Factors Associated With Hypertension Among Adult Patients In Pokhara

Saraswati Basnet

Teaching Assistant, Adulth Health Nursing (Master In Nursing)
Tribhuvan University Institute of Medicine Nursing Campus Biratnagar, Devkota Chock-10 Morang, Koshi Nepal

ABSTRACT: This article is about Factors Associated with hypertension among Adult Patient perspective. The main purpose of this study was to assess risk factors of hypertension. Hospital based case-control research design was used for this study. The study was conducted at Western Regional Hospital in Pokhara. Non probability purposive sampling technique was used. The total sample size was 192. An interview schedule consisting semi – structured questionnaires was used to measure the risk factors of hypertension. The data was analyzed by using both descriptive and inferential statistic such as frequency, Percentage, Mean, standard deviation according to nature of variables. Inferential statistics as univariate analysis was used to determine the association between risk factors and hypertension. The finding this study revealed that more than (29.2%) cases and controls was age 51-60 years. Majority of (59.4%) cases and controls were female. Above (45.8%) cases and (42.7%) controls were overweight. Majority of cases (84.4%) and controls (28.8%) had past smoker. Majority of cases (81.3%) had past alcoholic whereas only (9.4%) cases had past alcoholic. Hypertension was statistically significant association between obesity (p= 0.030, OR=1.881, CL; 1.060-3.339), family history (p=< 0.001, OR= 4.33, CL; 2.25-8.39), smoking (p=< 0.001, OR=33.61, CL; 11.08-133.60), alcoholism (p= < 0.001, OR= 55.09, CL; 20.48-160.055) and exercise (p= 0.009, OR= 2.14, CL; 1.15-3.97).In light of the results concluded that hypertension is statistical significant association with family history of hypertension, smoking, and alcohol consumption and doing light exercise.

Keywords: Hypertension, Cases, Control Selected socio-demographical factors, Personal behavior factors (personal habits) and Obesity

1 INTRODUCTION

Hypertension is defined as the systolic blood pressure greater than 140 mm of Hg and a diastolic blood pressure greater than 90 mm of Hg, Based on two or more measurements (Smeltzer, Brenda, Hinkle, & Kerry, 2010). Hypertension has been identified as a leading risk factor for mortality and ranked third as a cause of disability adjusted life years worldwide. More than a quarter of the world's adult population totaling one billion had hypertension in 2000, and this proportion will increase to 29% or 1.56 billion by 2025. The prevalence of hypertension increases with age consistently in all regions of the world (Ezzati, Lopez, Rodgrers, Vander, & Murary, 2002). The World Health Organization (WHO) has estimated that about (62%) of cerebrovascular disease and 49% of ischemic heart disease burden worldwide are attributable to suboptimal blood pressure levels where by high blood pressure is estimated to cause 7.1 million deaths annually, accounting for 13% of all deaths globally (Kumar & Halesh, 2010). Hypertension: a major public health challenge worldwide Hypertension is an important public health challenge, which affects approximately one billion persons worldwide. Hypertension is the leading risk factor for mortality (12.7% of deaths attributable) followed by tobacco use (8.7%) and high blood glucose (5.8%). Each year at least 7.1 million people die as a consequence of hypertension (Dhital, & Karki 2003). Hypertension prevalence by age in the Canadian survey was the same as in the United States. The prevalence in the age group 35 to 44 years was 14% in the North American countries and (27%) in Europe, increasing to 53% and 78%, respectively, among persons aged 65 to 74 years (Wolf-Maier, et al., 2003). Hypertension, a major risk factor for CVD and renal diseases, significantly reduces life expectancy. Myocardial infarction and stroke occur 2-3 times more often among individuals with untreated hypertension. In a study conducted in Kenya, Ogden's et al., (2009) found that hypertension was the most common risk factor for acute myocardial infarction, followed by diabetes mellitus, smoking, infection, and alcohol. Indeed coronary heart disease (CHD) has emerged as the leading cause of death among older Africans (Fastone, Selestine, Olusegun, Sanolo,Zyaambo, 2011). The prevalence of hypertension higher and varies in between 15-35% in urban adult populations of Asia but in rural populations, the prevalence is two to three times lower than in urban subjects. Hypertension and stroke occur at a relatively younger age in Asians and the risk of hypertension increases at lower levels of body mass index of 23-25 kg/m2. Overweight, sedentary behavior, alcohol, higher social class, salt intake, diabetes mellitus and smoking are risk factors for hypertension in most of the countries of Asia (Singh, et al., 2000). The prevalence of hypertension in urban Asian adult population varied between (15-35%). Overall prevalence of hypertension in various parts of Nepal in recent years seems to range was (19.7%) to (22.7%) Prevalence of hypertension seems rapidly increasing in Nepal tripling (33.8%) in a Nepalese community during 25 Years of period in a repeat cross-sectional study in rural Kathmandu (Shrestha, & Dhungel, 2012). Hypertension is a cardiovascular disorder rapidly emerging as a major public health problem in developing countries and is the most widely recognized modifiable risk factor for cardiovascular diseases (Manandhar, Koju, Sinha, & Humagain, 2012). Hypertension, one of the major risk factors for CVD, was estimated to be present in (27.8%)of Nepalese adults aged 25 years and above. a community-based screening for CVD risk factors in eastern Nepal, showed a hypertension prevalence of (33. 20), (13. 9%) among adults 20 years of age and above (Dhital, & Karki, 2013). Prevalence of hypertension in the Dharan town of Eastern Nepal was (22.7%). The comparison between background and lifestyle variables of the population with normal and high blood pressure at time of study shows significantly different in terms of age, religion, current job status occupation, socioeconomic status physical activity and tobacco use (Vaidya, Pokrel, Karki, & Nagesh, 2007). The largest of these studies, a community-based screening for

