

A systematic review of the impact of brief interventions on substance use and co-morbid physical and mental health conditions.

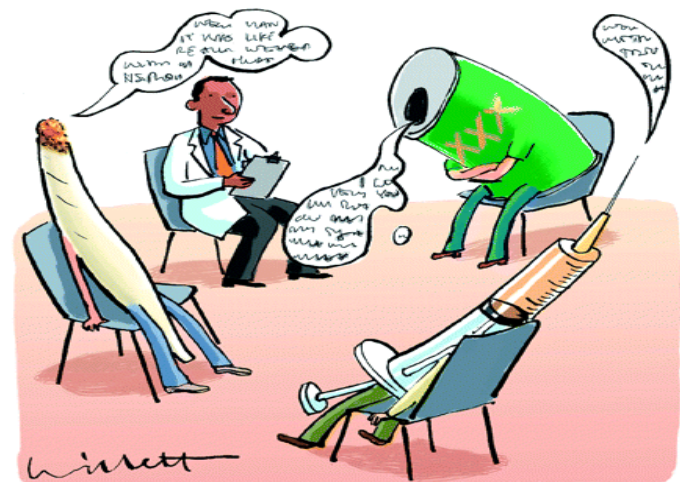
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Background: Brief Intervention (BI)

- **Research on BI for smoking 3 decades**
 - Practitioner BA increase smoking cessation NICE, 2006
- **BI for alcohol 2 decades**
 - +ve effects of BI most consistent non-treatment seeking, Moyer et al, 2002
 - No sig. benefit of longer/more intensive, Kaner et al, 2007
- **Large amount of high quality research**





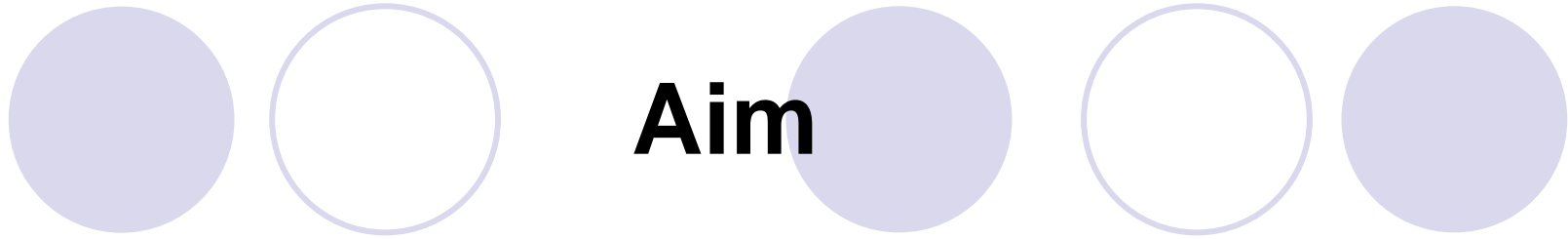
Impact on Practice

- **Quality and Outcomes Framework (QoF)**
 - Nationally prioritized areas of clinical activity
 - Financial incentive
- **Minimal uptake of BI for alcohol in practice**
- **Low incentive for practitioners- no clear link of brief alcohol intervention improves patient health**

Research Questions

1. **Can BI bring positive change in index behaviour and comorbid physical or mental health condition?**
2. **Can BI bring change across more than one behaviour pattern?**





Identify and synthesize the relevant published evidence on the impact of brief interventions on comorbid health conditions

Methods

- **Categories of terms: Comorbidity, Health condition, Brief Intervention**
- **Medline and Embase: 1999-2009 limited**
- **Reference lists**
- **Google and Google Scholar**



