

HEALTH LITERACY IN PEOPLE WITH ALCOHOL ADDICTION

A Pilot study

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Health Literacy (HL): What is it?

*„Health literacy is linked to literacy and entails people's **knowledge, motivation and competences to access, understand, appraise, and apply health information** in order to make judgments and take decisions in everyday life concerning **healthcare, disease prevention and health promotion** to maintain or improve quality of life during the life course.“* (Sørensen et al., 2012)

HL and risky health behavior

HL is associated with risky health behavior including smoking, alcohol drinking, and substance use in adolescents and adults (Aaby et al., 2017; Fleary et al., 2018)

Health outcomes of ↓HL

- Higher mortality rate
- Poor overall health status
- Worse physical and mental health status
- Increased visit of emergency care
- More hospital stays
- Less likely to follow treatment plans
- Worse access to healthcare
- Increased number of hospitalizations
- Lower use of preventive care
- Worse ability to understand medical materials
- Worse medical adherence
- Worse knowledge of chronic diseases

(Berkman et al., 2011)

Consequences of ↓HL in terms of substance use and treatment of addiction

- Greater susceptibility to substance use and abuse
- Greater risk of developing substance use-related diseases and complications
- Risk of overdose
- Injection materials sharing
- Lower benefit or failure of prevention programs
- Worse access to addiction treatment programs
- Non-compliance with therapy
- Greater risk of treatment drop-out
- Increased number of treatment repetitions
- Greater susceptibility to relapse (Rolová et al., 2019)

Methods

- Cross-sectional study
- N = 113 participants undergoing inpatient or outpatient treatment for alcohol addiction in Prague healthcare facilities
- Data collection: February – May 2018
- HLS-EU-Q47



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Original research article

Health literacy in people undergoing treatment for alcohol abuse – A pilot study

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ABSTRACT

The evidence suggests that limited health literacy (HL) may be associated with health risk behaviour such as smoking, alcohol drinking, or substance use. The aim of this study was to examine the level of HL in people undergoing treatment for alcohol abuse and to determine the most problematic domain of HL. The cross-sectional survey included 113 participants from two facilities in Prague (Department of Addictology and Bohnice Psychiatric Hospital). HL was measured using the HLS-EU-Q questionnaire developed by the European Health Literacy Consortium. The mean general health literacy (GHL) score of the sample was 34.1, indicating a sufficient level of HL. However, almost half of the sample showed a limited level of HL. Health promotion was identified as the most problematic domain of HL, with fifty percent of participants having a limited level. Outpatients achieved overall better scores than inpatients, although the difference was not significant. We found no statistical differences between tested variables. The results suggest that the prevalence of limited HL in people undergoing treatment for alcohol abuse is relatively high. Interventions should be carried out to increase the overall level of HL. An adequate level of HL may improve overall health, as well as the treatment outcomes of people addicted to alcohol.

HLS-EU-Q47 (European Health Literacy Survey Questionnaire)

- European Health Literacy Consortium
- 47 items, 5-point Likert scale (very difficult – very easy)
- **General HL** + 3 domains (**healthcare, disease prevention, health promotion**)

- Scoring: Inadequate (0-25)
Problematic (>25-33)



LIMITED HL

- Sufficient (>33-42)
Excellent (>42-50)



