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Treatment for alcohol dependence in primary care compared to specialist care: a randomized controlled trial


2016-09-23

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Treatment gap




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Barriers to seeking treatment

1. Stigma/shame



Ref:
Wallhed Finn et al., 2014 *Sub use and misuse*;
Andréasson et al., 2013 *Alcohol & Alcoholism*;
Schomerus et al., 2011 *Alcohol & Alcoholism*


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Primary care

One way to reduce the stigma is to also offer treatment in primary care

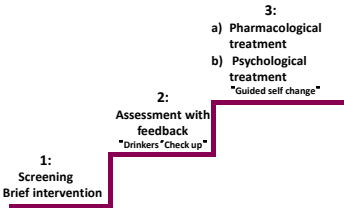
Screening and brief interventions in primary care (PC)
(Alvarez-Bueno et al., 2015; O'Donnell et al., 2014)


Few studies of alcohol dependence treatment in PC
(Berger et al., 2013; O'Malley et al., 2013; Oslin et al., 2013; Karhuvaara et al., 2007; Kirtze-Topot et al., 2004; Drummond et al., 1990)



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The "15 method" AUDIT>15; 15 minutes



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The study

- Aim: to study the effects of the 15-method in primary care compared to treatment as usual in a specialist addiction unit
- Method: RCT, non-inferiority
- Hypothesis: the 15-method carried out in primary care, is equally effective as treatment as usual in a specialized addiction unit.
- Participants: 288 adults fulfilling criteria for alcohol dependence

Outcome measures

Primary:

- change of weekly alcohol consumption measured in grams of alcohol, assessed with TLFB30

Non-inferiority limit:


- difference of 50 grams alcohol per week

Secondary:

- days with heavy drinking per week (TLFB30)
- hazardous and harmful drinking (AUDIT)
- degree of alcohol dependence (ICD-10 criteria & SADD)
- consequences of drinking (SIP)
- symptoms of anxiety and depression (HADS)
- health related quality of life (EQ 5D-5L)
- biomarkers (CDT, AST, ALT & GGT)
- satisfaction with treatment (CSQ)


- 6 months follow up

Participants



Variable		SC (n=144)	PC (n=144)
Female		47 %	43 %
Age	mean (SD) range	54 (12) 25-79	56 (11) 23-77
Education			
> 12 years		56 %	54 %
Source of income			
employment		73 %	74 %
pension		22 %	22 %
Civil status			
married/co-habiting		64 %	58 %

Type of treatment

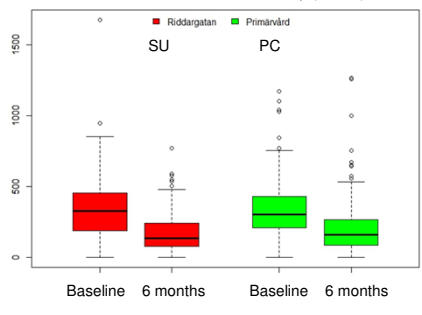


Participants with >0 visits

		SC (n=138)	PC (n=133)
Feedback only		4%	10%
Pharmacological treatment (only)		18%	13%
Psychological treatment (only)		33%	20%
Pharmacological and psychological treatment		45%	57%
Number of visits	mean (SD) range	4.9 (2.7) 1-14	3.1 (1.4) 1-6

Results

Weekly consumption of alcohol in grams at baseline and 6 months follow up (n=228)



Conclusions

- Alcohol dependence, and especially individuals with low severity, can be successfully treated by general practitioners in primary care.
- The results indicate that a larger proportion of those in need can get access to effective alcohol treatment.

Limitations

- The participants were identified as alcohol dependent
- Drop out rate 21%



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Thank you!



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