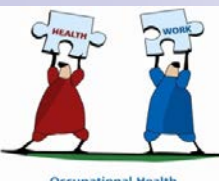


MEDICAL STUDENTS' ATTITUDE AND KNOWLEDGE ABOUT ALCOHOL

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Background

- 1/3 of medical students drink > limit

Flaherty 1993, File 1994, Webb 1998, Ketoja 2013

- Attitudes and beliefs developed at medical school may encourage unhealthy drinking habits

Pape 1996

- Targeting undergrad health trainees influences behavior change

Giesbrecht 2007

- Health professionals public role

Roche 1993; Cape 2006

- GMC

Gaps

- UK, cultural

Bloomfield 2003

- Relationship between attitude, alcohol consumption and knowledge not fully determined within a single population of medicals students
- AUDIT not used in relation to attitude

Aim

- To assess current levels of alcohol consumption, knowledge and reasons for drinking
- To assess attitudes to drinking
- To determine the relationship between attitude, consumption and knowledge
- To examine self-awareness of drinking habits
 - Awareness of consumption relative to that of their peers
 - Belief that their drinking pattern is acceptable
 - Foresight as to whether they will drink the same amount as doctors
- To determine whether there is a significant difference in attitude based on age, sex and year of medical school

Methodology

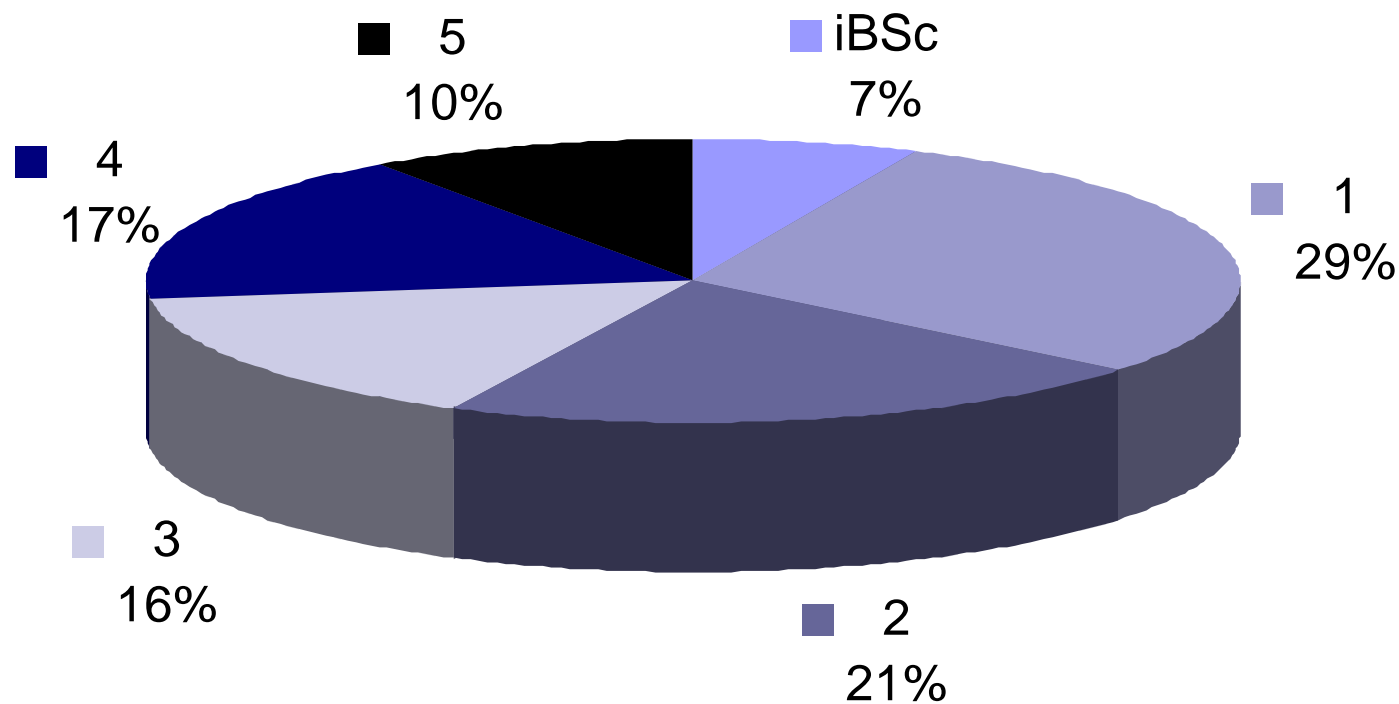
- Cross-sectional
- Self-administered online questionnaire
 - Demography: age, gender and year of study
 - AUDIT C Meneses-Gata 2010, Reinert 2007
 - Attitude Likert scale
 - Knowledge
 - Self-awareness questions
- Ethical approval