Adequate HL

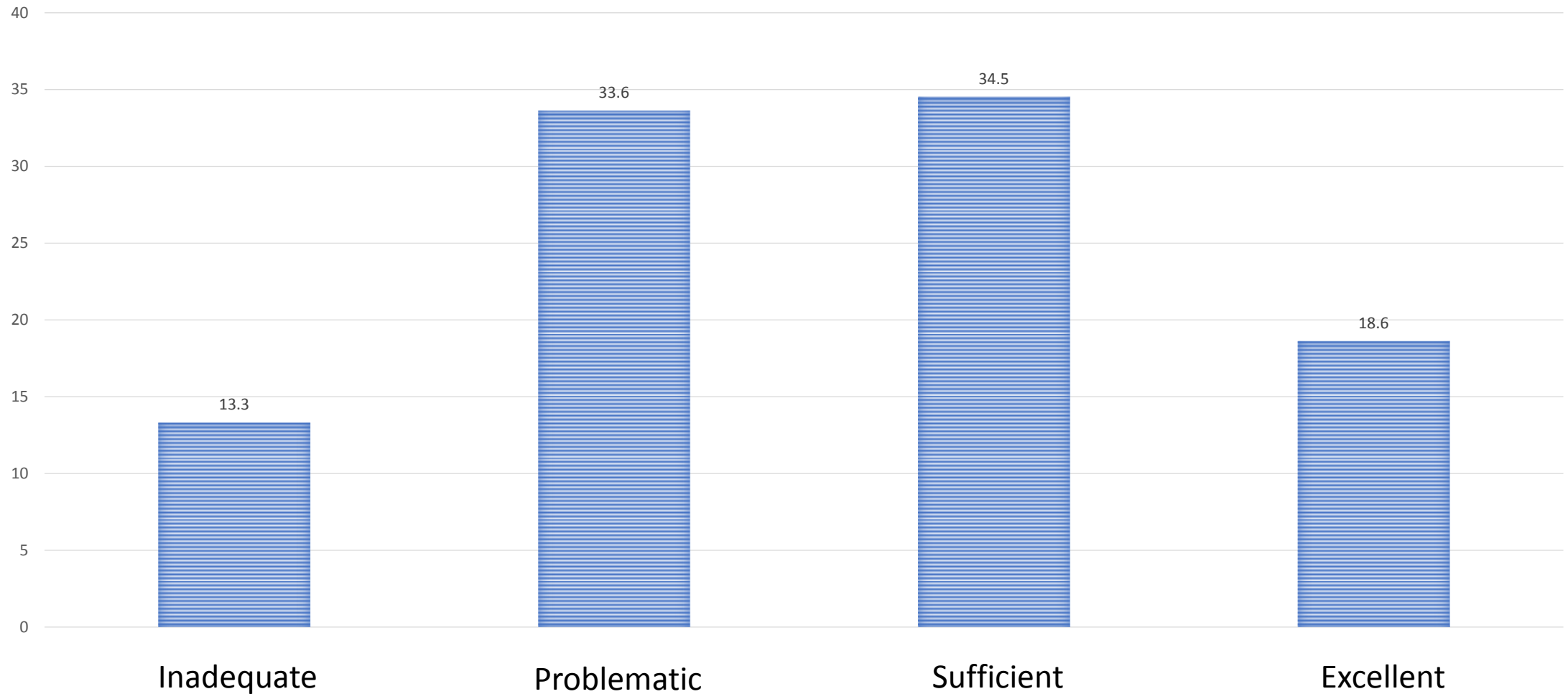
Table 2 – The mean scores (0–50) of health literacy of participants

Health literacy	Men	Women	Total
General HL	34.0	34.4	34.1
Healthcare	36.8	36.0	36.5
Disease prevention	33.6	34.7	34.0
Health promotion	31.4	32.2	31.7

