What predicts treatment entry in proactively recruited individuals with DSM-5 Alcohol Use Disorders?

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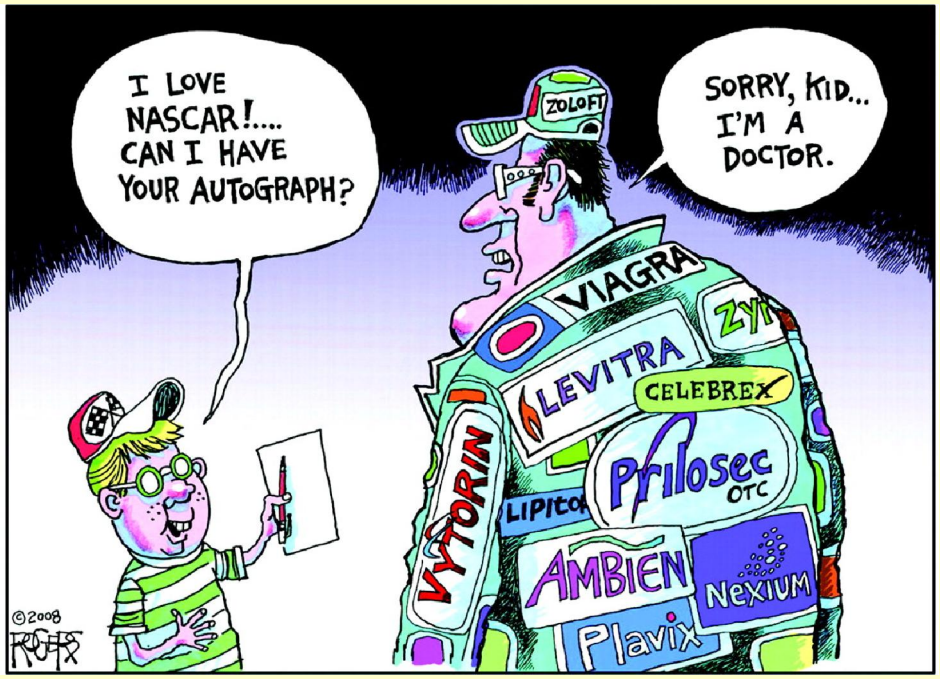
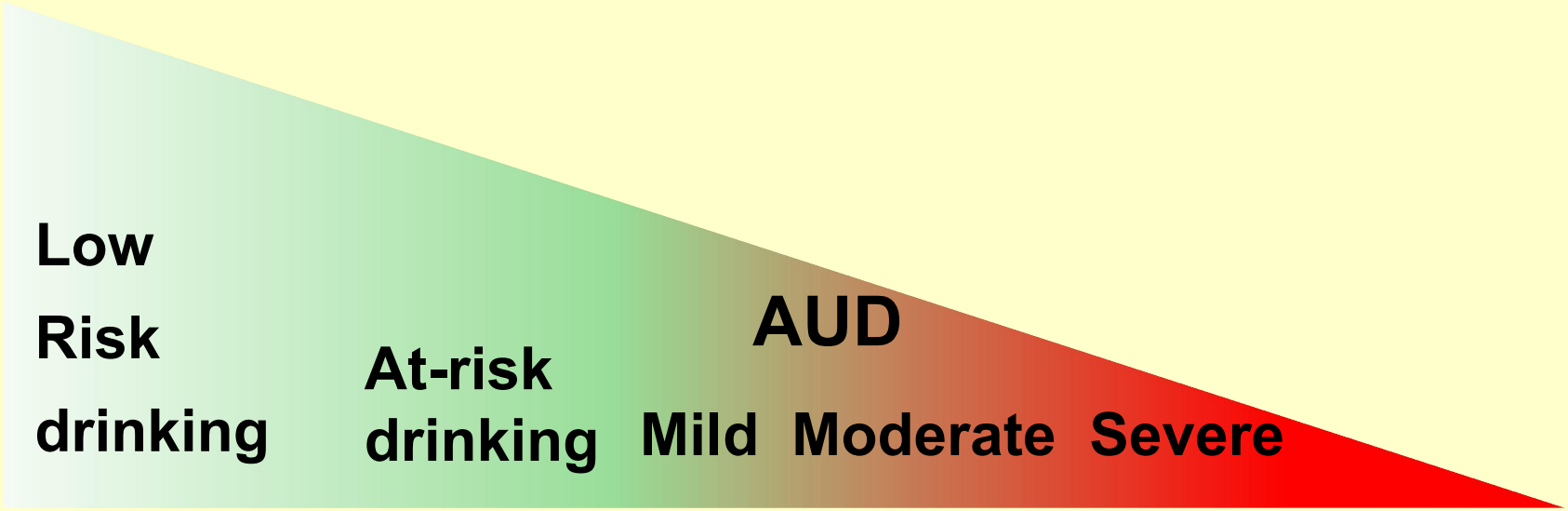


- Conflict of Interest: None
- This work was funded by the German Ministry of Education and Research

Background

- Screening and Brief Interventions (SBI) have proven efficacy in individuals with at-risk drinking in the absence of alcohol use disorders (AUDs)
- Most studies on SBI showed no effects of SBI in individuals with AUDs in terms of drinking reduction or treatment entry (e.g. Glass et al., 2015)
- Identifying predictors of treatment seeking of individuals with AUDs might be useful for optimizing BI in order to promote treatment entry
- Aim: To identify treatment utilization rates in individuals with AUDs according to DSM-5

SBI and severity of alcohol problems



Method

merged

- Sample1: consecutively recruited GP patients
- Sample 2: general hospital patients
- All patients were diagnosed with the Munich-Composite International Diagnostic Interview M-CIDI
- All patients were randomized to BI or an untreated control condition (booklet on health behaviour)
- GP: Expert-system (TTM/normative feedback) + MI (by phone)
- GH: Expert system (TTM/normative + ipsative feedback)

Assessment General Hospital

- Screening consecutively admitted patients aged 18-64 yrs. (AUDIT/BASIC + LAST)
- Screening-positives filled out an informed consent form and were diagnosed with the M-CIDI on site by study staff
- Exclusion criteria: already abstinent or in treatment, homelessness, no telephone, severe drug dependence
- Random allocation to 1 Intervention + 1 Control-group
- Response rate Screening 96% (N=2,949)
- Prevalence Screening-positives: 28,5% (N=841)
- Response rate Diagnostic: 85,8% (N=644)
- Patients with unhealthy alcohol consumption N= 323
- Individuals with AUD according to DSM-5 N= 230