Analysis

- Frequencies
- Descriptive
- Chi square
- Regression; OR
- $P < 0.05$

Results

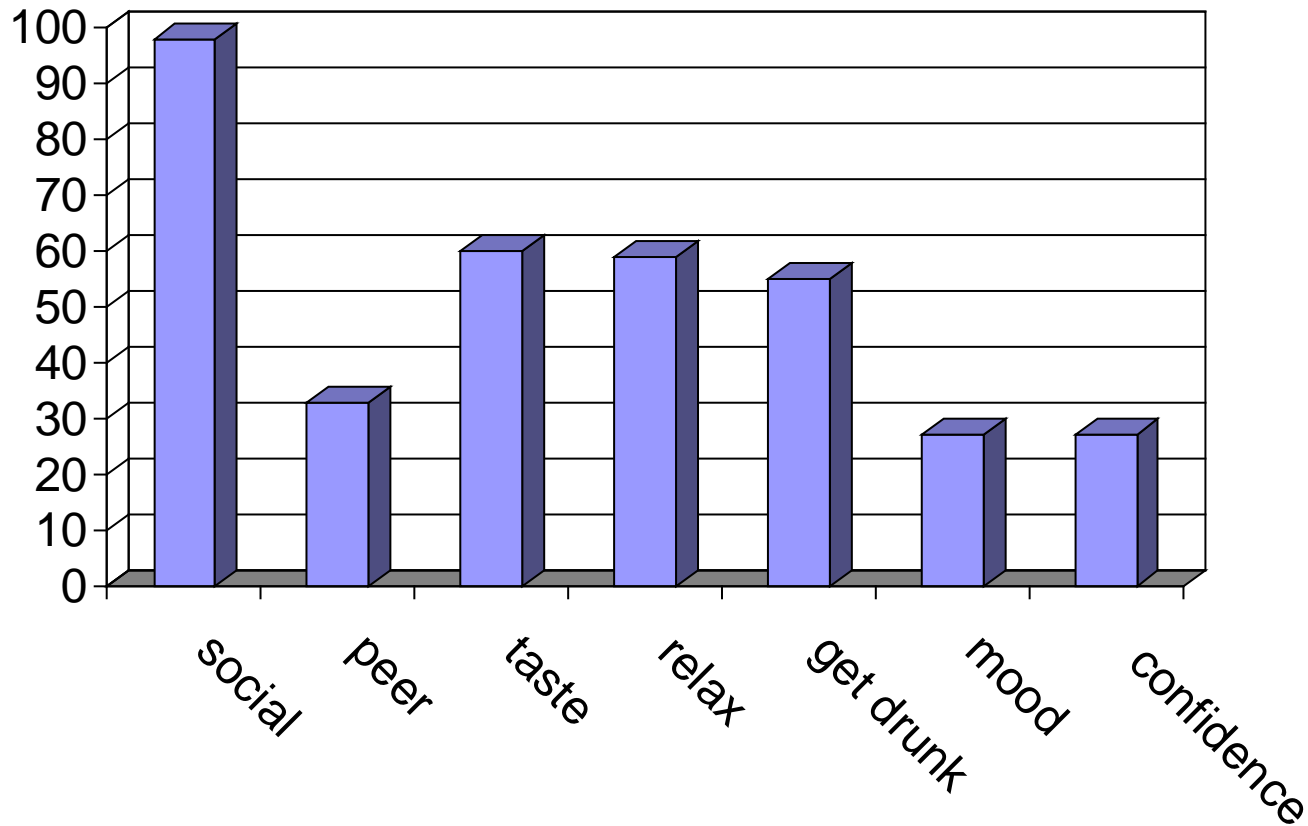
- 164 participants; ~10%
- Year of training



