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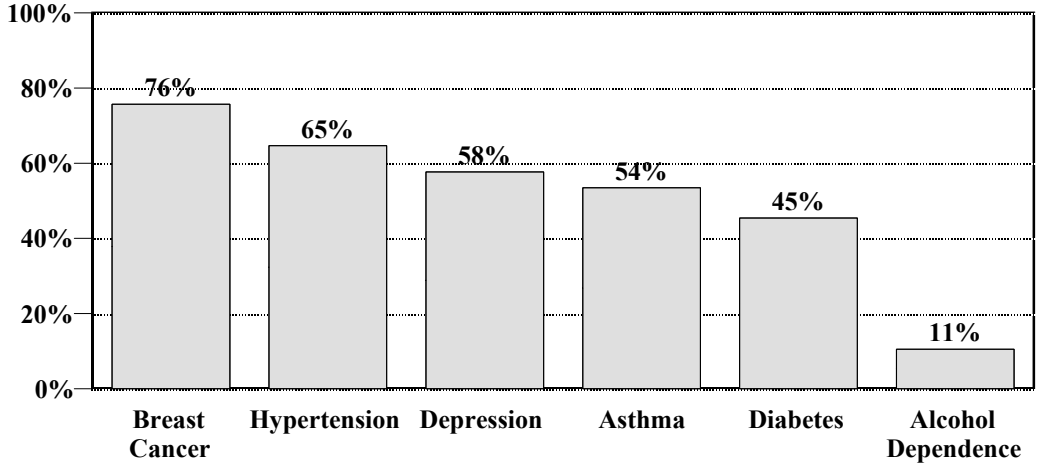
Alcohol Dependent Adults Receive Only One-Tenth of Recommended Health Care for Their Dependence

Americans receive less of the recommended health care for alcohol dependence than other medical conditions, according to a study of health care received by a random sample of adults living in 12 metropolitan areas. The study compiled indicators of the quality of health care for 30 medical conditions identified as the leading causes of illness and death and the most common reasons for physician visits.* Alcohol dependence ranked at the bottom of the list of conditions, with patients only receiving 11% of recommended care. In contrast, patients with breast cancer, hypertension, depression, asthma, and diabetes received four to seven times more of the recommended healthcare for their conditions (see figure). These findings support recent research indicating that medical professionals may not be taking advantage of the opportunities they have to address their patients' drinking behaviors (see *CESAR FAX*, Volume 12, Issue 31 and Volume 12, Issue 42).

Percentage of Recommended Care Received by Persons With Medical Conditions*, 1998-2000



*The study examined a total of 30 medical conditions (alcohol dependence, asthma, atrial fibrillation, benign prostatic hyperplasia, breast cancer, cancer pain and palliation, cerebrovascular disease, cesarean delivery, chronic obstructive pulmonary disease, colorectal cancer, community acquired pneumonia, congestive heart failure, coronary artery disease, depression, diabetes, dyspepsia/peptic ulcer disease, headache, hip fracture, hyperlipidemia, hypertension, hysterectomy, low back pain, menopause management, orthopedic conditions, osteoarthritis, prenatal care, prostate cancer, senile cataract, STDs/vaginitis, and urinary tract infections) and preventive care.

NOTES: Data on health care received was obtained through telephone interviews and medical records. Recommended care was determined by staff physicians who reviewed national guidelines, medical literature, and proposed indicators of quality for all phases of care or medical functions for each condition.

SOURCE: Adapted by CESAR from McGlynn E. A., Asch S. M., Adams J., Keesey J., Hicks J., DeCristofaro A., Kerr E. A., "The Quality of Health Care Delivered to Adults in the United States," *The New England Journal of Medicine* 346(26):2635-2645, 2003. For more information, contact Dr. Beth McGlynn Ph.D. at beth_mcglynn@rand.org.

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