CVD risk factors in eastern Nepal, showed a hypertension prevalence of (33.9%) among adults 20 years of age and above. Other studies, which were heterogeneous in design, showed variable results, with prevalence estimates ranging from (18.8%) to (41.8%) (Dhital, & Karki 2013). The study Pokhara showed that majority of the hypertensive patients were males of Brahmin and Newar community with susceptible age group of 60-69 years. Majority of the patients were non-vegetarian, non-alcoholic and non-smoker. The anti-hypertensive prescription pattern revealed that 80% of the patients were on mono therapy and calcium channel blockers were the mostly prescribed medication. Prescription of anti-hypertensive agents along with other medications for concomitant diseases was also observed (khan, et al., 2013).

Objective: Major objective of this article is to assess factors associated with hypertension.

2. Research Methodology

Research design
Case- control research design was used to assess the factors associated to hypertension patients of Western Regional Hospital in Pokhara.

Research Setting and Population
The study was conducted in Western Regional Hospital, is situated in Pokhara Sub-metro politician. Western Regional Hospital is a public hospital and famous for poor & medium class peoples where Medicine, Surgery, Maternity, Pediatrics, Intensive Care Unit, Dialysis and Orthopedic treatment facilities are available. It is a 350 bedded Governmental Hospital provides the services to the people, of the Western Region of Nepal. In this hospital's Medical Out Patient Department the average patient are 30,371 coming for regular check up in a year. Among them 135 cases of hypertension coming for regular check up in a month excluding diabetic, heart disease and renal with hypertension patients (unpublished Hospital Records). Study population was the Patient of diagnosed hypertension (HTN) by the Physician attending in Out Patient Department and ward admitted was taken as cases. The control group was taken as without having hypertension but diagnosed other minor disease as gastritis, common cold attending at Medical Out Patient Department and ward of the same hospital.

Sampling
Western regional Hospital was chosen purposively. The respondents was all the cases of hypertension above 21 years, attending at Western Regional Hospital, Pokhara during data collection period meeting the inclusion criteria was taken as sample. Data collection period was 4 weeks used from 15th April to 14th May 2014. In the same period of last year in same Hospital there were 135 cases of hypertension coming for regular check up in a month excluding diabetic and renal with hypertension patients. The estimated sample size was 192, among them, 96 cases and 96 controls. Cases were including the patient with diagnosed hypertension and controls were including age and sex matched attendants without having hypertension attending western Regional Hospital Pokhara. Presences of risk factors were the exposures of concern. One age and sex matched patient for each case from the other minor disease as common cold, gastritis was diagnosed by physician, and attending the same hospital other than not

having hypertension was taken as controls. While matching the age, 1 year to plus minus was taken. If the estimated sample size of cases could not be achieved then controls will be taken in the ratio of 1:2 to quantify the strength of the association of risk factors with the hypertension otherwise will take as 1:1.