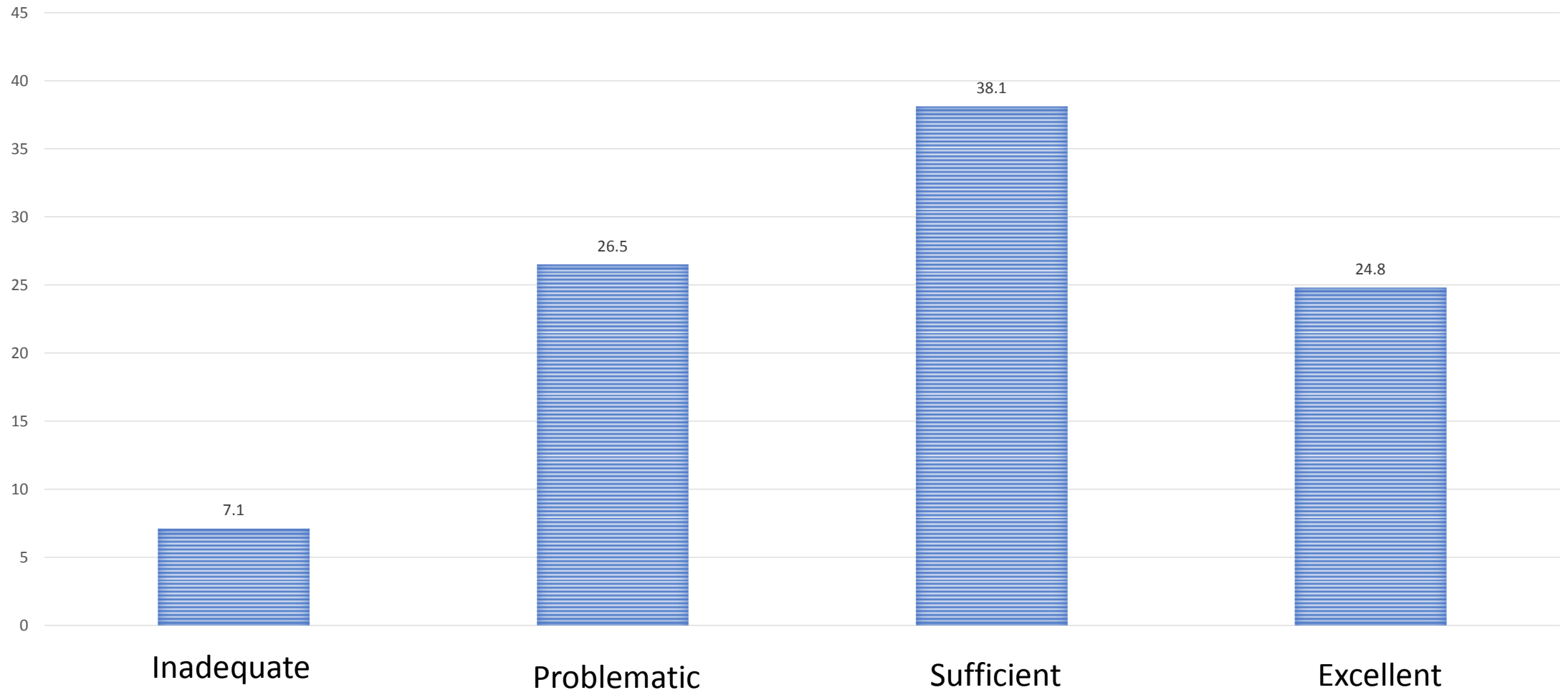
Sufficient HL
(>33-42)

Problematic
HL (>25-33)