Assessment General Practices

- Screening incoming patients 18-64 yrs. (AUDIT/LAST)
- Screening-positives filled out an informed consent form and were diagnosed with the M-CIDI by phone by study staff
- Exclusion criteria: already abstinent or in treatment, homelessness, no telephone, severe drug dependence
- 3 Conditions (2 x Intervention vs. CG)
- Response rate Screening 94% (N=10,803)
- Prevalence Screening-positive: 20,7% (N=2,239)
- Response rate Diagnostic: 54,9% (N=1,119)
- Refuser were older and had higher values in the LAST
- Patients with unhealthy alcohol consumption N= 335
- Individuals with AUD according to DSM-5 N= 257

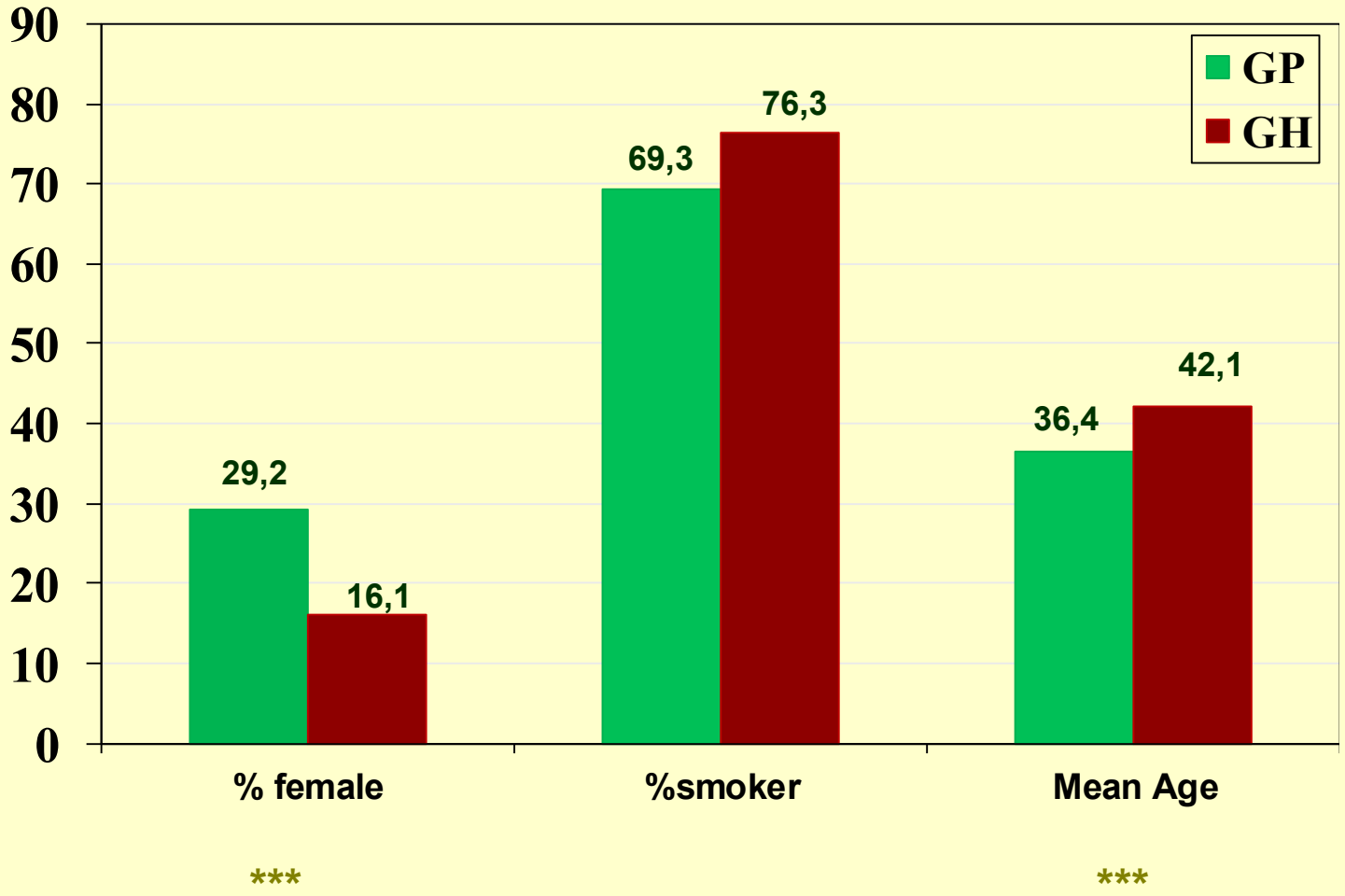
Method

- ITT-analysis (non responders counted as “no treatment”)
- Quantity-Frequency alcohol consumption according to CIDI; % reduction baseline to f-u
- Intentional help-seeking for AUDs between baseline and f-u
- Standardized Assessment (Baseline) of:
  - Alcohol-Abstinence Self-Efficacy
  - Alcohol Decisional Balance
  - Adverse Consequences from drinking
  - Motivation to seek treatment
  - Stages of Change