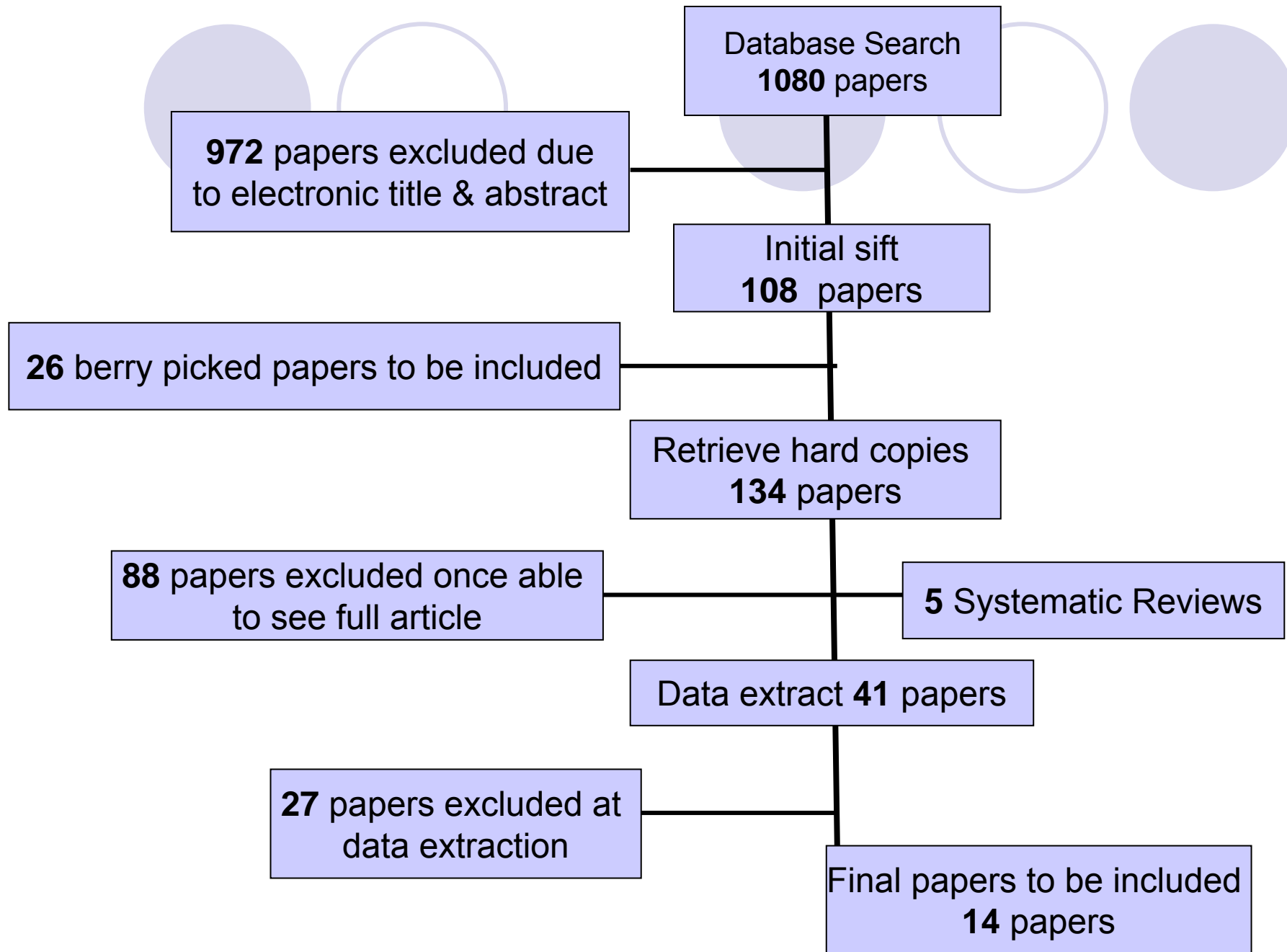


Inclusion/Exclusion Criteria

- **Brief Interventions**

- **Emphasis on personalization and empathy**
- **Included: face to face**
- **Up to 10 sessions**
- **Excluded: group sessions, telephone, internet**