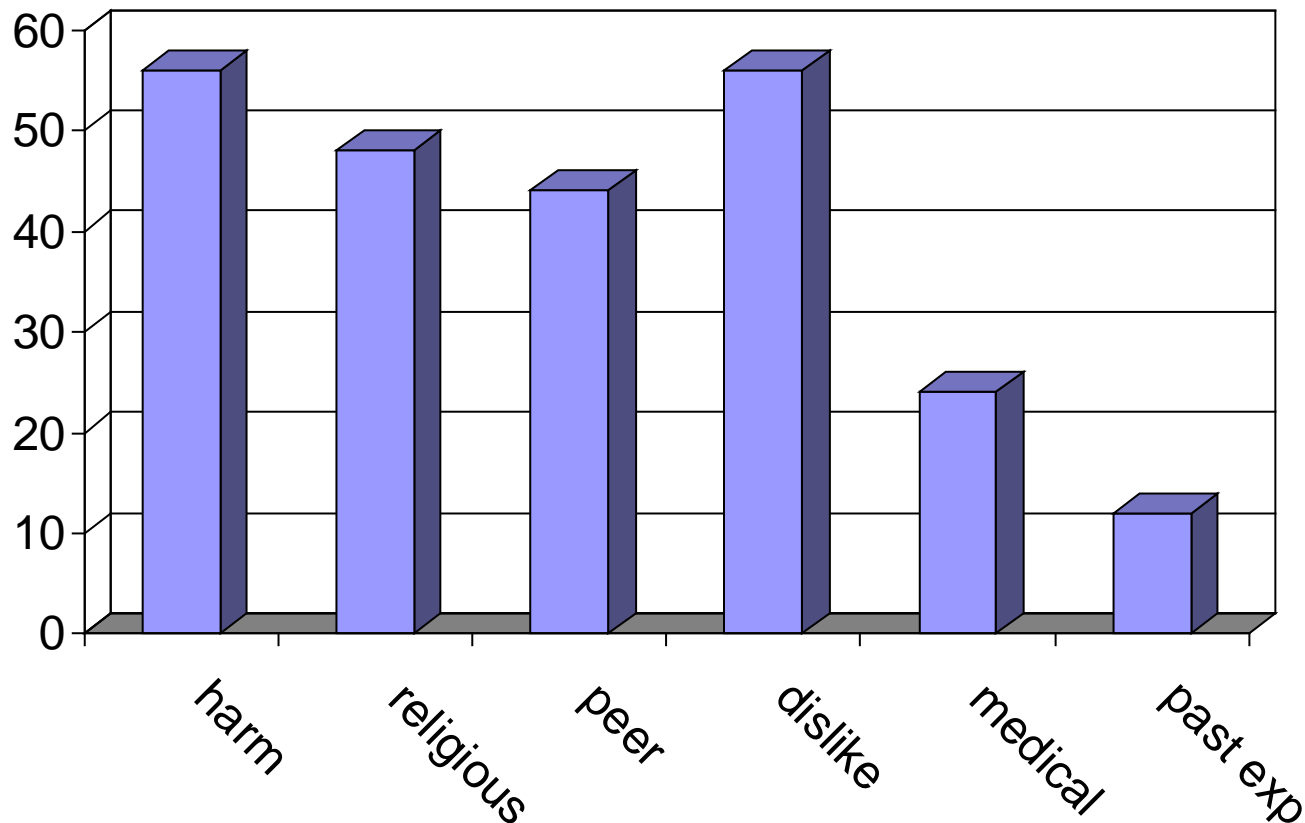
Demography

- Age: 21.8, 18 – 44
 - 91% <26, excluded
- 54.3% female
- 85% drink
 - 82% F~88%M (p=NS)
 - 82% non clinical~89% clinical (p=NS)

Reasons to drink (n=139)



Reason not to drink (n=25)



Drinking habit – How often

	n	%
Never	1	0.7
Monthly or less	16	11.5
2-4/month	42	30.2
2-3/week	67	48.2
4+/week	13	9.4

- Sex (p=NS), Year (p=NS)

Drinking habit - unit per week

- 0 – 15, mean 3, SD 2.85
 - Sex (p=NS), Year (p=NS)
- Only one person > guidance (0.7%)

Hurray!

