NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# NICE indicator guidance

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## Indicator NM179

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of 3 or more or AUDIT-C score of 5 or more in the preceding 12 months who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

## Indicator type

General practice indicator for use outside the QOF. Development and testing highlighted that there would likely be less than 20 eligible patients per GP practice.

## Introduction

Alcohol is a cause of significant public health burden but use is widespread amongst most groups of society. Alcohol is the leading cause of ill-health, early mortality and disability in those aged 15-49 years of age ([NHS Digital 2017](https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/statistics-on-alcohol-england-2017)). Harmful drinking is associated with multiple physical and mental health problems.

In 2017/18 there were 37,285 admission episodes for mental and behavioural disorders due to the use of alcohol ([Public Health England, 2019](https://fingertips.phe.org.uk/profile/local-alcohol-profiles)). Substance misuse, including alcohol consumption by people with serious mental health disorders is recognised as a major problem in terms of prevalence and clinical and social effects. Alcohol can cause psychosis and can also interact with anti-psychotic medication ([NHS UK](https://www.nhs.uk/conditions/schizophrenia/living-with/)).

## Rationale

Tools such as AUDIT-C and FAST can help to identify people that may not be alcohol dependent but would benefit from an reducing their alcohol consumption. Brief intervention can either comprise of a short session of structured brief advice or an extended brief intervention using motivation techniques. Reviews have shown that interventions in primary care are effective in reducing alcohol consumption ([Kaner et al. 2018](https://www.cochrane.org/CD004148/ADDICTN_effectiveness-brief-alcohol-interventions-primary-care-populations)).

## Source guidance

[Alcohol-use disorders: prevention](https://www.nice.org.uk/guidance/ph24) (2010) NICE guideline PH24, recommendations 9, 10 and 11.

[Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings](https://www.nice.org.uk/guidance/cg120) (2011) NICE guideline CG120, recommendations 1.2.1 and 1.3.1.

[Psychosis and schizophrenia in adults: prevention and management](https://www.nice.org.uk/guidance/cg178) (2014) NICE guideline CG178, recommendation 1.3.3.1.

[Bipolar disorder: assessment and management](https://www.nice.org.uk/guidance/cg185) (2014) NICE guideline CG185 recommendation 1.10.2.

## Specification

Numerator: The number of patients in the denominator who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Denominator: The number of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of ≥3 or AUDIT-C score of ≥5 in the preceding 12 months.

Calculation: (Numerator/denominator) \* 100.

Exclusions: People with an existing diagnosis of an alcohol related disease or disorder.

Minimum population: The indicator would not be appropriate to assess performance at individual general practice level. The indicator may be appropriate to assess performance of collaborations or networks of GP practices.

## Further information

This is NICE indicator guidance, which is part of the [NICE menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index). This document does not represent formal NICE guidance.