Skills training for reducing risky alcohol use in app form among adult internet help-seekers: A randomized feasibility trial

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# Background: prior app research

Alcohol Monopoly's
Promillekoll

Research group's
PartyPlanner
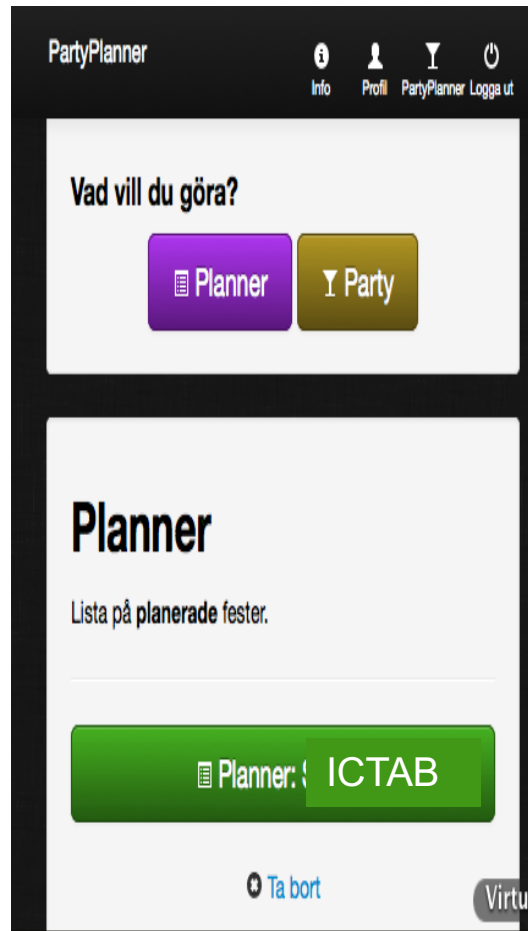
Research group's
TeleCoach ™

Treatment components	Promillekoll (eBAC)	PartyPlanner (eBAC)	TeleCoach (Skills-based)
Psychoeducation	X	X	
Planning future parties		X	
Realtime feedback on blood alcohol count (BAC)	X	X	
Comparative follow-up ("How did it go?")		X	
Registering intake over time		(X)	X
Exercises for analyzing risk situations, saying no, surfing on craving, relaxing, etc.			X

RCT
TeleCoach™ app

CrossMark

Skills Training via Smartphone App for University Students with Excessive Alcohol Consumption: a Randomized Controlled Trial

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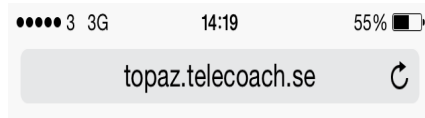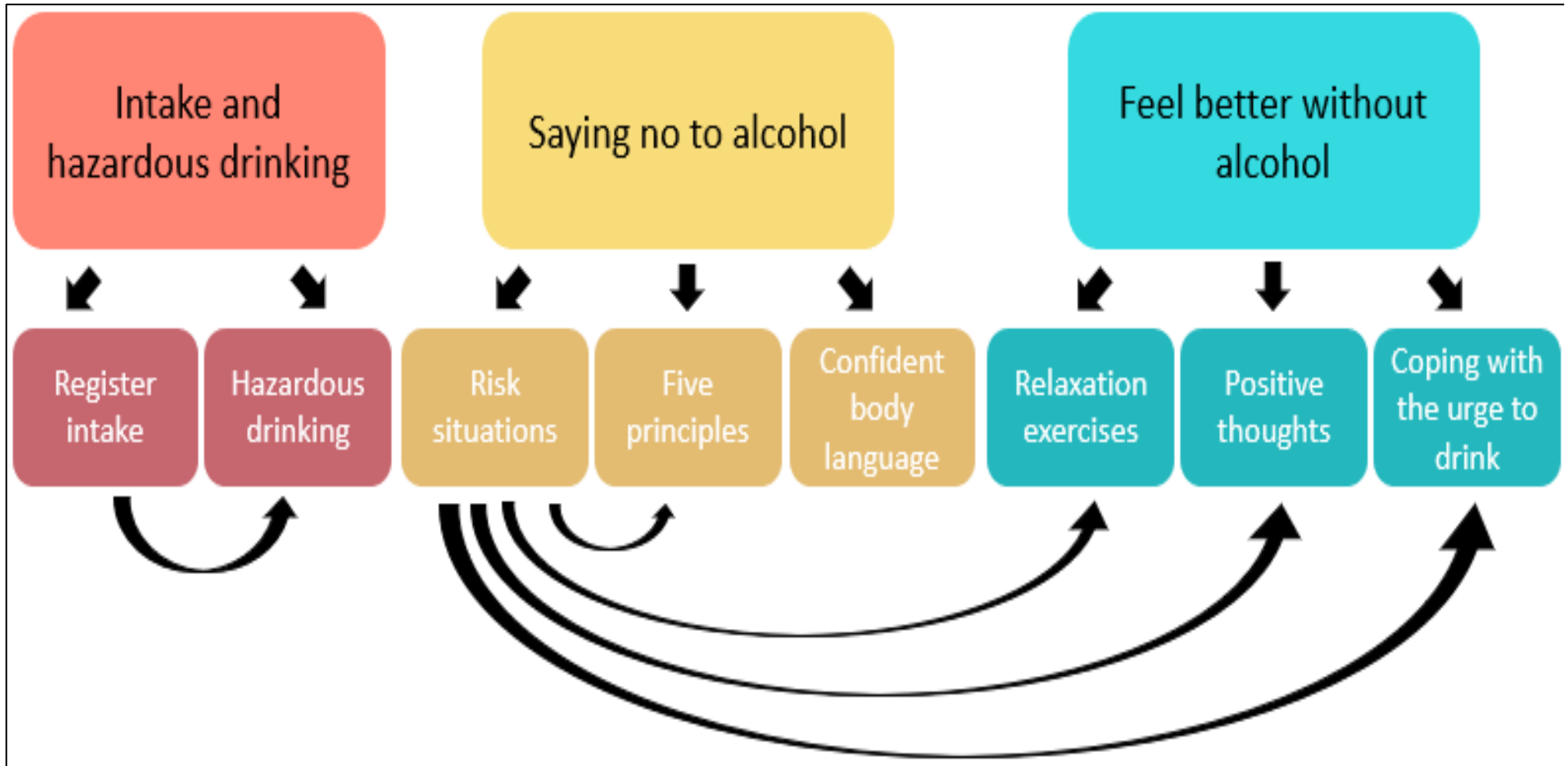
Results