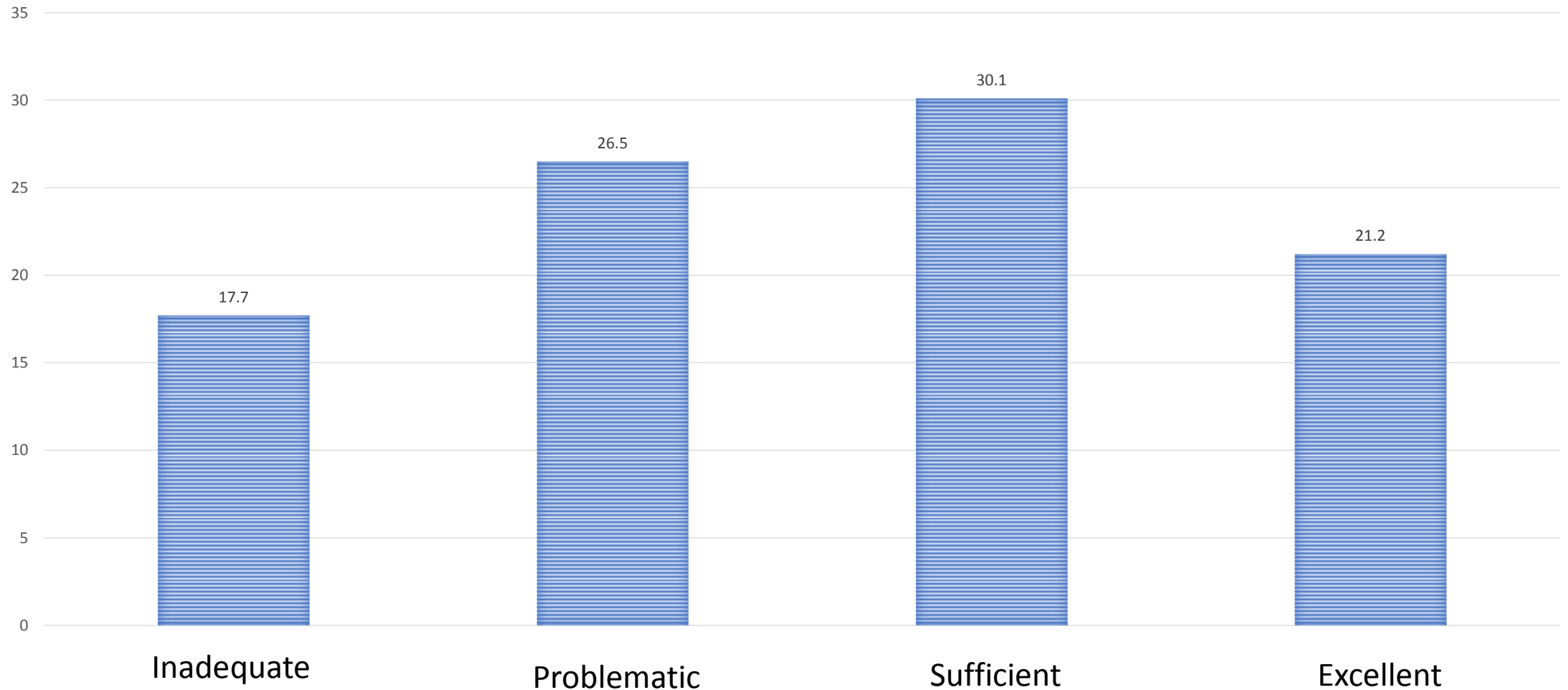
General health literacy: 46.9% limited HL