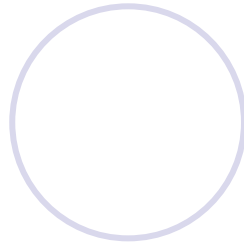
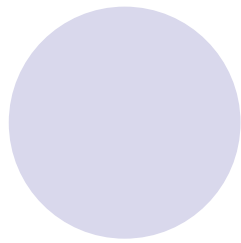
- **Comorbidity: Multiple disease/disorders. One or more medically recognized condition along side a primary condition**



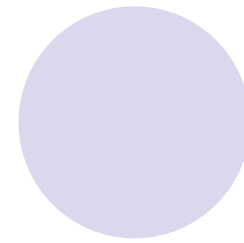
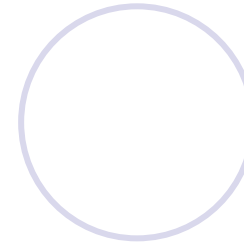
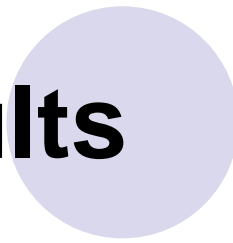
Design and Outcomes

- **Sought: Randomized controlled trials (RCTs)**
- **Included: Randomized trials, Controlled trials, Pilot and Feasibility trials**
- **Analysis: Descriptive and Narrative Synthesis of Data**





Results

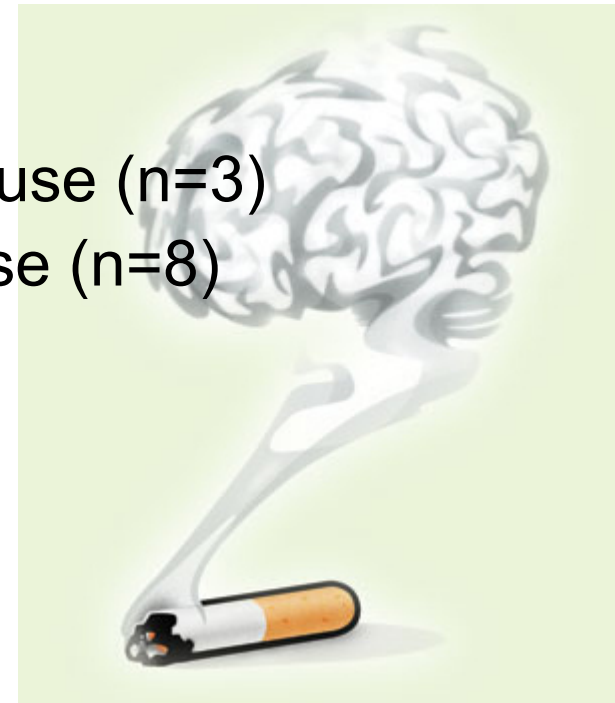


- **14 trials:**

- Physical health and substance use (n=3)
- Mental health and substance use (n=8)
- Dual substance studies (n=3)

- **Diversity of Literature**

- **Evidence mixed but most +ve for BI on physical health and substance use**



Physical Health and Substance Use

Study	Comorbidity	Intervention	Results
El Sony et al, 2007	Tuberculosis & Smoking	4xStructured questioning BA vs Routine Care	54% of intervention patients reported stopping smoking compared to 14% controls. TB treatment outcomes were sig. improved in intervention patients.
Fleming et al, 2004	Type 2 Diabetes and/or Hypertension & Alcohol use	2xBA vs Advice booklet	Statistically sig. reduction in heavy drinking. No sig. difference in health status.
Maheswaran et al, 1992	Hypertension & Alcohol use	1xBA (reinforced) vs Routine Care	Alcohol intervention group sig. reduced weekly consumption by 50%. Standing diastolic blood pressure fell sig. in intervention group.