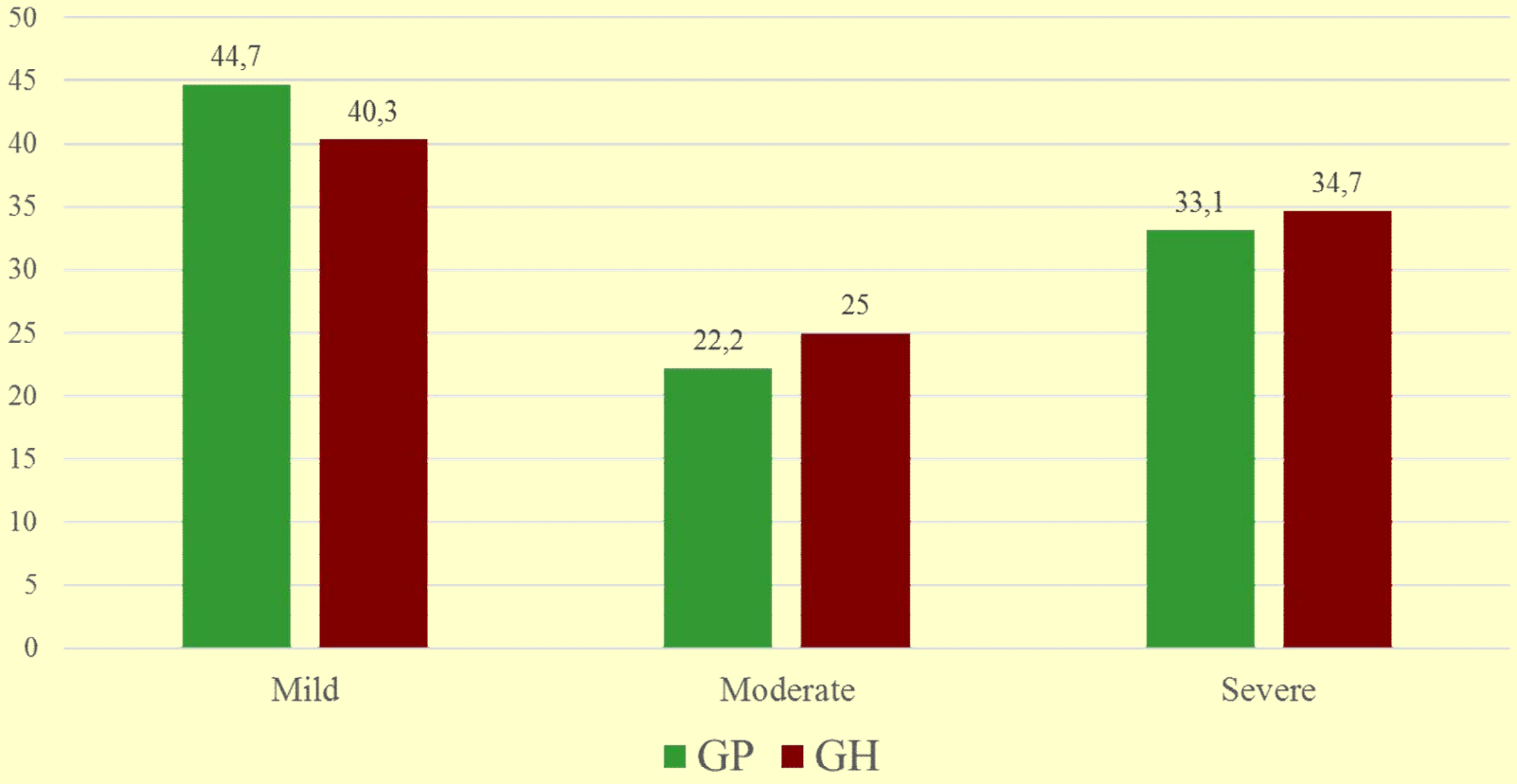
Method

- Analysis effects of BI on treatment utilization and treatment reduction
- Comparison of Predictors and clinical course of individuals seeking treatment
- Identification of treatment predictors using logistic regression analysis