Instrumentation
A modified Semi-structured interview schedule as per the objectives of the study was developed the based on of WHO STEP wise approach to chronic disease risk factor surveillance- Instruments step 1 and 2 Questionnaire, which is developed by WHO. This interview schedule was modified with the help of Extensive literature review, consultation with advisors, other expert and researcher's knowledge and experience. This instrument was developed both English and Nepal version too. Validity of the instrument was established by consultation with advisors subject experts and physician expert. Pretesting of the instrument was conducted with 10% of sample in Fistel Hospital in Pokhara where attending Out Patient Department for follow up investigation and treatment of the patient with hypertension. Instrument was modified, if required, as per the outcome of the pretest. Instrument consisted of two parts:

Part I: Items on socio-demographic information such as age, sex, education level, Ethnicity, height weight and hypertension related item etc. This is consists of 2 items, age during diagnosis of hypertension and duration on medication. Height was measured as same inch tape and Weight was measured as same pointer weight machine by the researcher herself.

Part II: Questions related to risk as family history and risk habit e .g. smoking, alcohol consumption and activity exercise. This instrument consists of 24 items. Smoking was categorized smoker (current and past user) and non smoker (never user) which was measure as sticks (Primatesta, Paola, Poulter, & Neil, 2004; Islam, 2013). Alcoholism was categorized as current, never and past user and low, moderate and high (Shrestha, 2012). The amount of alcohol was measured as milliliter. Activity and exercise was measured as hours and minutes. Physical activity is categorized as (1) Low physical activity defined as light level of occupation (less than 30 minutes) and leisure time physical activity (2) moderate, defined as subjects who reported only one of the three defined as subjects who reported light levels of occupational, types of moderate-to-high physical activity; and (3) high, defined as subjects who reported two or three types of moderate-to-high physical activity (Hu, Barengo, Tuomilehto, Lakka, Nissinen, & Jousilahti, 2004)

Data collection Procedure
Data was collected after getting approval from research committee of TU IOM, Pokhara Campus and Institutional Review Board IOM Maharajganj. Written permission was taken from Western Regional Hospital for data collection. Verbal informed consent was obtained from the each subject prior to data collection by explaining the purpose of the study. Data was collected by researcher herself. This study helps to respondents indirectly by providing 5 minutes health educating about risk of hypertension prier the data collection. Data was taken about 20-30 minutes small cabin (area) that partition by screen. Confidentiality was ensured and maintained privacy by

collecting the data each cases and control separately. The obtained information was used only for the purpose of study and was maintained throughout the data collection and study period. The information was taken in equal proportion of cases and controls in each day. Data on exposure and other information was collected by interviewing the hypertension cases and other control using pretested instrument.

Data Analysis Procedure
Collected data was checked, edited, organized, coded and entered in SPSS software program for analysis. Both descriptive and inferential statistics was used for data analysis. Odds Ratio (OR) and Univarate analysis were obtained to find out the strength of association between risk factors and hypertension.

2.1 Results Discussion and Data Analysis

Demographic Characteristics of the cases and controls
About twenty-nine percent of cases and controls were age 51-60 years. Majority of (59.4%) cases and controls were female. Among ethnicity (35.4%) cases and (29.2%) controls were Janajati. Among the respondent; (48.9%) of cases and controls (40.6%) had no education. Similarly less than half (45.8%) of cases and (42.7%) of controls were overweight.

2.2 Family History of Hypertension among Cases and Controls
Table 2 showed that majority of cases (74.0%) and had family history of hypertension whereas only (39.6%) of controls had family history of hypertension. Similarly more than half of cases (56.2%) and controls (31.2%) had family history of hypertension's relation with father and mother site.

Percentage Distribution of Smoking among the Cases and Controls
Majority of cases (84.4%) and controls (28.8%) had past smoker. More than half (56.0%) of cases where as only (22.2%) of controls had started their smoking age 12-17 years of age. Among them 23.7% cases and 2.3% controls had taken 11-15 sticks per day. Similarly duration of smoking (31.3%) of cases and (21.4%) of controls had seen smoking more than 20 years.

Percentage Distribution of Alcohol Consumption among Cases and Controls
Majority of cases (82.3%) had past alcoholic whereas only (9.4%) of controls had past alcoholic. Among cases (43.9%) and controls (9.4) had started for alcohol consumption age 18-23 years. Around fifty eight percent of cases had high alcohol consumption whereas only two percent of control had high alcohol consumption. Similarly in relation to alcohol consumption of cases (36.4%) and controls (8.4%) had seen more than 20 years.

