alcoholism: chile’s medical blindspot

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An estimated 5 percent of Chileans are physically dependent on alcohol and another 10 percent are heavy drinkers, defined as people who consume more than 80 grams of alcohol a day or get drunk 12 times a year. Most of them are men living in the poorer districts, although no class or sex is free of overconsumption.

Dr Ramon Florenzano and Dr Alfredo Pemjean work in the University of Chile’s psychiatry department on the medical and social effects of excessive alcohol consumption. In their opinion, the one percentage rate that medical training programs devote to this subject is not enough. This has led them to undertake a joint study, with IDRC funding, to evaluate an alcoholism training program for interns in schools of medicine. Their hypothesis is that better trained interns will find it easier to diagnose problem cases and refer them to specialists.

The initial impetus came from a seminar on alcoholism held in Sao Paulo, Brazil, in 1984, at which the Chilean researchers suggested the idea of testing an improved course on alcoholism.

The research program had a number of facets: a survey of teaching programs at the National School of Medicine and 116 other medical faculties in the country; an evaluation of student knowledge; the creation of two course modules (one intensive, the other spread over two years); observation of the effects of the course on interns during their work; and the development of tools for evaluating the interns’ behaviour.

What did the researchers discover? First, that the number of alcoholics who showed up in emergency rooms was much higher than expected. In the three medical centres surveyed, the number of problem drinkers varied from 52 to 85 percent of patients. In the emergency rooms of two Santiago hospitals, El Salvador and Barros Luco-Trudeau, from 50 to 77 percent of the patients had problems related to alcoholism and from 10.8 to 16.5 percent were drunk in varying degrees when they came in.

These data, of course, exaggerate the problem because they contain a built-in bias. One would normally expect that people who have consumed alcohol are more likely to become involved in family fights, violent acts, or accidents, and thus more likely to wind up in a hospital emergency department. Nonetheless, the figures are disturbing.

What is even more disturbing is that the doctors only on very few occasions identified the alcoholics. (For obvious reasons, the doctors weren’t informed beforehand that their work was being observed.) Only one or two percent of the doctors picked up on the alcoholic condition of their patients and, of those, half referred them for treatment.

These results led the researchers to set up a course for medical students. The 30 hours’ worth of material was tested in two formats. First, it was presented as an intensive two-month course, with lecturers coming in to present cases or discuss the effects of alcohol. Secondly, a modular approach, with blocks distributed through the internship period, was tried at another school.

Results from both tests were rather disappointing. Despite the enthusiasm of the teaching staff, it was difficult to change attitudes. Although the courses had an initial impact, it was short-lived, gradually fading the following year.

The researchers suggest a number of reasons for this failure. To begin with, internship is probably too late a stage of training to change attitudes. Secondly, because no examination was given, the students were less likely to be motivated. Thirdly, the training period was very brief. Lastly, the interns were pessimistic when speaking about problems associated with alcohol abuse, and sometimes even expressed some sympathy for drinkers.

Despite the lack of success of the course, the research project allowed several other objectives to be attained. The researchers were able, for example, to test an alcoholic-identification questionnaire better adapted to Chile’s needs. The EBBA test, as it is known, has only seven questions. It was validated on 448 male patients in three medical centres. Some of the questions in the famous American CAGE test, which is used in many countries, don’t really apply to Chile where the social perception of alcohol is different.

The medical students didn’t adopt the desired behaviour. They didn’t refer patients with alcohol problems. Their instructors didn’t seem to take much interest in the subject. “Perhaps we ought to work with the interns,” says Pamela Orpinas, a psychologist who is involved in the research. “The seven questions in the EBBA test give us a reliability level of 0.79. In other words, there is a risk that 11 percent of the diagnoses will be wrong. But the test is really easy to apply and the questions are less accusing. They don’t ask how much people drink…”

The research also enabled the team to field-test the effectiveness of a diagnostic tool: a strip of paper which is placed in the patient’s mouth to measure his or her alcohol level on the spot. Apart from being easy to use, these little strips, made up and supplied by the Addiction Research Foundation, in Toronto, Canada, are about 85 percent effective. They are also a little more sensitive than the breathalizer test used to detect low levels of alcohol in the blood. This makes them more practical in the context of prevention.

The researchers are hoping to exchange information on the subject of alcoholism at a meeting scheduled for October 1988. Representatives from 16 Latin American countries are expected to attend.

Alfredo Pemjean believes there are still many avenues to be explored. Alcohol is a major social problem in Chile. In 1981, it is estimated that it accounted for a loss to the economy of US$1.62 billion—the equivalent of all the income generated by copper exports at the time.

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