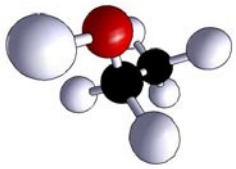
24 ALCOHOL INSIGHT



Prevalence of Alcohol Use Disorders in Deaf psychiatric patients.

Introduction

Deafness (a severe to profound hearing loss) is a common condition, affecting around 1 per 1000 of the UK population. A sub-section of deaf people, (those who use British Sign Language (BSL) as a first or preferred language) are a recognised cultural minority group in the UK-commonly referred to by use of a capital D in (D)eaf. The body of evidence on Deaf peoples' substance use is negligible.

Dr Helen Miller & Dr Bruce Davidson, working in a specialist psychiatric service for Deaf people serving the south of England, conducted a survey of the caseload of Deaf patients using an alcohol screening instrument translated into British Sign Language (The Alcohol Use Disorders Identification Test -AUDIT). The aims of the research were:

- To establish the sensitivity and specificity of the AUDIT (tested against the Composite International Diagnostic Interview-CIDI) for this patient group.
- To ascertain the prevalence of alcohol use disorders (AUD's) amongst Deaf people with a psychiatric illness
- To draw comparisons of the prevalence of AUD's in this group with prevalence in other groups; the general population, the broader Deaf population, non-deaf psychiatric patients.
- To draw comparisons with other research findings on AUD's by analysing relationships between AUD's and other variables known to be associated with AUD's: age, sex, ethnicity, psychiatric diagnoses .The data was also examined for associations between AUD's and Health Related Quality of Life(HRQL)-measured using the EQ-5D Health Related Quality of Life Instrument and the EQ-5D Visual Analogue Scale.

Findings

- Of 205 consecutive attendees n=144 took part; 37 were excluded and 24 refused to participate.
- Using an AUDIT cut-off score of 8 or above 29.9% (N43) were identified as having AUD's.

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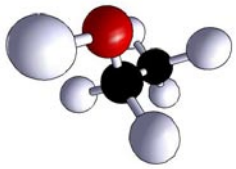

- The AUDIT was found to be a reliable and sensitive instrument when cross-checked with the CIDI.(92% correctly classified as having an AUD, with 4 false positives and 4 false negatives).
- Sex was significantly associated with AUD's -with male subjects more likely to have an AUD than women.
- Subjects with an AUD were found to have significantly poorer Quality of Life scores than those without an AUD.
- No significant associations were found between AUD's and age, ethnicity or psychiatric diagnosis

Implications

- The study found concrete evidence of a significant occurrence of Alcohol Use Disorders amongst Deaf psychiatric patients -with 30% of subjects drinking at harmful, hazardous or dependent levels.
- The rate of AUD's in Deaf psychiatric patients attending a specialist mental health service for Deaf people is at least as high as the prevalence of AUD's in hearing mentally ill community team patients.
- There were significantly more males with AUDIT scores over 8. This is in keeping with the literature and suggests that the pattern of AUD in the Deaf population mirrors that in the hearing population.
- The AUDIT was valid, user friendly and correlated well with the CIDI. It is useful for assessing Deaf people's alcohol use as long as the communication needs of the individual subject are accurately identified and catered for.
- Poorer Quality of Life in Deaf psychiatric patients may mean that they are more susceptible to greater morbidity or more rapid onset of morbidity of AUD's than the general population.
- Many Deaf people have lifelong poor access to information about alcohol use. Differences in Deaf people's knowledge base and experience of alcohol need to be considered in planning interventions. It may not be enough just to provide an interpreter for them to access existing services.
- We now have the quantitative information about prevalence of alcohol use in this population of Deaf psychiatric patients. There is a need for further qualitative research on Deaf people's alcohol use to underpin adaptation and development of effective interventions for this group.

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