- TeleCoach & waitlist reduced consumption at 6-/12- weeks
- TeleCoach: **quantity** declined more at 6-weeks
- TeleCoach: **frequency lower** at 6-/12-weeks
- Gender effect:
  - → 2.68 better effect for **men** compared to controls;
  - → 1.71 better effect for **women** compared to controls

Revised app design – user

TeleCoach™

INTAG OCH RISKBRUK

KUNNA SÄGA NEJ TILL ALKOHOL

MÅ BÄTTRE UTAN ALKOHOL

Appen TeleCoach™ är utvecklad av Karolinska Institutet och används inom ramen för forskning.

Kontaktinformation

INTAG OCH RISKBRUK

KUNNA SÄGA NEJ TILL ALKOHOL

MÅ BÄTTRE UTAN ALKOHOL

Öva på att slappna av

Positiva tankar

Hantera sug efter alkohol

Revised app design – menu interactivity

Control group "app" format – non-interactive

Information & tips from primary care lifestyle behavior intervention*

*Blomstrand A, Ariai N, Baar A-C, Finbom-Forsgren B-M, Thorn J, Björkelund C. Implementation of a low-budget, lifestyle-improvement method in an ordinary primary healthcare setting: a stepwise intervention study. BMJ open. 2012;2(4):e001154.

Research questions

Outcome:

Do adult internet help-seekers

- With access to a skills-based smartphone app
- Compared to those with access to brief information (control)?
- Reduce their alcohol intake up to 6-26 weeks?

Feasibility:

- Is it worthwhile to continue with a larger RCT?

Design

- **Eligibility:**

  → ≥6 (women) or ≥8 (men) on the AUDIT

- **Exclusion:**

  → Depression scores of ≥31 MADRS-S; or

  → Problematic drug use scores of ≥8 on the DUDIT

  → These were offered a telephone interview and included after clinical assessment (safety procedure)