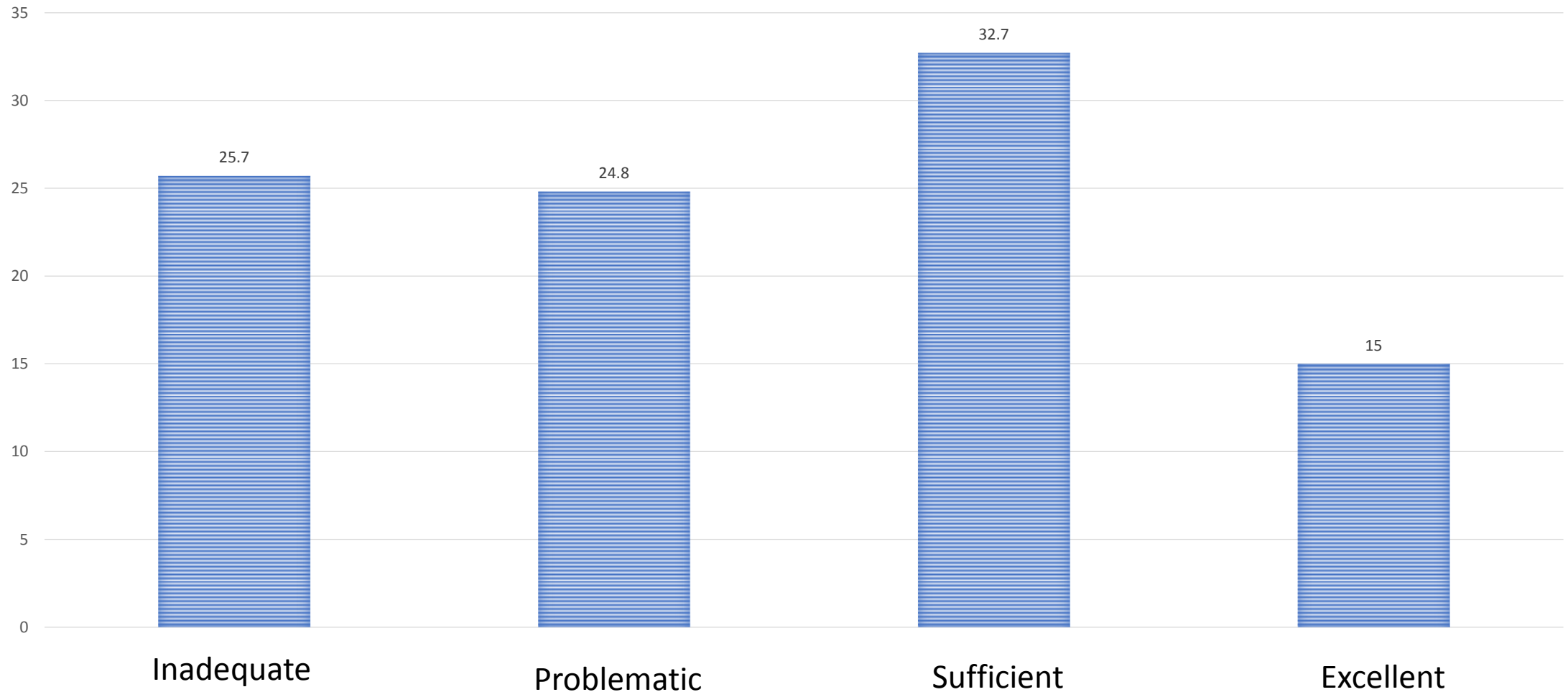
Healthcare: 33.6% limited HL



Disease prevention: 44.2% limited HL



Health promotion: 50.5% limited HL



		General HL score	Limited HL (%)	p-values
Type of treatment	Inpatients	34.3	51.7	0,450
	Outpatients	33.9	41.5	
Gender	Men	34.0	47.2	0,734
	Women	34.4	46.3	
Formal health education	Health professional	38.0	38.9	0,571
	No health education	33.5	47.3	
Other psychiatric diagnoses <small>(*except for alcohol addiction)</small>	Other psychiatric diagnoses	32.7	55.1	0,180
	No other psychiatric diagnoses	34.9	42.0	
Household net income	< 581 EUR	34.7	50.0	0,370
	582-1,357 EUR	34.1	58.6	
	1,358-2,325 EUR	31.8	51.6	
	> 2, 325 EUR	34.4	31.3	
Smoking status	Current smoker	34.3	51.1	0,069
	Non-smoker	34.4	32.4	
Educational attainment	Primary education	31.5	66.7	0,421
	Secondary w/o graduation	33.4	50.0	
	Secondary w/ graduation	33.7	47.3	
	Higher professional education	32.7	60.0	
	Higher education	35.4	40.0	

Discussion and Conclusions

- The mean score (34.1 out of 50) of general HL indicates a sufficient level of HL
- HL in people undergoing treatment for alcohol addiction is relatively low
- The participants achieved the lowest score within the health promotion domain
- No statistically significant differences were found between the variables
- Increasing HL might lead to better treatment outcomes
- Intensive contact with healthcare environment might increase HL
- The motivation of the participants to change their risky behavior might affect the HL
- People with substance addiction have different strategies than the general population
- HL can be modified through education (Sørensen et al., 2012)
- Increasing HL can minimize risky health behavior and promote healthy behavior (Bröder, 2017)

Thank you for your attention!

Any comments or suggestions?

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