

Predicting utilization of formal and informal help among general hospital inpatients with alcohol use disorders

JENNIS FREYER-ADAM,¹ BEATE CODER,¹ GALLUS BISCHOF,² SEBASTIAN E. BAUMEISTER,¹
HANS-JÜRGEN RUMPF,² ULRICH JOHN,¹ ULFERT HAPKE³

1 Institute of Epidemiology and Social Medicine, Ernst-Moritz-Arndt-University of Greifswald, Greifswald, Germany

2 Department of Psychiatry and Psychotherapy, University of Lübeck, Lübeck, Germany

3 Department of Epidemiology and Health Monitoring, Robert Koch-Institute Berlin, Germany

Abstract

Aim: The aim of this prospective study was to identify predictors of utilizing formal and informal help among currently non-help-seeking individuals with alcohol use disorders. *Methods:* Data was based on 197 general hospital inpatients with alcohol dependence or abuse. Using multivariable logistic regression analyses, intention to utilize formal help was tested in addition to evidence based predictors of utilization of help. *Results:* Intention to seek help and prior help-seeking were identified as central predictors for formal and informal help-seeking. *Conclusions:* The lack of utilization of formal help among persons with alcohol use disorders may be reduced by focusing professional interventions on enhancing help-seeking motivation. Copyright © 2008 John Wiley & Sons, Ltd.

Key words: alcohol use disorders, intention, prospective, help-seeking

Introduction

Until now, most studies investigating predictors of help-seeking have focused on factors that clinicians cannot do anything about; such as severity of alcohol problem, prior help-seeking, adverse consequences from drinking, barriers of help-seeking or demographic characteristics. Although the construct of “intention” plays an important role in drinking reduction and behaviour change in general (e.g. Ajzen, 1991; Prochaska and Velicer, 1997; Project MATCH Research Group, 1997; Schwarzer, 2001), it has been overlooked by almost all (except two) studies investigating predictors for treatment entry. Treatment motivation significantly predicted utilization of formal help among non-treatment seeking drug abusers (Neff and Zule, 2002). A recent study revealed that intention to seek help among

currently non-help-utilizing general hospital inpatients with alcohol dependence, abuse or at-risk drinking significantly predicted future help-seeking (Freyer et al., 2007). From a public health point of view, including individuals with at-risk drinking (British Medical Association, 1995) in help-seeking research, seems to be promising in terms of prevention of further impairment of alcohol problem. From a psychiatric point of view, the prospective investigation of help-seeking predictors among individuals with alcohol use disorders (AUD: alcohol dependence or abuse) is particularly crucial as only few persons with AUD utilize help (Cunningham and Breslin, 2004; Grant, 1996; Rumpf et al., 2000).

Furthermore, little is known about the utilization of alternative types of alcohol-problem related help, such

Note: Jennis Freyer-Adam has also published articles relating to this subject under the name of Jennis Freyer.

as informal help (e.g. help provided by relatives or friends). This is of particular interest when considering that most individuals overcome their alcohol problem without formal help (Sobell et al., 1996).

The aim of this prospective study is to identify predictors of utilizing formal and informal help among currently non-help-seeking individuals with AUD. In addition to evidence based predictors of help-seeking, intention to seek help is assumed to predict both. Identifying intention as an equally important predictor for help-seeking, although not surprising, would suggest that treatment entry might be increased by professionals when enhancing help-seeking motivation. Furthermore, we assume that individuals who do not seek formal help are likely to seek informal help instead.

Methods

As part of the RCT "Early Intervention in General Hospitals", conducted by the Research Collaboration on Early Substance Use Intervention (EARLINT), subjects were recruited from units of internal and surgical medicine at four general hospitals in Germany (see Freyer et al., 2004). Participants were assigned to three groups (control, intervention by liaison service or by trained physicians) by time frame. For this study only subjects from the control group were used to avoid confounding with intervention effects. One year after baseline, of the 278 subjects with alcohol dependence or abuse, 197 (70.9%) were followed up, 11.9% refused further participation, 7.2% died, 6.5% were not found/reached and 3.5% did not participate due to other reasons. The final sample included 157 alcohol dependent subjects and 40 alcohol abusers.