Percentage Distribution of Activity and Exercise among Cases and Controls
Majority of cases (64.6%) were doing house work whereas (59.4%) of controls were doing house work. Among the respondents of cases (52.0%) had done moderate activity exercise whereas only (32.3%) of controls had done moderate activity exercise.

2.3 Univariate Analysis of Risk Factors of hypertension among the Case and Control

(n=192)

Risk factors	Cases (n=96) No.	Controls (n=96) No.	OR (95% CI)	p-value
Obesity of patient				
Obese	58	43	1.88 (1.060-3.339)	0.030*
Non Obese	38	53		
Family history				
Yes	71	38	4.33 (2.25-8.39)	< 0.001 *
No	25	58		
Smoking				
Yes	92	39	33.61 (11.08-133.60)	< 0.001 *
No	4	57		
Alcohol consumption				
Alcoholic	89	18	55.09 (20.48-160.055)	< 0.001 *
Non alcoholic	4	78		
Activity and exercise				
Light	54	36	2.14 (1.15-3.97)	0.009*
High	42	60		

CI (confidence interval), OR (odds ratio).
*indicates association.

Table 6 revealed that the result of Univariate Analysis of risk factors of hypertension, which showed that hypertension is statistically significant association with the obesity (p= 0.030, OR=1.881, CL; 1.060-3.339). Obese patient is 1.88 times more likely to being hypertension than non obese. Hypertension is statistically significant association with family history of hypertension (p=< 0.001, OR= 4.33, CL; 2.25-8.39). Hypertension occurs 4.33 times more likely to family history of hypertension than no family history of hypertension. Hypertension was statistically significant association with smoking (p=< 0.001, OR=33.61, CL; 11.08-133.60). Hypertension occurs 33.61 times more likely to smoker than nonsmoker. Hypertension was statistically significant association with alcohol consumption (p= < 0.001, OR= 55.09, CL; 20.48-160.055). Hypertension occurs 55.09 times more likely to alcoholic than non alcoholic and hypertension was statistically significant association with light exercise (p= 0.009, OR= 2.14, CL; 1.15-3.97). Hypertension occurs 2.14 times more likely to do light exercise than high exercise. hypertension odd ratio 2.34 (1.59–3.44) confidences. This

3 Discussions

The present study result showed that the factors associated to hypertension was the statistically association between obesity and hypertension (p= < 0.001, OR=1.88, CL; 1.060-3.339). Hypertension is statistically significant association with family history of hypertension than no family history of hypertension (p=< 0.001, OR= 4.33, CL; 2.25-8.39), hypertension was statistically significant association with Smoker than non smoker (p=< 0.001, OR=33.61, CL; 11.08-133.60). Hypertension was statistically significant association with alcohol consumption than not consumption of alcohol (p= < 0.001, OR= 55.09, CL; 20.48-160.055) and hypertension was statistically significant association with light exercise (p= 0.009, OR= 2.14, CL; 1.15-3.97). Hypertension occurs 2.14 times more likely to do light exercise than high exercise. The present study showed result that hypertension was the statistically significant association with obesity (p= < 0.001, OR=1.88, CL; 1.060-3.339). A Cohort study of 300 Japanese-Americans which was studied conducted by (Kotsis et al., 2005) studied revealed that body mass index was a contributory factor for high blood pressure. This result is the consistency with present study finding may be similar setting or may be similar characteristics of respondents. Another study conducted by (Mishra, Amold, Semenov, Hong, & Mukuria, 2005) report revealed that for men the risk of hypertension was strongly positively associated with BMI only at BMI levels about 25, but for women a positive relationship was observed at all BMI level. This finding was consistency with present study finding may be the similar social cultural factors. A cross-sectional study Among the 244 woman (15-45 years) at Amtalab Raichure conducted by (Chandrashekhar & Basagoudar, 2013) studied revealed finding hypertension occurrence was significantly higher among those Overweight and obesity (p = 0.02). This finding was similar to the present finding may be the sedantary life style or may be the no high activity and exercis. A Cohort study of 300 Japanese-Americans which was studied conducted by (Kotsis et al., 2005) studied revealed that body mass index was a contributory factor for high blood pressure. This result is the consistency with present study finding may be similar setting or may be similar characteristics of respondents. A cross-sectional study at Banepa, Nepal conducted by (Manandhar et.al, 2012) studied finding revealed that hypertension was seen positively associated with more than 25 body max index. This finding was similar to present study finding may be the similar physical structure or may be the similar cultural factors. The present study showed result that hypertension was the statistically significant association with Family history of hypertension than no family history of hypertension (p=< 0.001, OR= 4.33, CL; 2.25 - 8.39). One study conducted by (Kadota, et al., 2008) studied result revealed that hypertension was positively related to total stroke mortality among women aged less than 60 years and men aged 60 or more years (women: OR=3.41, 95% CI; 1.49–7.81; men: OR=1.50, 95% CI: 1.00–2.24). This finding was indirectly similar to the present study finding may be the similar genetic characteristic of respondent. A case-control, outpatients-based study of adolescents, aged 11 to 19 years, (n= 91 cases and 182 controls) conducted by (Maria, Kuschnir, Gulnar, & Mendonça, 2007) studied revealed that a positive association between hypertension in adolescence and having both mother and father with high blood pressure (OR = 8.6; 95%CI 3.51-20.59) and than having just one hypertensive parent (OR = 2.17; 95%

