

Is there an increased readiness to change drinking in patients visiting a general practitioner?

Plus outcome data

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Projekt **SIP**

Stepped **I**nterventions for **P**roblem Drinkers

(Funded by the Federal German Ministry of Education and Research)

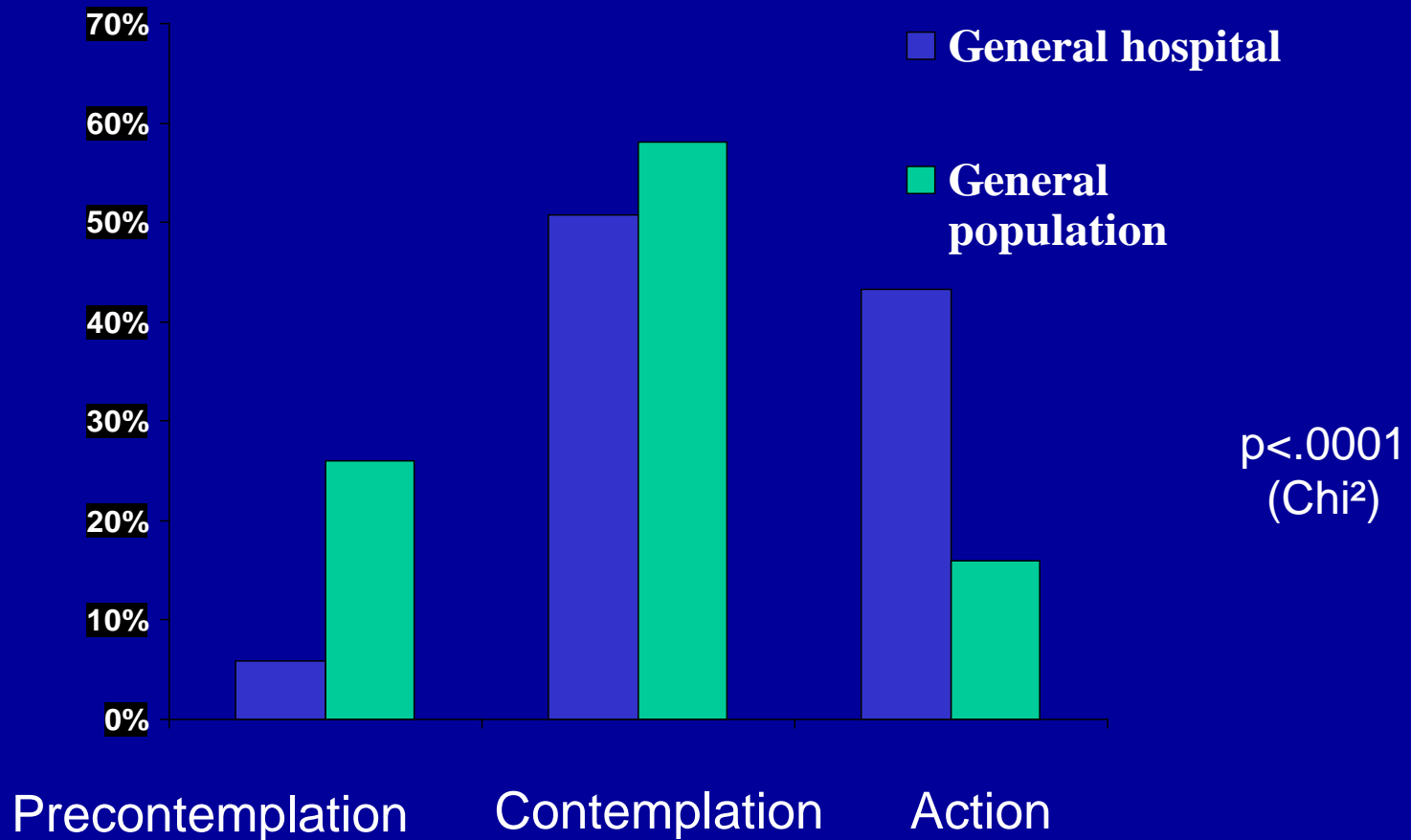
- **Readiness to change drinking behavior of GP patients compared to the general population**
- **Efficacy of a stepped care approach**

Increased readiness to change: the „teachable moment“

**Quit rates for smokers (McBride et al., 2003, Health
Educ Res 18, 156-70)**

- Pregnancy 10 - 60%**
- Hospitalization and
disease diagnosis 15 – 78%**
- Clinic visits 2 – 10%**
- Abnormal test results 7 – 21%**

