A U.S. government advisory panel recommends that primary care doctors ask patients about their drinking habits and provide counseling to those who misuse alcohol, according to HealthDay.

The U.S. Preventive Services Task Force found that screening and intervention can help adults aged 18 and up who drink more than the recommended amount of alcohol cut back. However, the panel concluded there was not enough research on people under 18 to recommend for or against screening and counseling.

The panel also recommended screening and intervention for pregnant women, although the evidence for effectiveness in this group was less strong than for the general population of adults.

The draft recommendations, released Monday, echo the task force's 2004 guidelines on alcohol screening.

"The overarching message is the same as it was back then. At least in the adult population, the evidence shows that clinicians can help men and women who are drinking in ways that are not healthy to change those habits," said Dr. Michael LeFevre, task force co-vice chair.

An estimated 30 percent of people in the United States misuse alcohol. Alcohol misuse, which includes binge drinking as well as alcohol dependence, is the third-leading cause of preventable deaths in the nation.

The U.S. National Institute on Alcohol Abuse and Alcoholism recommends that women and people older than 65 drink no more than three alcoholic drinks per day and no more than seven drinks per week, and that men limit their consumption to four alcoholic drinks per day and 14 drinks per week.

"My impression is that more primary care physicians are screening [for alcohol misuse] than in 2004," LeFevre said. However, the rates of misuse and dependence are about the same as eight years ago, added LeFevre, director of clinical services at the University of Missouri School of Medicine, in Columbia.

For the current recommendations, the task force looked at an analysis of 23 studies published between 1985 and 2012 on screening and behavioral counseling interventions among people who misuse alcohol. The analysis appears online Sept. 25 in the Annals of Internal Medicine.

Among the strongest pieces of evidence were studies that found that adults drank 3.6 fewer drinks a week one year after counseling, and that 12 percent fewer adults reported heavy drinking episodes one year after intervention.

"Even though we are relatively certain that there is benefit, the changes in behavior are not as dramatic as you might hope for," LeFevre said. There is also not a clear connection between decreased consumption and improved health, he added.

The analysis found no difference in the rates of disease or death among the adults who received screening and intervention, although some studies found that risky drinkers who got counseling spent less time in the hospital.

Dr. Domenic Ciraulo, psychiatrist-in-chief at Boston Medical Center who was not involved in the current recommendations, said he is in complete agreement with the task force findings.

However, while many primary care physicians already do some sort of alcohol screening, their accuracy depends on the person giving the test and the type of test, Ciraulo said.

One of the tests the task force recommends, called AUDIT, involves 10 multiple-choice questions about alcohol consumption and takes two to five minutes to complete.

"It can be given on paper or computer, and in the right environment, [doctors] can get pretty reliable results," Ciraulo said.

The task force also recommends screening with a single question: How many times in the past year have you had five or more drinks in a day? A lot of busy clinicians use it, LeFevre said.

But these questions can't really distinguish between the occasional binge drinker and people addicted to alcohol, so everyone will end up in counseling, LeFevre said.

Of course, unlike the occasional binge drinker, people addicted to alcohol will need more and longer therapy, Ciraulo said. And no matter where a patient falls on the spectrum, making sure that the doctor, or nurse or counselor who does the intervention is well-trained and has the right personality is key, Ciraulo added.

The task force found that the most effective amount of counseling for people who are risky drinkers is several sessions between six and 15 minutes each, whereas single visits under five minutes are less effective.

Although the panel reviewed different types of counseling, including stress management and action plans, it did not make specific recommendations.

Seeking help for a family member or a friend, click here.