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reduce the risk for alcohol problems among young adults attending a university hospital emergency department (ED).
METHODS: From June 1999 to December 2000, consenting patients aged 18-39 years treated in the ED were screened for alcohol problems with the Alcohol Use Disorders Identification Test (AUDIT). Patients with a score ≥6 out of a possible 40 were defined as screen-positive and randomized to either a brief intervention (BI) or standard care (SC). Follow-up telephone interviews were conducted at 3 months to assess changes in AUDIT score, a proxy for risk. Individual difference scores were calculated for patients followed. Intervention efficacy was evaluated by comparing mean difference scores for BI and SC groups.
RESULTS: Nearly 44% (1,241/2,827) of consenting patients were identified as screen-positive. 615 patients were randomized to BI and 626 to SC. At follow-up, 54% (665/1,241) of screen-positive patients were successfully re-interviewed (53.5% for BI and 53.7% for SC). The overall mean change in AUDIT score from baseline to follow-up of -3.9 for BI vs. -3.3 for SC ($p = 0.2$, Wilcoxon Rank Sum) was not statistically significant. However, the mean changes were statistically significant for females, -4.6 for BI vs. -3.0 for SC ($p = 0.01$) and current college students, -4.2 for BI vs. -3.0 for SC ($p = 0.03$).
CONCLUSIONS: Although the overall result of the trial does not support the intervention's efficacy in the ED patient population as a whole, the data also suggests that the intervention did influence females and college students. Further research is required to test the efficacy of a brief intervention among select populations.

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P043S
A SNAPSHOT OF SURGERY IN EAST AFRICA
Massey Beveridge, Kirsteen Burton, Office of International Surgery, University of Toronto, Ontario, Canada

PURPOSE: East Africa has an overwhelming burden of illness due to a large incidence of trauma and other conditions treatable by surgery. Although approximately 205 million people inhabit the countries of East Africa, they are served by only a handful of surgeons (roughly 400). There is great potential to reduce the burden of East African illness through the enhancement of surgical practice; however, information surrounding the East African surgical experience remains sparse. The results of this study shall help to generate knowledge that will lead to the development of an enhanced East African surgical community with resources appropriate to its needs.
METHODS: The study sample consisted of a group of 50 surgeons based in eight countries of East Africa. Survey participants were recruited either through affiliations with the Office of International Surgery or the Association of Surgeons of East Africa (ASEA). An 8-section, 14-page, self-administered e-mail questionnaire was developed, revised extensively and modified, based on feedback from domestic and African physicians, surgeons and survey instrument experts. Information was collected on a number of areas concerning the African surgical milieu including: surgical personnel in your country; availability of surgical resources; your patients; and HIV in your environment. The data, collected over a one-month period in March of 2003, shall be analyzed primarily by calculation of frequencies to measure physician attitudes and chi-square tests for associations among categorical data.
RESULTS: Preliminary results indicate that African surgeons face some issues that are similar in nature to those encountered in more developed societies, e.g., unequal distribution of surgical resources among rural areas and conflicts with respect to how to service these areas. On the contrary, however, many African surgeons face problems that are more unique: systemic corruption, and extremely high levels of work-related stress.
CONCLUSION: The results of this "Snapshot" help to fashion a valid picture of the obstacles, stresses and challenges facing the relative handful of surgeons who treat the large burden of disease and injury in East Africa.

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P044
ADHERENCE TO GUIDELINES FOR LIPID-LOWERING THERAPY AFTER CORONARY ARTERY BYPASS GRAFTING (CABG): CANADIAN OFF-PUMP CABG REGISTRY[†]
F Farrokhyar, R Kent, S Wang, K Smith, AW Cheung, JC Mullen, M Carrier, RG Baillot, A Lamy (for The Registry Investigators), Department of Surgery, McMaster University, Hamilton, Ontario, Canada

PURPOSE: Based on Ontario guidelines (Naylor et al, ICES; 1999), every patient undergoing CABG should receive services aimed at modifying not just lipid levels, but the full range of atherosclerosis risk factors. Therefore, we aim to study the prescription of lipid lowering drugs (LLDs) after off-pump CABG surgery and to assess the effects of patients' factors on LLDs prescription as a secondary prevention of coronary artery disease.
METHODS: The Canadian Off-Pump CABG Registry a national multi-center prospective study comprised of 5 provinces. From March 2001 to December 2002, patients undergoing off-pump CABG were recruited. Demographics, clinical factors, complications and prescription medications are collected. Logistic regression analysis and χ^2 are used for data analysis and odds ratios (OR) and 95% confidence intervals (CI) are reported.
RESULTS: Of 1632 patients, 1602 (98.2%) survived CABG. At discharge, 74.1% were prescribed LLDs compared to 97.4% antiplatelet. 87.2% of patients who were on LLDs at referral did receive LLDs at discharge and 71.1% of those who were not on LLDs at referral did not receive LLDs at discharge. The proportion of LLDs prescription at discharge in patients younger than 65 years was significantly higher than in those who were 65 years or older (79.4% vs. 69.1%, $p < 0.01$). The rate of LLDs prescription varied from 61% to 88.8% within cardiac centers ($p < 0.01$). Factors affected LLDs prescription after CABG included age younger than 65 years (OR 0.69; 0.53-0.88), hyperlipidemia (5.96; 4.62-7.69), renal disease (0.38; 0.24-0.61), obesity (1.55; 1.16-2.05) and cardiac center (1.1; 1.06-1.14).
CONCLUSION: There is a marked center variation in the rate of discharge LLDs prescription, which reflects the differences in the management after CABG surgery. These results suggest a major improvement in prescribing LLDs after CABG surgery since 1997 (32%; ICES) but it has not reached the similar rate of antiplatelet therapy in order to modify atherosclerosis risk factors, especially in older patients.

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