Using multivariable logistic regression analyses, intention to utilize formal help [Treatment Readiness Tool (TRaT), Freyer et al., 2004] was tested in addition to evidence based predictors of utilization of help: (a) severity of alcohol problem was measured using the SEverity Scale of Alcohol dependence (SESA) (John et al., 2003) – a continuous measure in contrast to the categorical measure applied in Freyer et al. (2007), (b) mental derogation was assessed using the five-item Mental Health Inventory (MHI-5, Berwick et al., 1991; Rumpf et al., 2001), (c) adverse consequences from drinking were measured using the Adverse Consequences from Drinking questionnaire (ACD) (Moos et al., 1985), and (d) prior help-seeking was assessed at baseline asking for life-time-utilization. Help-seeking at follow-up asked for utilization in the past 12 months

since baseline. Formal help-seeking, a dichotomous measure (yes/no) was derived from 11 items asking for utilization of different types of formal help (Rumpf et al., 1998). Informal help-seeking was assessed using the question: "Did you ask friends or relatives for help for coping with your alcohol problem?" (yes/no).

Results

Ninety per cent of the sample were male ($n = 178$). The mean age was 39.6 years [standard deviation (SD) = 11.6]. At baseline, 57.4%/29.7% of the subjects reported to have utilized formal/informal help in the past. At follow-up, 42.6%/29.4% reported to have utilized formal/informal help since baseline. Women and men did not differ regarding formal help seeking (42.2%, 42.6%). Among the non-formal help seeking subjects, 5.1% of the men and 36.8% of the women obtained informal help. In general, women were more likely than men to seek informal help (57.9% versus 26.7%) after hospitalization.

As depicted in Table 1, intention to seek help and prior utilization of formal or informal help were significant predictors for future utilization of formal or informal help, respectively. Indicators for severity of dependence, mental derogation and adverse consequences were not significant. The models correctly predicted utilization of help for 82.3% (formal) and 77.3% (informal) of all subjects.

Conclusions

This study identified intention to utilize help as a central predictor for utilization of alcohol-specific formal and informal help among individuals with AUD. Although this study differed in two ways from our recent study (Freyer et al., 2007): (a) by focusing on AUDs only, and (b) by using a continuous measure for severity of alcohol problem, we have come to the same conclusion.

Unexpectedly, after hospitalization formal help was more often utilized than informal help. Furthermore, individuals who do not seek formal help after hospitalization – particularly men – do not automatically seek informal help instead. At this stage the results presented do not allow any conclusions on the processes, mediators or moderators of help-seeking. However, given that (a) intention leads to help-seeking and that (b) motivation may successfully be enhanced by properly trained clinicians (Miller and Rollnick, 2002), we conclude that enhancing help-seeking motivation as part of brief interventions (e.g. in general hospitals)

Table 1. Multivariable logistic regression analyses predicting utilization of formal help and informal help (1 = yes, 0 = no)

Predictor	Formal help-seeking				Informal help-seeking			
	OR	95% CI	<i>p</i>	<i>R</i> ²	OR	95% CI	<i>p</i>	<i>R</i> ²
				0.53				0.43
TReaT ¹	Ready	2.70	1.14–6.37	<0.03	2.86	1.04–6.94	<0.02	
Prior help ²	Yes	8.08	3.16–20.69	<0.001	3.14	1.32–7.46	<0.02	
ACD		1.04	0.91–1.18	n.s.	1.05	0.94–1.18	n.s.	
SESA		1.02	1.00–1.04	n.s.	1.00	0.98–1.02	n.s.	
MHI-5		0.99	0.90–1.09	n.s.	1.07	0.97–1.18	n.s.	

Note: OR, odds ratio; 95% CI, 95% confidence interval; *p*, level of significance; Nagelkerkes *R*², n.s., non-significant. Models also include indicator variables for hospital (rural versus urban), gender and age.

¹Precontemplators and contemplators were collapsed into one group “not ready” (= reference group), preparators are considered as “ready”.

²Prior help according to heading of column (either formal or informal), reference group: no.

could be effective in getting individuals with AUD into treatment.

Acknowledgements

This paper is an extended and modified version of an oral presentation at the BMBF-Conference “Understanding Addiction: Mediators and Moderators of Behavior Change Processes”, Dresden, May 25–26, 2006.

The study, as part of the Research Collaboration in Early substance use Intervention (EARLINT), has been funded by the German Federal Ministry of Education and Research (grant nos 01EB0120, 01EB0420), the Social Ministry of the State of Mecklenburg-Western Pomerania (grant no. IX 311a 406.68.43.05), and the Alfried-Krupp-von-Bohlen-and-Halbach-Foundation.