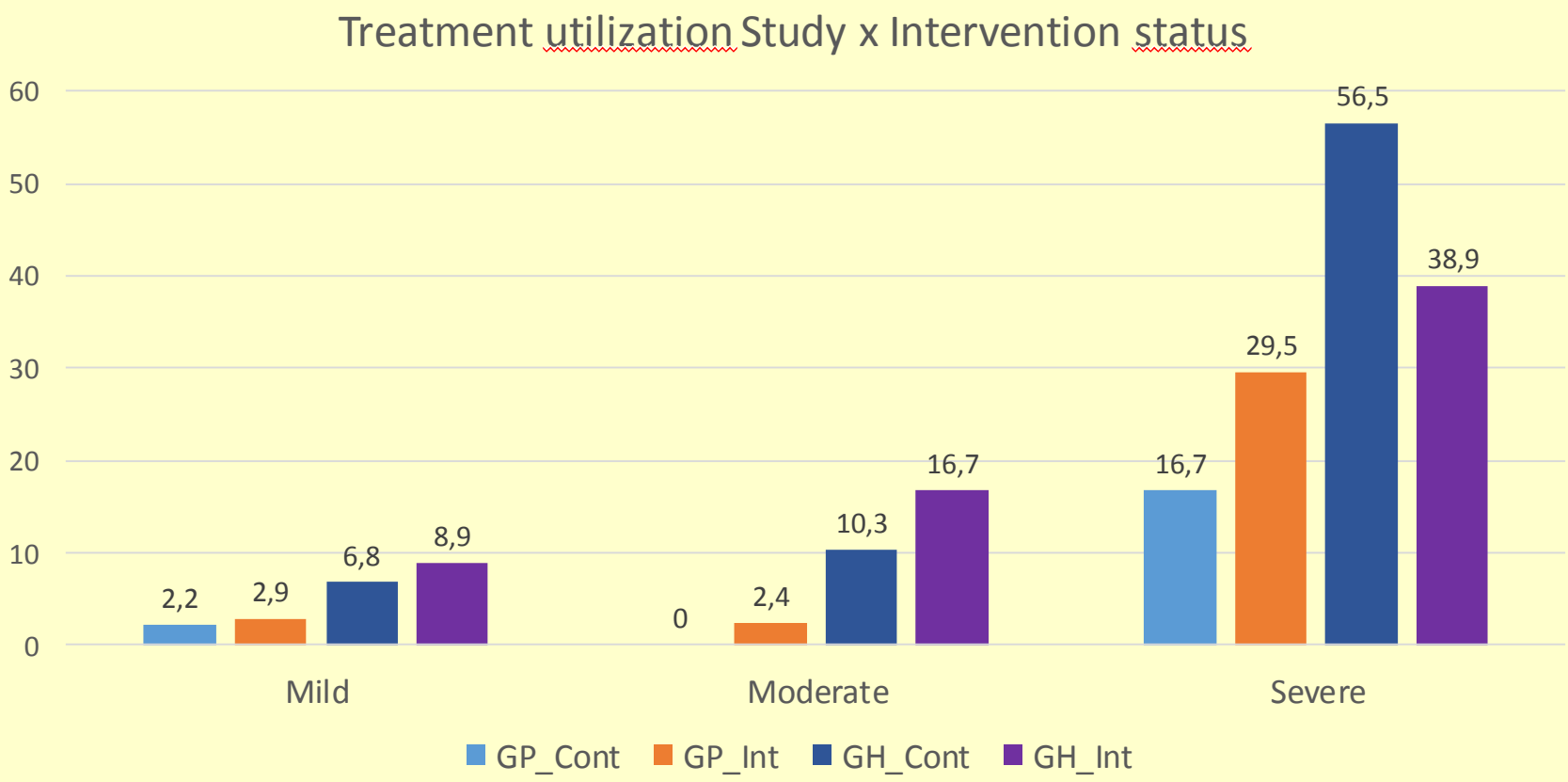
Sociodemographics according to Setting



AUD Distribution at baseline

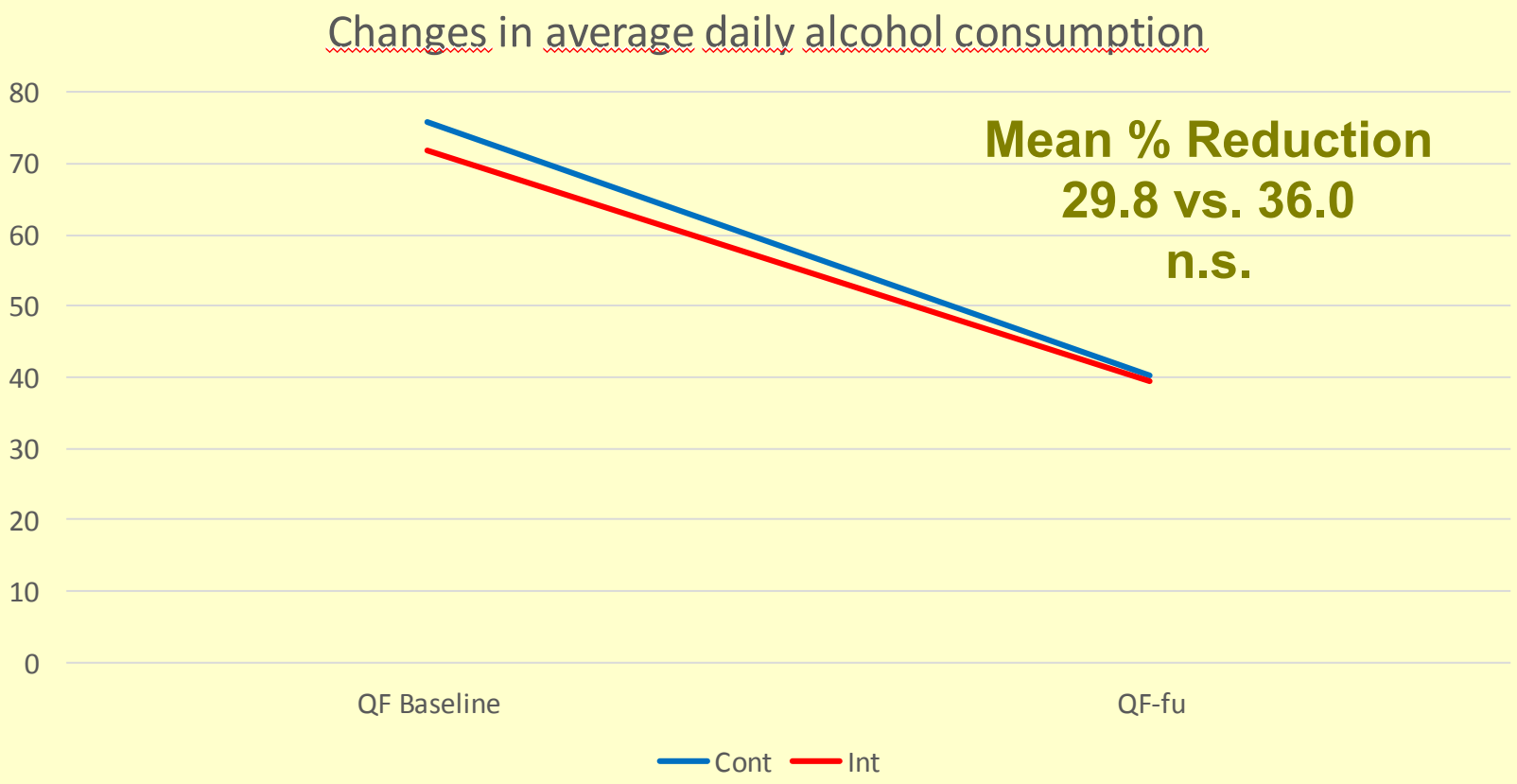


Treatment Utilization at 12-month follow-up

