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COMMENTARY

A recent government report ¹ estimated that alcohol misuse cost the NHS £1.7 billion per year. Brief interventions are effective in reducing levels of alcohol consumption and associated harm ², however successful intervention depends upon reliable and efficient identification of the target population. Screening questionnaires facilitate the detection of alcohol problems ³, and their use is recommended as a precursor to brief intervention ⁴.

This review assesses the effectiveness of screening for alcohol problems in terms of positive outcomes resulting from exposure to brief intervention. For every 1000 patients screened, 90 are identified as having potential alcohol problems, 25 receive brief intervention and of these between 2 and 3 will have reduced their alcohol consumption to below recommended levels after one year. The authors conclude that screening for alcohol problems in general practice is not feasible.

Should these findings dissuade us from undertaking screening and brief intervention as part of everyday practice? All of the studies reviewed for this meta-analysis employed exclusion criteria whereby patients who screened as positive did not qualify to receive brief interventions. In fact 72% of such patients were excluded in this way. It is likely that in clinical practice far greater numbers of patients may actually receive interventions, and thus derive benefit.

Are relatively low numbers of patients experiencing benefit from exposure to brief interventions a cause for concern? Overall 12% of such patients reduced their drinking to below *recommended* limits, we do not know how many more reduced their consumption significantly, but remained above these thresholds. The authors report a pooled NNT of 10 for the studies assessed; most clinicians would agree that this is an acceptable figure.

This paper has shown a low return in terms of patients drinking below recommended limits compared to all those who were screened. It does not however demonstrate that brief intervention itself is ineffective, rather that screening an entire population (under the conditions prescribed by research protocol) will not yield encouraging results. Is there an alternative to screening all patients? Future research that tests the effectiveness of screening procedures in a *pragmatic* ⁵ way may provide the answer.

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Title, name(s) and affiliation to be placed at bottom of commentary:

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