

Systematic screening of substance use upon hospitalisation

FROM THE SPECIALTIES

A. ARMIKA T. NYMAN

rmanny@ous-hf.no

A. Armika T. Nyman, provisionally registered pharmacist and project worker at the Department of Forensic Medicine, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

VIGDIS VINDENES

Vigdis Vindenes, PhD, specialist in clinical pharmacology, head of research at the Department of Forensic Medicine, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

RUNE TORE STRØM

Rune Tore Strøm, specialist in substance use and addiction medicine and senior consultant at the Department of Forensic Medicine, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

SASA KATADZIC

Sasa Katadzic, specialist in intensive care nursing and staff member at the Medical Clinic, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

INGEBJØRG GUSTAVSEN

Ingebjørg Gustavsen, PhD, specialist in clinical pharmacology and senior consultant/head of section in the Department of Pharmacology, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

STIG TORE BOGSTRAND

Stig Tore Bogstrand, PhD, registered nurse, head of research at the Department of Forensic Medicine, Oslo University Hospital and professor II at the Department of Public Health Science, University of Oslo.

The author has completed the ICMJE form and declares no conflicts of interest.

Many people can improve their health by reducing their consumption of alcohol and habit-forming medications. By screening for this in connection with emergency hospital admissions, we can help to reduce use.

All emergency patients admitted to Oslo University Hospital will be asked a standard set of questions about alcohol consumption (1). If high consumption is indicated, further examinations will be carried out. For patients taking at least one psychoactive medicinal drug, and where use may be related to the patient's reason for admission, a serum analysis will be carried out. Based on the results of the serum analysis, a medication review will then be conducted (2). This will help ensure better treatment, prevent complications during hospital stays, such as withdrawal symptoms or delirium tremens, and prevent ongoing use and further damage to health. Patients who are concerned about their own substance use and are motivated to accept help will be referred to an interdisciplinary specialised substance use treatment team in connection with their hospitalisation.

High number of emergency hospital admissions

The Section for Drug Abuse Research, Oslo University Hospital, has conducted several studies on psychoactive substance use among acutely ill medical patients admitted to hospital.

The studies show that patients with harmful alcohol use admitted with a somatic condition were more likely to be multimorbid than patients with low-risk alcohol use (3). This also applies to patients who use psychoactive medicinal drugs compared to non-users. These patients often arrive at the hospital with a greater disease burden than patients with no harmful alcohol use or use of psychoactive medicinal drugs.

Harmful alcohol use has been shown to be more common among patients admitted to hospital than among the general population, and the number of patients admitted to hospital where the principal diagnosis is alcohol related has increased significantly over the past 20 years (4, 5). We know that one in four patients admitted to somatic wards should reduce their alcohol consumption and that approximately 8 % of them consume alcohol to an extent that corresponds to dependence (6, 7). When admitted to a somatic ward, an estimated one in three of these will develop delirium tremens if this is not prevented (8).

Emergency admission can be a suitable time

Hospitalisation or screening can in themselves motivate patients to reduce their use of alcohol and habit-forming medications. This requires the patient to recognise that there is a link between the reason they are admitted to hospital and their substance use. They also have to be motivated to reduce their own consumption.

We consider it an important and positive step that Oslo University Hospital has chosen to introduce systematic screening for the use of alcohol and psychoactive medicinal drugs for acutely ill patients and to offer these patients follow-up and help. We hope that other hospitals will also introduce similar procedures as this could be beneficial to the health of a large number of patients.

REFERENCES

1. Oslo universitetssykehus. Delirium tremens (alkoholdelir) – forebygging og behandling. <https://ehandboken.ous-hf.no/document/101625> Accessed 5.9.2022.
2. Oslo universitetssykehus. Serumanalyse av vanedannende legemidler. <https://ehandboken.ous-hf.no/document/140751> Accessed 5.9.2022.
3. Kabashi S, Gamboa D, Vindenes V et al. Multimorbidity, psychoactive substance use and psychological distress among acute medically ill patients: a cross-sectional study. *BMJ Open* 2021; 11: e052428. [PubMed][CrossRef]
4. Askgaard G, Leon DA, Deleuran T et al. Hospital admissions and mortality in the 15 years after a first-time hospital contact with an alcohol problem: a prospective cohort study using the entire Danish population. *Int J Epidemiol* 2020; 49: 94–102. [PubMed][CrossRef]
5. Folkehelseinstituttet. Rusmidler i Norge 2016. <https://www.fhi.no/publ/2017/rusmidler-i-norge-2016/> Accessed 5.9.2022.
6. Kabashi S, Vindenes V, Bryun EA et al. Harmful alcohol use among acutely ill hospitalized medical patients in Oslo and Moscow: A cross-sectional study. *Drug Alcohol Depend* 2019; 204: 107588. [PubMed][CrossRef]

7. Oslo universitetssykehus. Kunnskapsgrunnlaget – delirium tremens.
<https://ehandboken.ous-hf.no/document/128400> Accessed 5.9.2022.
8. Goodson CM, Clark BJ, Douglas IS. Predictors of severe alcohol withdrawal syndrome: a systematic review and meta-analysis. *Alcohol Clin Exp Res* 2014; 38: 2664–77. [PubMed][CrossRef]

Publisert: 11 October 2022. *Tidsskr Nor Legeforen*. DOI: 10.4045/tidsskr.22.0481

Received 12.7.2022, first revision submitted 24.8.2022, accepted 5.9.2022.

Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 5 February 2026.