Drinking habit – AUDIT C

Score	Frequency	Valid Percent	Cumulative Percent
0	1	0.7	0.7
1	8	5.8	6.5
2	16	11.5	18
3	22	15.8	33.8
4	22	15.8	49.6
5	22	15.8	65.5
6	23	16.5	82
7	7	5	87.1
8	11	7.9	95
9	6	4.3	99.3
10	1	0.7	100

Drinking habit – AUDITC

Score	Frequency	Valid Percent	Cumulative Percent
0	1	0.7	0.7
1	8	5.8	6.5
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6	23	16.5	82
7	7	5	87.1
8	11	7.9	95
9	6	4.3	99.3
10	1	0.7	100

} **50%**

Unit per week ~ AUDIT C

- AUDIT C = unit per week + > 6(F) or 8(M)

Unit per week ~ AUDIT C

- AUDIT C = unit per week + > 6(F) or 8(M)
- Binge drinking

Binging

How often	Frequency	Valid Percent	Cumulative Percent
Never	28	20.1	20.1
<Monthly	43	30.9	51.1
Monthly	34	24.5	75.5
Weekly	34	24.5	100.0

Blackout (amnesia)

	Frequency	Valid Percent	Cumulative Percent
0	72	51.8	51.8
1-2	43	30.9	82.7
3-4	10	7.2	89.9
5-6	6	4.3	94.2
7+	8	5.8	100.0

Binging and demography

■ Sex

- 56%M ~ 43%F, p=NS (0.12)
- OR= 1.79, CI 95%=0.9 – 3.4
- OR= 1.05, CI 95%=0.8 – 1.44 (AUDIT C)

■ Training level

- Non clinical 51% ~ Clinical 47%, p=NS
- OR= 1.17, CI 95%=0.6 – 2.3
- OR= 1.46, CI 95%=0.7 – 2.9 (AUDIT C)

Binge

- Correlated but not strongly to typical day
 - $R=0.4$ $p= 0.000$

Knowledge - recommended limit

- For men: 84% correct
- For women: 70% correct
- Both: 70% correct (17% both incorrect)
- No difference between sex, year of training, AUDIT C

Knowledge

	Agree	Neutral	Disagree
GMC/ Med Sch action	75%	18%	7%*
Binge can harm	73%	20%	7%**

- No difference between sex and year of training
- *Hazardous drinker disagreed more $p=^*0.007$ & $**0.026$*
- *Binge drinker disagreed more $p=^*0.001$*

Attitude (%)

	Agree	Neutral	Disagree
Post quali follow myself	46	32	23
Drunk accept	<u>77</u>	11	12
Non drinkers less sociable	<u>29</u>	12	60
Discussing damage career	<u>29</u>	<u>26</u>	48
Peers think less	<u>40</u>	11	49
Professional obligation	62	<u>17</u>	<u>21</u>
< <u>other students</u>	14	24	62
Drunk in public accept	<u>38</u>	29	33
Attend with hang over	<u>9</u>	<u>11</u>	81
Look negative on binge	29	23	48
Affect how advise patient	<u>34</u>	<u>18</u>	48

Attitude ~ AUDIT C (binge*)

	Agree	Neutral	Disagree
<u>Post quali follow myself</u>	46	32	23
<u>Drunk accept*</u>	77	11	12
<u>Non drinkers less sociable*</u>	29	12	60
<u>Discussing damage career*</u>	29	26	48
Peers think less	40	11	49
<u>Professional obligation*</u>	62	17	21
<u>< other students*</u>	14	24	62
<u>Drunk in public accept*</u>	38	29	33
Attend with hang over	9	11	81
<u>Look negative on binge*</u>	29	23	48
Affect how advise patient	34	18	48

Self awareness

- Compared to others
 - 59% less, 34% same, 8% more
- Drink acceptable amount
 - 81% agree, 11% neutral, 9% disagree
 - Hazardous drinker disagreed more $p=0.007$
 - Binge drinker disagreed more $p=0.000$

... ~ knowledge of recommended limit

- None was significant
 - Attitude
 - Knowledge
 - Self awareness

... ~ sex

- None was significant

- Attitude

- Attending with hangover male agreed more
 $p=0.004$

- Knowledge

- Self awareness

... ~ year

- None was significant
 - Attitude
 - Knowledge
 - Self awareness

Discussion and recommendations

- Demography not significant
- ✓ No need to focus on one group

- Unit per week not accurate
- ✓ AUDIT C, binge

Discussion and recommendations

- Poor knowledge
 - ✓ Education, simple

- Attitude related AUDIT C/ binge but not others
 - ✓ Education, complex

Now time for a drink!

Questions/ comments?