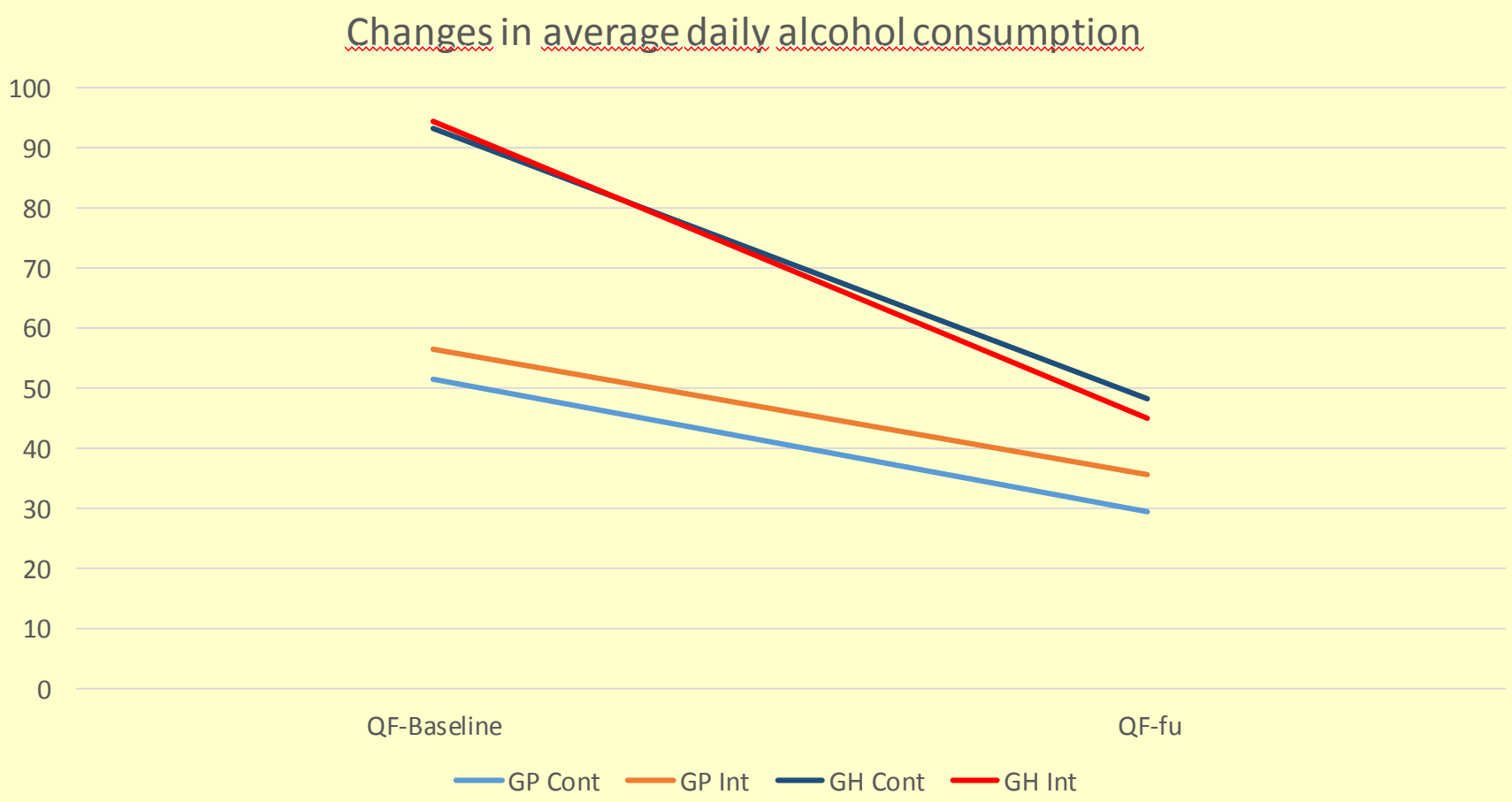


Treatment Utilization GP=10,1% (N=26); GH 23,9% (N=55), p<.001

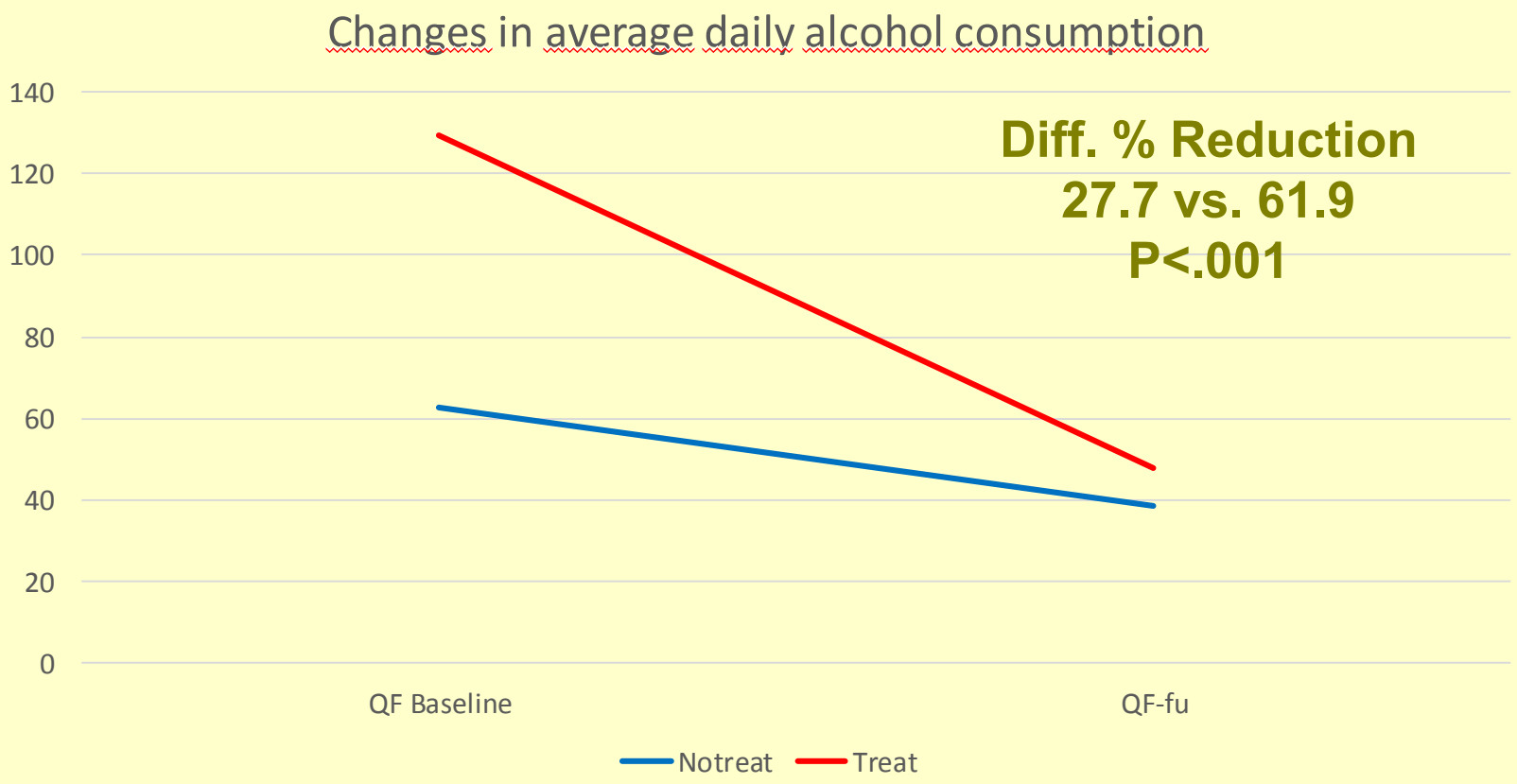
Brief Intervention & Quantity-Frequency drinking



