Screen Primary Care Patients for Trauma, PTSD

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NEW YORK — Primary care patients should be screened for trauma and posttraumatic stress disorder when they first come in, Tanya Alim, M.D., of Howard University, Washington, said in a poster presentation at the annual meeting of the American Psychiatric Association.

Dr. Alim and her colleagues surveyed 360 $\,$ primary care patients in waiting rooms at

three primary care offices at a Washington hospital; 98% of the subjects were African American. Patients were given a questionnaire to assess their level of trauma exposure. The survey also asked about drug and alcohol use. Patients were compensated for their time. Those who mentioned having been exposed to some form of severe or life-threatening trauma were asked to go to the hospital's outpatient mental health clinic to undergo an interview and complete more questions on coping and stress.

The researchers found that 69% of subjects had been exposed to one or more traumatic situations, including both community- and family-based events. Women were more likely to have experienced a sexual assault; men were more likely to have been exposed to physical assault and assault with a weapon.

In addition to trauma exposure, the authors found high rates of posttraumatic stress disorder in the study population. Both male and female victims of sexual as-

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sault were found to be at higher risk of developing posttraumatic stress disorder.

"Everyone should be sensitive to asking about trauma," said Dr. Alim, clinical director of the mood and anxiety program at Howard University Hospital. "People presenting with medical problems in a primary care setting appear to be more likely to have a history of previous trauma. Primary care doctors need to be sensitive to that type of information."

She added that patients with a history of trauma might be at greater risk of experiencing another traumatic incident, compared with those who have not experienced trauma.

Alcohol Screen **Boosted Patient** Trust of Doctor

WASHINGTON — Screening and intervention for alcohol problems can enhance the quality of a primary care visit, at least from a hazardous drinker's perspective.

Perceived quality of care, however, was not associated with the odds of hazardous drinking 6 months after the office visit, reported Richard Saitz, M.D., in a poster presented at the annual conference of the Association for Medical Education and Research in Substance Abuse.

In a regression analysis, Dr. Saitz of Boston University and his colleagues assessed the responses of 288 adult hazardous drinkers who saw 40 physicians for a general office visit. The patients' mean age was 43 years, 57% were black, 61% were men, and 71% saw a physician that they had seen on a prior occasion. They averaged six drinks per drinking day.

After the office visits, the patients were asked whether they had received alcohol counseling, such as advice on safe drinking limits or advice to cut down on or abstain from drinking.

After adjustment for variables, such as sex, race, education, comorbidity, level of physician training, previous visits to the same physician, and current alcohol problems, the mean scores in three areas of the Primary Care Assessment Survey—communication, comprehensiveness, and trust—were significantly higher among the 132 patients who said they had received alcohol counseling, compared with the 156 who said they had not received counseling, said Dr. Saitz at the conference, also sponsored by Brown Medical School.

Average quality scores (on a scale of 1-100) were significantly higher among the patients who received counseling, compared with scores of those who did not, in the areas of communication (85 vs. 76) and comprehensiveness (67 vs. 59). The average trust score was slightly higher among patients who received counseling than among those who didn't (79 vs. 77), but the difference was not statistically significant.

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