  → Excluded if no response

- **Primary outcome measure:**

  → Timeline followback, drinks/7 days

- **Follow-ups:**

  → 6-weeks (12- & 26-weeks forthcoming)
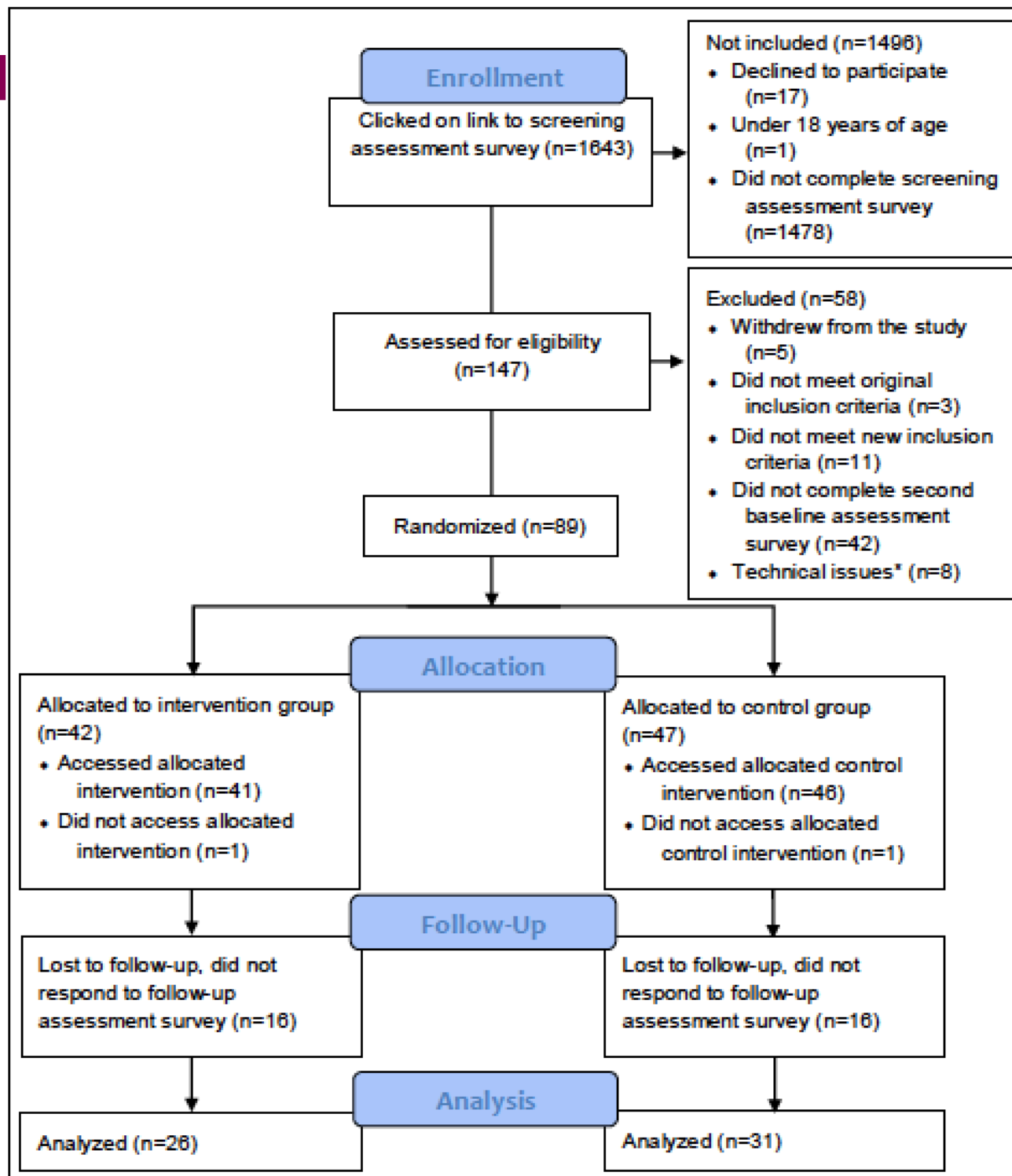
Participants

Characteristic	Total (n=89)
Women (%)	69.7
Age: *M* (*SD*)	48.9
Married (%)	68.5
High school ed (%)	39.3
Univ. ed (%)	42.7
Working (%)	84.3
0-2 yrs alc prob (%)	30.7
3-10 yrs alc prob (%)	53.4
> 10 yrs alc prob (%)	15.9
Help before (yes %)	39.8

Majority summary ($\geq$ 60%)
Women just under 50
Married
Educated
Working
$\geq$ 3 years of alcohol problems
No help before

Clinical data (means):
$\geq$ 6 AUD criteria
$\geq$ 18 AUDIT
$\geq$ 16 MADRS-S (mild dep)
$\geq$ 6 GAD-7 (mild anxiety)
$\geq$ 8.5 Motivation (0-10)

Conclusions

- Promising from a feasibility perspective
- Outcomes indicate that n=138 @26 weeks needed for significant results at the same level as in pilot study
- Participants are anonymous, highly motivated help-seekers, 60% with no previous help sought
- Potential to reduce consumption as a stand-alone intervention
- Potential to serve as a bridge to treatment
- Larger RCT ongoing