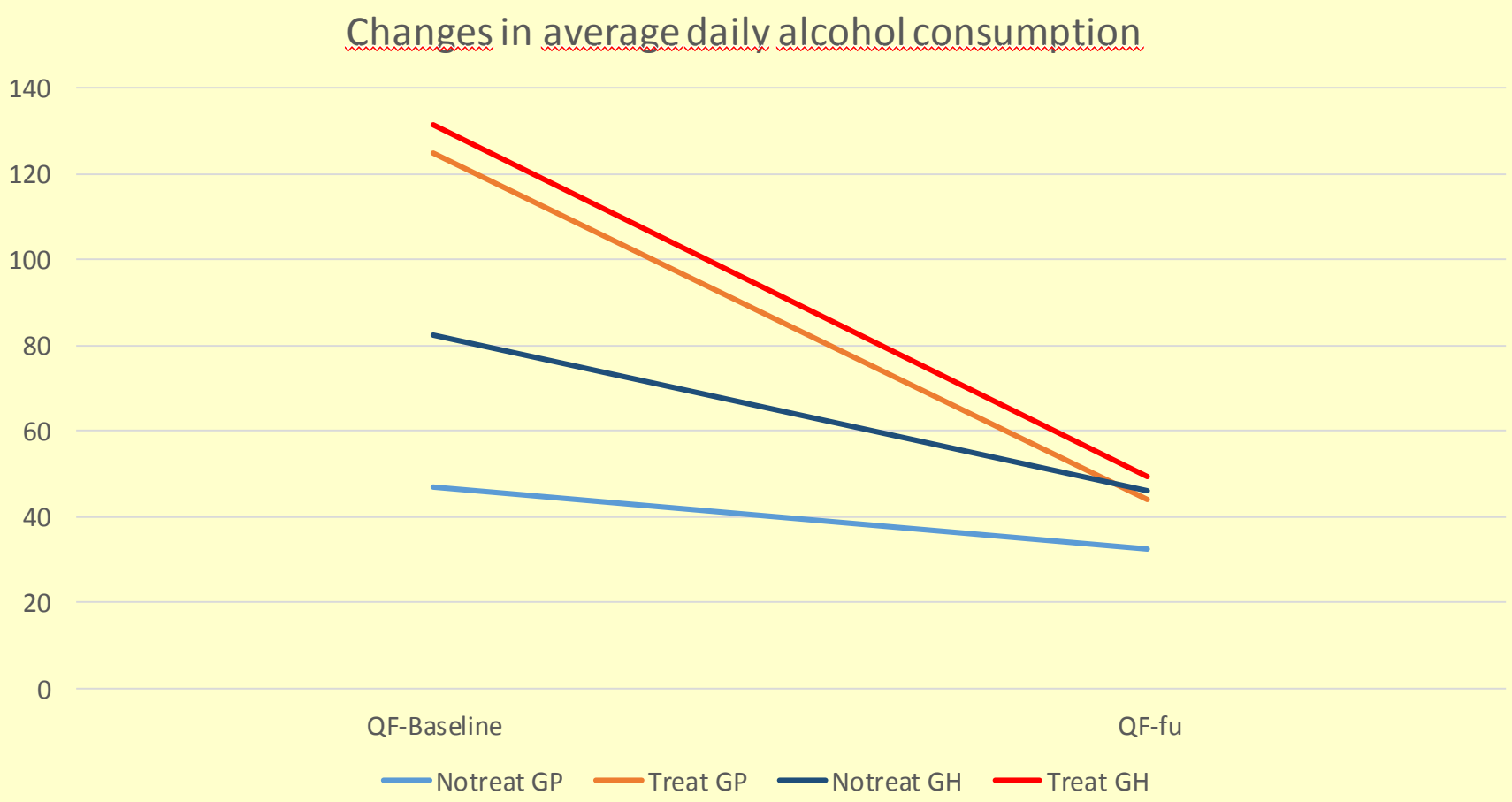
Brief Intervention & Quantity-Frequency drinking



