were healthier and in those with less active HIV disease.

This issue of the CHERP Policy Brief is based on the following three articles: 1) Conigliaro J, Madenwald T, Bryant K, Braithwaite S, Gordon A, Fultz SL, Maisto S, Samet J, Kraemer K, Cook R, Day N, Roach D, Richey S, Justice A. *The Veterans Aging Cohort Study: observational studies of alcohol use, abuse, and outcomes among human immunodeficiency virus-infected veterans*. Alcohol Clin Exp Res. 2004 Feb;28(2):313-21; 2) Conigliaro J, Gordon AJ, McGinnis KA, Rabeneck L, Justice AC; Veterans Aging Cohort 3-Site Study. *How harmful is hazardous alcohol use and abuse in HIV Infection: do health care providers know who is at Risk?* J Acquir Immune Defic Syndr. 2003 Aug 1;33(4):521-5.; and 3) Cook RL, Sereika SM, Hunt SC, Woodward WC, Erlen JA, Conigliaro J. *Problem drinking and medication adherence among persons with HIV infection*. J Gen Intern Med. 2001 Feb;16(2):83-8.

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