CI 1.18-3.99). This finding supported present study finding may be the similar type of study or may be the similar hereditary characteristics of respondent. A cross-sectional study Among the 244 woman (15-45 years) at Amtalab Raichure conducted by (Chandrashekhar & Basagoudar, 2013) studied revealed finding was hypertension occurred significantly higher among those having family history of hypertension p =0.001. This finding was consistence with the present study finding may be the nearly similar sample size. The present study showed result that hypertension was statistically significant association with smoker than non smoker (p=< 0.001, OR=33.61, CL; 11.08-133.60). Hypertension occurs 33.61 times more likely to smoker than non smoker. A study conducted by (Mikkelsen et al., 1997) study found an inverse association between smoking and blood pressure. Smokers, as compared with non-smokers had statistically significant lower clinical blood pressure, day ambulatory blood pressure, and night ambulatory blood pressure. This finding was supported the present study may be the similar variable in both study. Another study of the relationship between smoking and hypertension in 12 417 men from 10 medical centres in western and central France conducted by (Halimi et al., 2002) found that smokers had significantly greater risk of hypertension compared to non-smokers. This finding was supported the present study finding may be similar response of the respondents or may be the similar background of the respondents. A population- based survey on Vietnam Participant (n=910) conducted by (Thuya, Blizzard, Schmidt, Luc, Granger, & Dwyer, 2010) shows that smoking was significant association (1.67, 95% CI 1.25–2.23, P<0.01) with hypertension than non smoker. This study finding consistence with present study may be similar behavior characteristic of respondents. A population-based cross-sectional study in Kathmandu, Nepal conducted by (Vaidhya, Pathak, & Pandey, 2012) showed that tobacco use is significantly associated with hypertension odd ratio 1.34 (1.04–1.72). This finding is supported the present study finding may be the similar ethnic group of respondent or may be the similar cultural groups. The present study showed result that hypertension was statistically significant association with alcohol consumption than not consumption of alcohol (p= < 0.001, OR= 55.09, CL; 20.48-160.055). Hypertension occurs 55.09 times more likely to consume alcohol than not consumed alcohol. A cross-sectional studies in China and Korea conducted by (Omari, et al., 2002) studied finding was strongly associated with an increased risk of incident hypertension. This study was consistence with present study finding may be similar setting or may be similar behavior factors of respondends. Another studied have conducted by (Stranges et al., 2004; Marques-Vidal et al 2001) found that drinking more than 210g alcohol a week induced hypertension especially drinking every day or drinking without food this finding supported present study finding may be the similar sample size or may be the similar socio-demographic factors. Another study had conducted by (Sesso, Cook, Buring, Manson, & Gaziano, 2013) result revealed that a strong positive association between higher alcohol consumption and an increased risk of developing hypertension. This finding supported present study finding may be the similar response in both studies. A cross- sectional study in Banepa in Nepal (405 subjects of people) was conducted by (Manandhar et al., 2012) result showed that hypertension was seen positively associated with alcohol consumption. This finding consistence