Treatment & Quantity-Frequency drinking

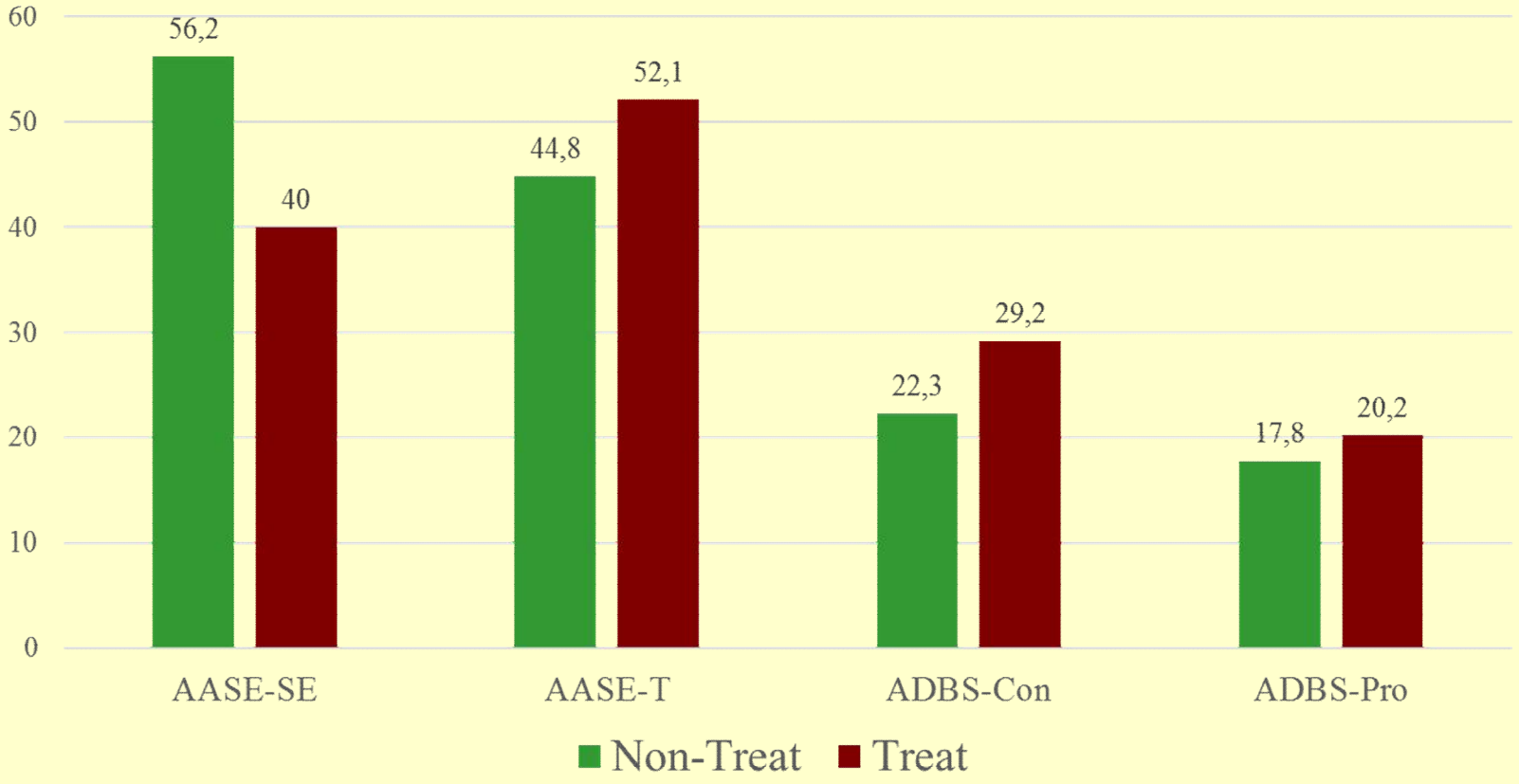


Treatment & Quantity-Frequency drinking



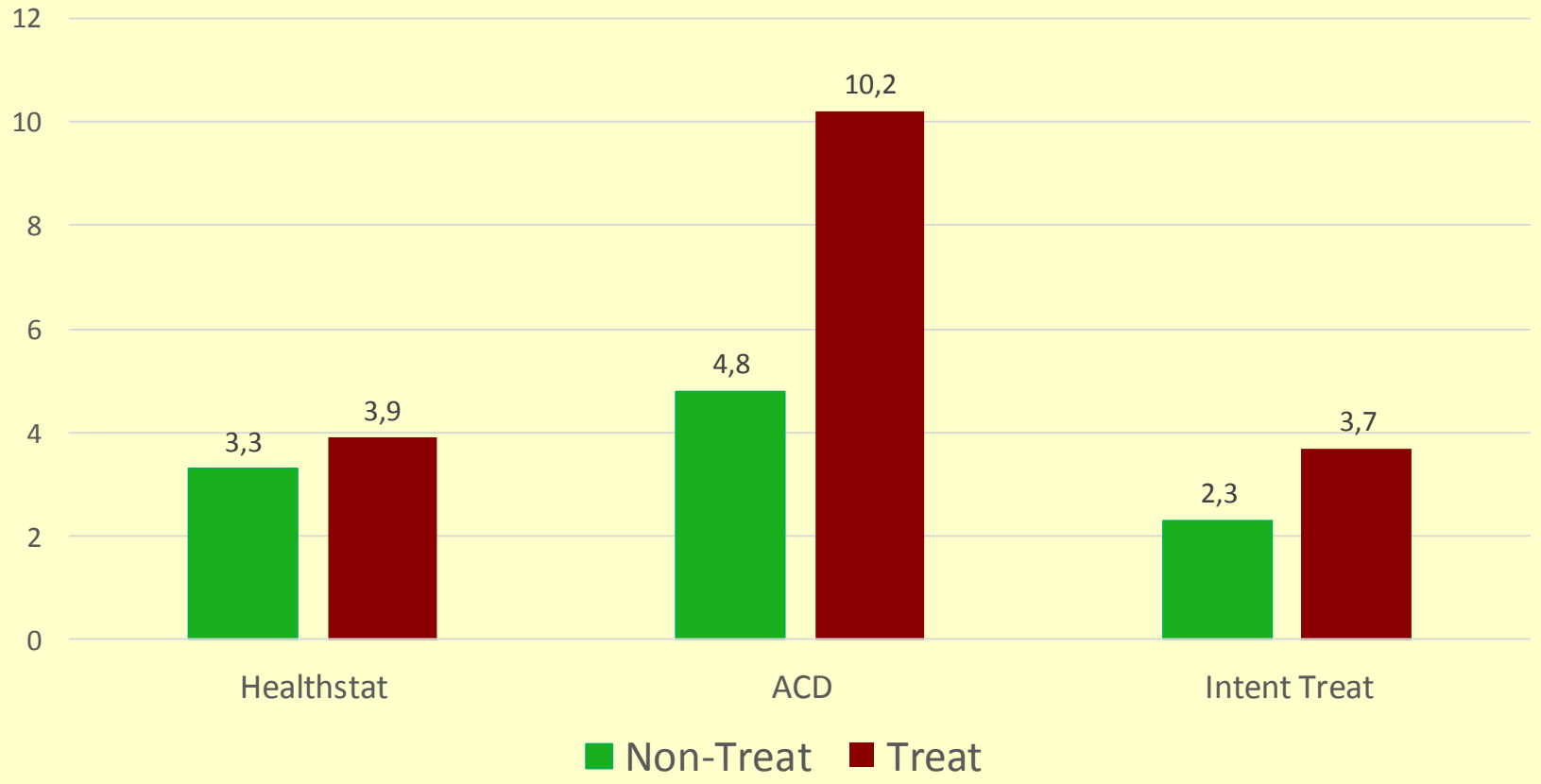
Abstinence Self-Efficacy + Decisional Balance at baseline

All group differences p<.001



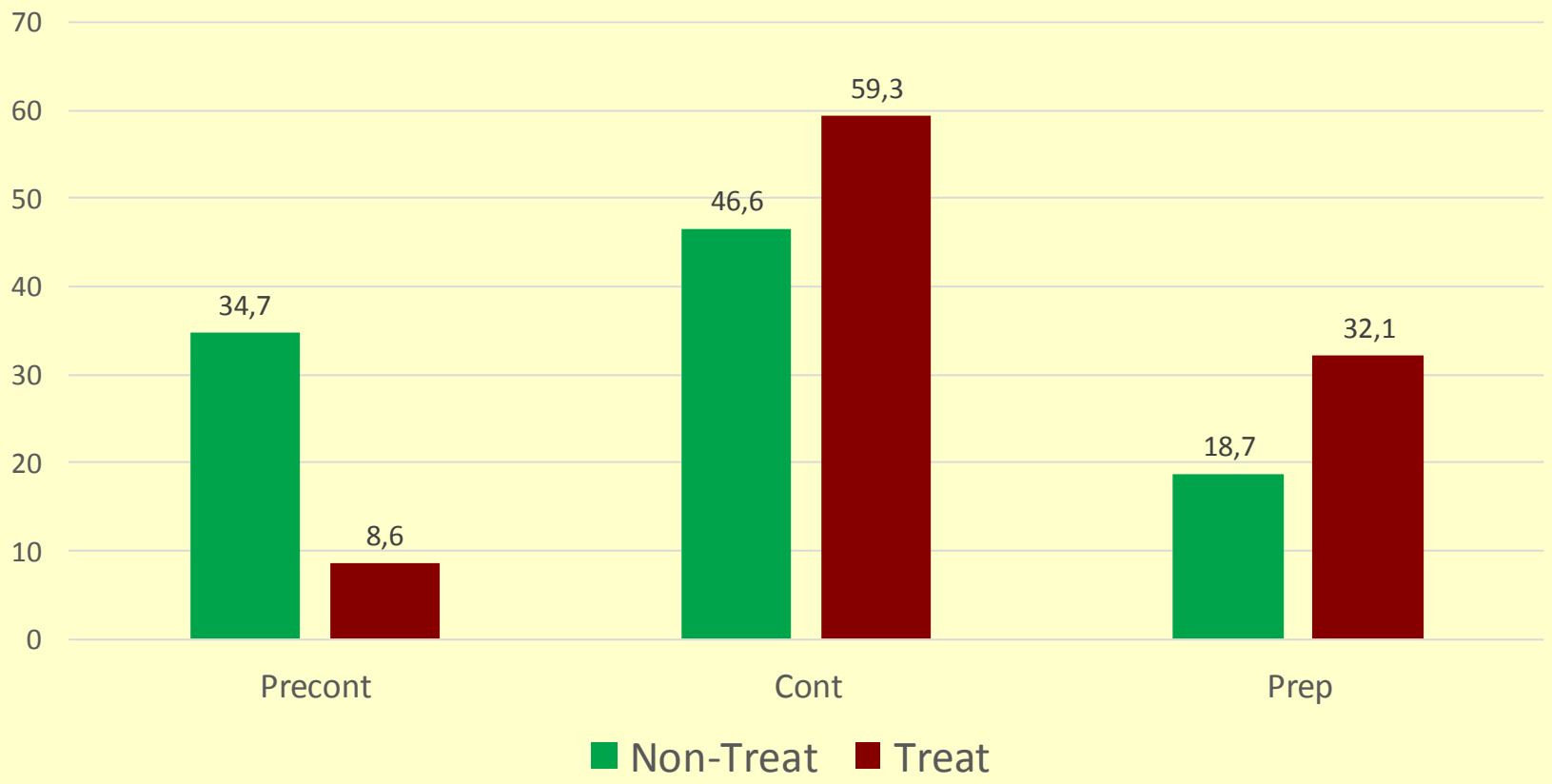
Healthstatus + alcohol -related variables at baseline

