

OUTCOMES

Screening primary care patients for risky drinking is an ineffective use of health care resources was the conclusion of study published in the *British Medical Journal* at a time when a World Health Organisation project is seeking to persuade GPs to do just that. The conclusion was based on a meta-analytic compilation of relevant studies.¹ From this emerged an estimate that on average 1000 patients have to be screened to gain 12 months later just two or three who have stopped drinking above levels which the study defined as excessive. The main problem was not the efficacy of brief interventions but 'wastage' before patients got to this point: across the studies, screening indicated that 90 out of 1000 patients might be drinking too much and just 25 of these were assessed as suitable for and actually received an intervention.

Critics argued that outside a research context more of those who screened positive would have been talked to about their drinking, that drinking reductions which don't fall below excessive may still be valuable, that alcohol screening could be incorporated in broader health screening, and that screening does not have to be universal – it could be targeted at categories of patients likely to include heavy drinkers or at specific types of consultations. Finally, it was argued that even accepting the meta-analysis's estimates, screening for alcohol problems is no more hit and miss than screening for other medical conditions for which it is considered worthwhile. The authors replied sticking by their conclusions. They argued that the proportion of positive screen patients who actually receive a brief intervention is likely to be roughly the same in normal practice as in the research, that selective screening is untested in general practice, and that what is needed is a study comparing screening-based approaches with normal patient-centred clinical procedures.

¹ Beich A. *et al.* "Screening in brief intervention trials targeting excessive drinkers in general practice: systematic review and meta-analysis." *British Medical Journal*: 2003, 327, p. 536–542. For this study and responses to it see <http://bmj.bmjournals.com>.