# Higher Alcohol Screening Scores Lead To More Post-Op Care

According to the results of a new study published in the March 2012 issue of the *Journal of the American College of Surgeons*, patients who score highest on the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) experience longer post-operative hospital stays and more days in the intensive care unit (ICU). They are also more likely to return to the operating room within 30 days of a surgical procedure than patients with low AUDIT-C scores. As a result, study authors determined alcohol screening could be used to identify patients at risk for increased post-operative use of healthcare resources.

Alcohol misuse is a risk factor for post-operative complications and scores from the AUDIT-C can identify surgical patients who are at increased risk. Little is known about whether pre-operative alcohol screening can also identify patients who will use more healthcare resources after a surgical procedure. The AUDIT-C is a validated three-item alcohol screening questionnaire scored on a scale of 0 to 12 points, with higher scores indicating heavier drinking and greater risk of alcohol-related health problems. The results of this study showed that high-risk drinkers (AUDIT-C scores 9 to 12) experienced increased inpatient healthcare use relative to low-risk drinkers (AUDIT-C scores 1 to 4) in all areas except hospital readmissions. Specifically, men with high-risk drinking spent nearly a day longer in the hospital and 1.5 more days in the ICU, and they were twice as likely to return to the OR when compared with low-risk drinkers (10 percent versus five percent, respectively).

“The findings from this study indicate that pre-operative alcohol screening might serve as an effective tool to identify patients at risk for increased post-operative care,” said Anna D. Rubinsky, PhC, lead author of the study and a researcher at Veteran’s Affairs (VA) Puget Sound Health Care System in Seattle, Washington. “Implementing pre-operative alcohol screening and providing proactive interventions could potentially decrease the need for costly post-operative resources and improve patient outcomes.”

The new study, conducted by researchers at VA Health Services Research and Development (K. Bradley, Principal Investigator, now at Group Health Research Institute, Seattle, WA), examined the association between AUDIT-C scores from up to one year before an operation and post-operative hospital length-of-stay (LOS), total ICU days, return to the OR, and hospital readmission among men admitted to VA hospitals nationwide for major surgical procedures.

Other studies have found that 16 percent of men undergoing major surgical procedures screen positive for alcohol misuse in the year prior to operations, and

have AUDIT-C scores associated with increased complications (scores 5 to 12). More than one-quarter of these patients have scores also associated with increased post-operative healthcare resource usage (scores 9 to 12.)

Moreover, evidence suggests that pre-operative interventions for heavy drinkers could help. A previous randomized, controlled trial among patients scheduled for elective colorectal surgery who reported drinking more than four drinks daily found that patients who stopped drinking for one month prior to the procedure reduced their risk for post-operative complications by as much as 50 percent.

Many factors can contribute to increased post-operative healthcare use, including surgical complications, more complex procedures and pre-operative morbidity, all of which are more common among heavy drinkers. The study's findings factored in differences in socio-demographic variables such as age, race, marital status and disability due to military service; smoking status; type of surgical procedure; and surgical complexity. Additionally, the study found post-operative complications accounted for much of the increased health care utilization.

Interestingly, the study used low-risk drinkers as a reference point because previous studies have shown that non-drinkers have poorer health and are at greater risk of post-operative complications than low-risk drinkers, possibly because non-drinkers may have stopped due to previous complications related to drinking.

The study included 5,171 male VA patients who completed the AUDIT-C on mailed surveys and were hospitalized for non-emergency, non-cardiac operations in the following year. Women were excluded due to low numbers with high AUDIT-C scores. Of the 280 eligible women, only five percent had scores in the highest AUDIT-C risk groups.

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