All group differences p<.001

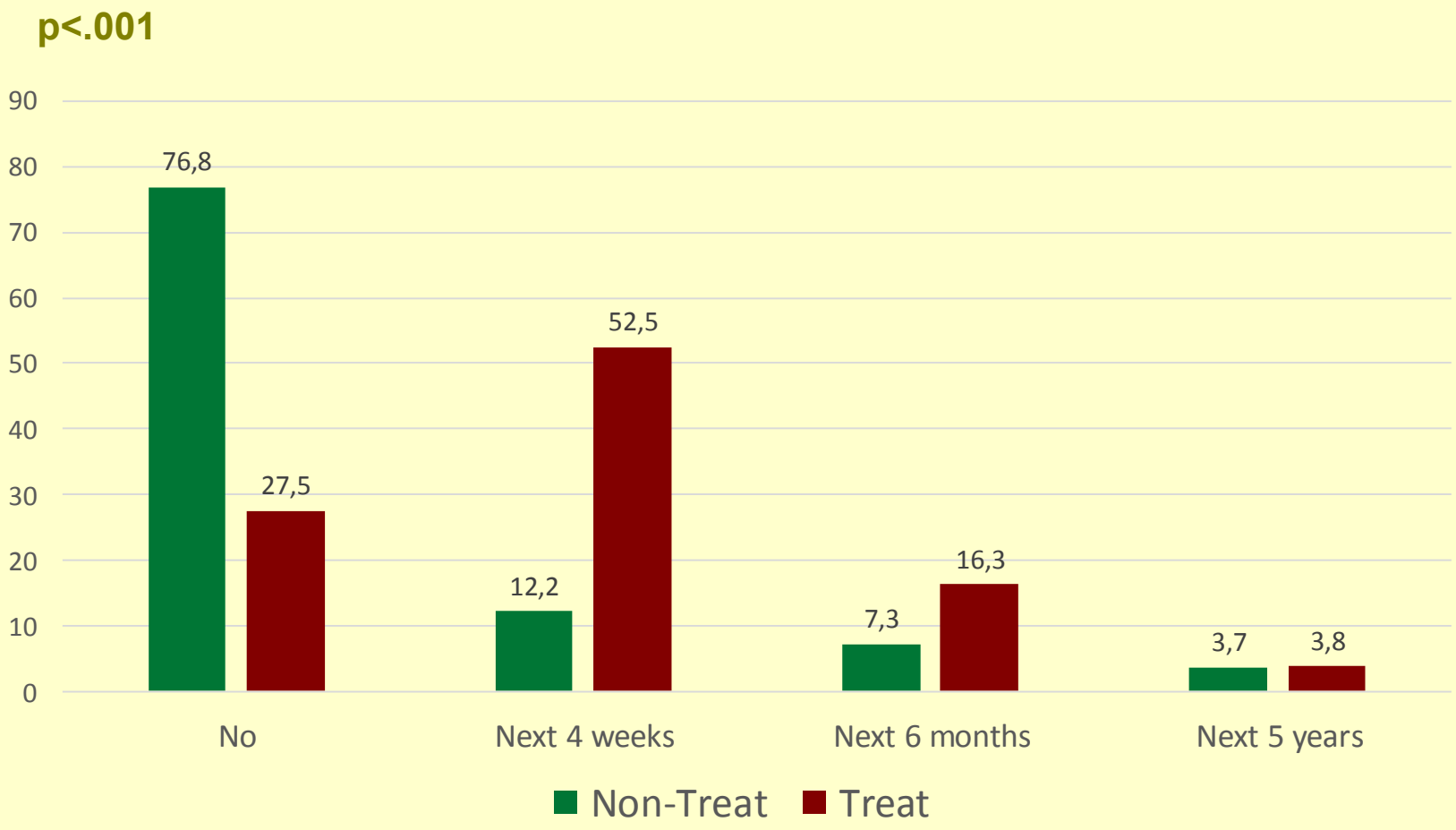


Stages of Change at baseline

p<.001



Intention to seek treatment baseline



Prediction of Treatment entry

	B	SE	Wald	Sig.p	Exp (B) CI(95)
DSM5_kritsum	,370	,059	38,92	<.001	1,45 (1,29-1,63)
Age	,004	,013	,075	.784	1,00 (0,98-1,03)
Sex (0=female)	,200	,347	,369	,565	1,22 (0,62-2,41)
Setting (0=GP)	,780	,320	5,95	,015	2,19 (1,17-4,08)
Intention Treatment 6 months (0=No)	1,30	,312	17,30	<,001	3,68 (1,99-6,76)

Discussion

- BI was not effective to promote treatment entry
- Treatment entry strongly predicted reduction in drinking
- Treatment entry could be predicted by baseline:
  - Severity of Dependence
  - Recruitment Setting
  - Motivation to seek treatment

Conclusions

- Motivational factors that can be adressed by BI predict utilization of formal help in individuals with AUD
- Simple assessment of motivation to seek treatment shows good predictive validity
- Specific engagement strategies for individuals with less severe AUDs and low motivation to seek treatment need to be developed

Thank you for listening!

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