Declaration of interest statement

All authors declare that they have no conflicts of interest.

References

- Ajzen I. The theory of planned behavior. *Organiz Behav Hum Decis Processes* 1991; 50: 179–211. DOI:10.1016/0749-5978(91)90020-T
- Berwick DM, Murphy JM, Goldman PA, Ware JE Jr, Barsky AJ, Weinstein MC. Performance of a five-item mental health screening test. *Med Care* 1991; 29: 169–76.
- British Medical Association. *Alcohol: Guidelines on Sensible Drinking*. London: British Medical Association, 1995.
- Cunningham JA, Breslin FC. Only one in three people with alcohol abuse or dependence ever seek treatment. *Addict Behav* 2004; 29: 221–3. DOI:10.1016/S0306-4603(03)00077-7

- Freyer J, Tonigan JS, Keller S, John U, Rumpf HJ, Hapke U. Readiness to change versus readiness to seek help for alcohol problems: the development of the Treatment Readiness Tool (TReaT). *J Stud Alcohol* 2004; 65: 801–9.
- Freyer J, Coder B, Bischof G, Baumeister SE, Rumpf HJ, John U, Hapke U. Intention to utilize formal help in a sample with alcohol problems: a prospective study. *Drug Alcohol Depend* 2007; 87: 210–16.
- Grant BF. Toward an alcohol treatment model: a comparison of treated and untreated respondents with DSM-IV alcohol use disorders in the general population. *Alcohol Clin Exp Res* 1996; 20: 372–8. DOI:10.1111/j.1530-0277.1996.tb01655.x
- John U, Hapke U, Rumpf HJ. A new measure of the alcohol dependence syndrome: the severity scale of alcohol dependence. *Eur Addict Res* 2003; 9: 87–93. DOI:10.1159/000068806
- Miller WR, Rollnick S. *Motivational Interviewing. Preparing People for Change*. New York: The Guilford Press, 2002.
- Moos RH, Cronkite RC, Billings AG, Finney JW. *Health and Daily Living Form Manual*. Stanford, CA: Stanford University Medical Centers, 1985.
- Neff JA, Zule WA. Predictive validity of a measure of treatment readiness for out-of-treatment drug users: enhancing prediction beyond demographic and drug history variables. *Am J Drug Alcohol Abuse* 2002; 28: 147–69. DOI: 10.1081/ADA-120001286
- Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot* 1997; 12: 38–48.
- Project MATCH Research Group. Matching alcoholism treatments to client heterogeneity: Project MATCH post-

- treatment drinking outcomes. *J Stud Alcohol* 1997; 58: 7–29.
- Rumpf HJ, Hapke U, John U. Previous help seeking and motivation to change drinking behavior in alcohol-dependent general hospital patients. *Gen Hosp Psychiatry* 1998; 20: 115–9. DOI:10.1016/S0163-8343(97)00130-8
- Rumpf HJ, Meyer C, Hapke U, John U. Screening for mental health: validity of the MHI-5 using DSM-IV Axis I psychiatric disorders as gold standard. *Psychiatry Res* 2001; 105: 243–53. DOI:10.1016/S0165-1781(01)00329-8
- Rumpf HJ, Meyer C, Hapke U, Bischof G, John U. Inanspruchnahme suchtspezifischer Hilfen von Alkoholabhängigen und -mißbrauchern: Ergebnisse der TACOS-Bevölkerungsstudie [Utilization of alcohol-specific help among alcohol dependent and alcohol abusing persons: Results from the TACOS general population study]. *Sucht* 2000; 46: 9–17.
- Schwarzer R. Social-cognitive factors in changing health-related behavior. *Curr Dir Psychol Sci* 2001; 10: 47–51. Doi:10.1111/1467-8721.00112
- Sobell LC, Cunningham JA, Sobell MB. Recovery from alcohol problems with and without treatment: prevalence in two population surveys. *Am J Public Health* 1996; 86: 966–72.

Correspondence: Jennis Freyer-Adam, Institute of Epidemiology and Social Medicine, Ernst-Moritz-Arndt-University of Greifswald, Walther-Rathenau-Str. 48, 17487 Greifswald, Germany.
Telephone (+49) 3834-867724
Fax (+49) 3834-867701
Email: freyer@uni-greifswald.de

Copyright of *International Journal of Methods in Psychiatric Research* is the property of John Wiley & Sons, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.