Mental Health and Substance Use

Study	Comorbidity	Intervention	Results
			*No trial had sig changes in mental health
Baker et al, 2002	Psychiatric in patient & AOD	1xMI vs Feedback SH booklet	Non sig. short-term effect of MI for AOD. Cannabis use remained high over 12 month follow up period.
Baker et al, 2006a	Psychotic disorder & Alcohol/drug	10xMI/CBT vs SH booklet	No sig. between group difference on substance use.
Baker et al, 2006b	Psychotic disorder & Smoking	8x MI/CBT/NRT/SH vs Routine care &SH booklet	Sig. drop in smoking rates for intervention group. Intervention patients who completed treatment-sig. more likely to be abstinent/ reduce smoking by 50%.
Brown et al 2003	Psychiatric in-patients & Smoking	2xMI vs 1xBrief advice+ Info booklet	No sig. between group differences. MI increased self efficacy for ability to quit and better for patients with little/no intention to quit.
Graeber et al, 2003 (Pilot)	Schizophrenic in/out patients & AUD	3xMI vs 3xEducational Treatment	MI group sig. reduction in drinking days and higher abstinence rates but not intensity or volume drunk.
Hulse and Tait, 2002	Psychiatric in-patients & AUD	1MI vs Info package	Both groups sig. reduced alcohol consumption . MI group sig. greater drop in weekly consumption and more drunk within medically recommended limits.
Martino et al, 2006 (Pilot)	Psychotic disorder out-patients & Drug abuse	2xMI vs 2xStandard psych interview	No between group differences. MI sig. better effects for cocaine users. SI sig. better effects for cannabis users.
Naeem et al, 2005	Schizophrenic in-patients & Substance use	1xCBT for Schizophrenia vs Routine Care	No sig. between group difference for substance use.

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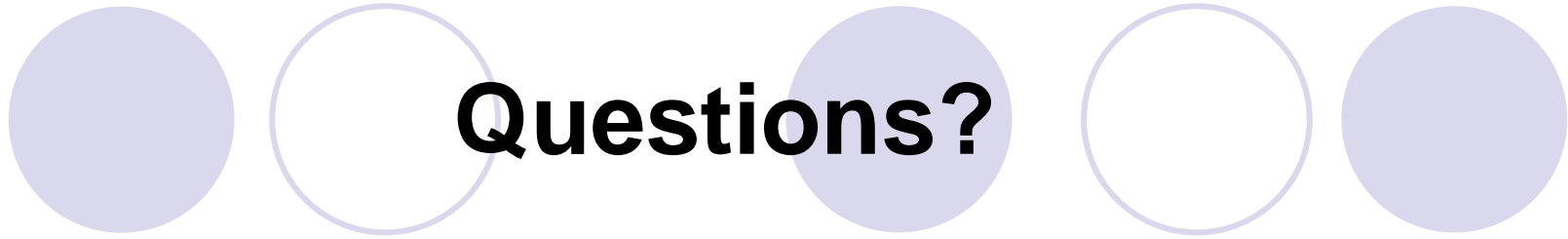
Dual Substance Studies

Study	Comorbidity	Intervention	Results
Gray et al, 2005	Alcohol, smoking & cannabis use	1xMI & questionnaire vs Questionnaire	No sig. between group differences in all three substance use rates.
Marsden et al, 2006	Stimulant & Alcohol abuse	1xMI+Health risk info vs Health risk written info	No sig. differences in stimulant abstinence. Alcohol consumption remained almost unchanged in both groups.
Richmond et al, 1999	Drinking, smoking and stress in police	1xBA+Health assessment+Self-help materials vs No input	No between group differenced in alcohol consumption. % of smokers declined significantly in both groups.



Conclusions

- **BI some +ve findings for physical health & substance use but need more controlled trials**
- **BI for substance use & mental health problems or dual substance use less convincing**
- **Key feature of review- severity of mental health conditions**
 - **Entrenched & enduring problems**
 - **BI is being added to lots of treatment**
- **Further research is needed to promote positive change across mental health and substance use**



Thank you

