Heavy alcohol use in patients on highly active antiretroviral therapy: What responses are needed?

C D Parry,1,2 PhD; C Kekwaletswe,1 PhD; P A Shuper,1 PhD; S Nkosi,1 MA; B J Myers,1,3 PhD; N K Morojele,1,5,6 PhD

1 Alcohol, Tobacco and Other Drug Research Unit, South African Medical Research Council, Cape Town, South Africa
2 Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Tygerberg, Cape Town, South Africa
3 Alcohol, Tobacco and Other Drug Research Unit, South African Medical Research Council, Pretoria, South Africa
4 Centre for Addiction and Mental Health, Toronto, Canada; Dalla Lana School of Public Health, University of Toronto; Center for Health, Intervention, and Prevention, University of Connecticut, Mansfield, USA
5 Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town, South Africa
6 School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; School of Public Health and Family Medicine, Faculty of Health Sciences, University of Cape Town, South Africa

Corresponding author: C D Parry (cparry@mrc.ac.za)

Background. Alcohol has a negative effect on antiretroviral therapy (ART) adherence and HIV treatment outcomes.

Method. As part of formative work for a project to test the efficacy of an alcohol-focused intervention to reduce alcohol consumption and improve HIV treatment outcomes, we investigated the extent of problem drinking among patients at ART clinics in Tshwane, South Africa (SA), using the Alcohol Use Disorders Identification Test (AUDIT).

Results. The finding that a third of drinkers reported hazardous drinking, roughly 10% reported harmful drinking, and a further 10% were possibly alcohol dependent replicates the findings of similar research in the Western Cape and Gauteng provinces of SA. It also points to the need for more routine screening of ART patients for problematic alcohol use.

Conclusion. The 10-item AUDIT may be too time consuming for health workers in busy ART clinics to administer and score, necessitating even briefer screening instruments for assessing hazardous and harmful drinking.

IN PRACTICE

Discussion

Although the sample size was relatively small and excluded individuals who refused screening or reported no drinking in the past year, the findings broadly align with those of Kader et al.,[5] who found that 91% of male and 89% of female drinkers (most of whom were receiving ART) attending eight HIV clinics in Cape Town reported hazardous or harmful alcohol consumption when screened with the AUDIT. A similar study conducted in Tshwane in two HIV clinics among patients on ART found slightly lower corresponding figures of 75% for male and 55% for female drinkers, but like the findings of Kader et al.,[5] these are somewhat higher than ours reported above.

The high proportions of men and women who drink heavily is of grave concern given the associated risk for reduced ART adherence,[6] forward transmission of HIV, and other health problems.[7] Given the high levels of problematic drinking that were evident among patients on ART in Tshwane, we agree with recommendations made previously[2,5] that there should be more screening of patients attending HIV clinics for problematic alcohol use as a prelude to implementing brief interventions to reduce the negative impact of drinking on HIV treatment outcome, or where necessary referring HIV patients to more intensive treatment. However, the 2 - 4 minutes typically taken to administer and score the AUDIT[4] is likely to serve as a barrier to its routine use in primary care settings, and as a result further research is also needed to assess the possibility of using briefer screening instruments in primary care settings.

Acknowledgements. We acknowledge funding from the South African Medical Research Council (Flagship Research) for the study referred to and for our time in preparing this article.


Accepted 4 April 2016.