in present study finding may be the similar characteristics of respondents or may be the cultural habit of respondents. The present study showed result that hypertension was statistically significant association with light Exercise (p= 0.009, OR= 2.14, CL; 1.15-3.97). Hypertension occurs 2.14 times more likely to do light exercise than high exercise. A prospective cross-sectional study (n= 496) conducted by (Tsiachris, et al., 2011) result revealed that Physical Activity was positively correlated to systolic BP (r = 0.139, P = 0.003) and pulse pressure. This finding supported present finding study finding may be similar response to researcher by the respondents. A cross sectional study was conducted by (Chataut, Adhikari, & Sinha, 2011) result revealed that the positive association of hypertension with physical inactivity. This finding was similar to present study finding may be nearly about sample size or may be similar types variable of respondents. A population-based cross-sectional study conducted by (Vaidhya, Pathak, & Pandey, 2012) in Bhadrabas village area of Kathmandu Valley showed that physical activity is significantly associated with study finding was consistence in present study finding may be the similar sample size or may be similar socio-cultural factors.

7 END SECTIONS

7.1 Appendices

Research Title: Factors Associated with Hypertension among adult patients at Western Regional Hospital Pokhara

Purpose: To collect information about Factors associated to hypertension among cases and control groups

Investigator: Saraswati Basnet

9   Part I: Demographic Information of Patient's

Introduction: The researcher is the student of Masters of Nursing Program, Pokhara Campus. This study is conducted as a requirement of the Master's degree in Nursing. Although the study was not benefiting you directly, it was helpful to the nurses, other health care providers and students of health related field as well as patient. It was also helpful to concerned authority in developing information, education and communication for patient regarding the identify risk factors of hypertension then modifying modifiable risk factors for prevention, control and treatment of hypertensive patient. The finding of the study was the basis for the further research. This study involves no foreseeable risk or harm to you. The activity includes answering a questionnaire on socio-demography, and risk of hypertension. Participation in this study will take about 20 minutes. Researcher liked to request you to participate in the study and also liked to assure you that the information you provided was kept confidential and your responses was used only for the study purposes. Your participation in the study is entirely volunteer and you have right to withdraw from study anytime before or during the study without any reason. The success of this study depends on your complete and true information, so the researcher would like to request you to provide complete information.

APPENDIX B
Tribhuvan University, Institute of Medicine
Pokhara Campus Pokhara
Semi Structure Interview Schedule to assess Risk Factors of Hypertension

Direction:
8   Interviewer will read out the questions for the client one by one and tick mark [√] or write the client's response in the space.

Q.N.	Questions	Response
1.1	Age of patient	
1.2	Sex of patient	
1.3	Address	
1.4	Ethnicity of patient	……………
1.5	Education level of the patients	None Primary Secondary Higher secondary and above
1.5	Height of patient	………in Centimeters (cm)
1.6	Weight of patient	………in Kilograms(kg)
1.7	BMI of patient	………Kg/m^2
1.8	Age at Diagnosis	………years ………months
1.9	Duration of medication	……….years ………..months

Part II: Risk factors Related Information

A family History

Q.N.	Question	Response
2.1	Any of your (immediate) relatives suffer from hypertension?	Yes No
2.2	If yes, in which relative has hypertension?	Father Mother Brother/sister Grandfather Grandmother Others…………

B. Smoking

Q.N.	Question	Response
2.3	Do you use any of these **products** such as snuff, betel, chewing tobacco etc.	Current User Never user Past user
2.4	If user, how long did you use?	Since …..years
2.5	Do you smoke tobacco product? (Cigarette, Bidi, Tamakhu, Hukka, Cigar e.tc.)	Current User Never user Past user
2.5	If smoker, How old were you when you **first started** smoking?	Age (……….years)
2.6	On average, how many stick cigarettes do you smoke per day?	……sticks/per day
2.7	If past smoker how many stick cigarettes did you smoke per day?	…sticks / per day
2.8	If past smoker, when did you stop smoking?	(………years) (…… month) (…….days)

C. Alcoholism

	Question	Response
2.11	Do you use any alcoholic drink such as beer, wine, spirits, and fermented cider?	Ever Never Past
2.12	If user, how long did you use?	Since …….years
2.13	If user, How old were you when you **first started** alcohol?	………years
2.14	On average, how many standards alcoholic drink do you have in a week?	……..ml
2.15	How many standards did you drink during months?	………..ml
2.16	If past drunker, when did you stop taking alcohol?	…….years
2.17	If past drunker how many standard alcoholic drinks did you have in a week?	……..ml