Stages of change distribution



TACOS Studie, Rumpf, Meyer, Hapke & John (1999). *General Hospital Psychiatry*, 21; 348-353

Background Project SIP

Meta analysis of brief interventions in outpatient settings: Poikolainen (1999) *Preventive Medicine*, 28, 503-509

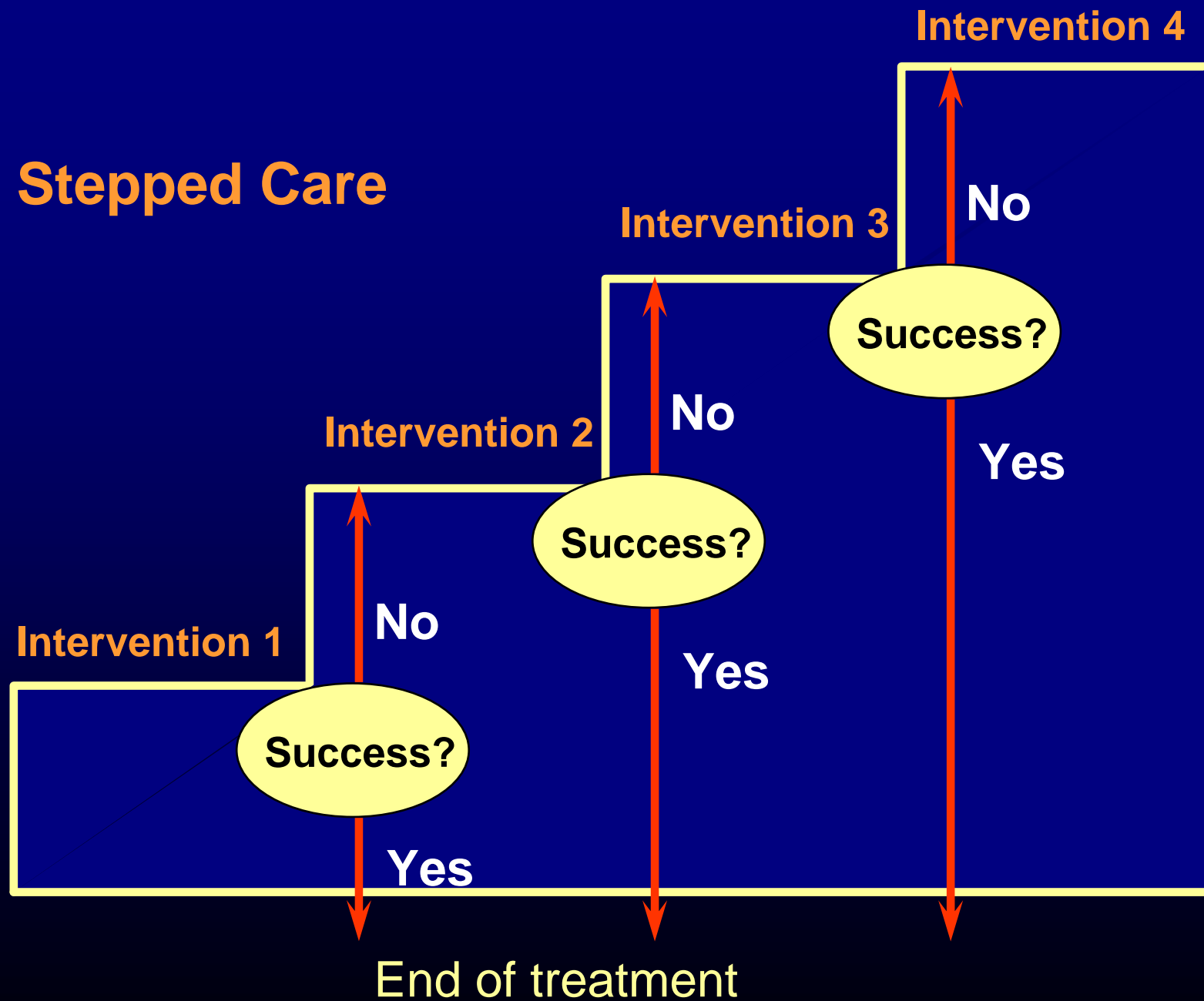
- ▮ **Differentiation between very brief and extended intervention.**
- ▮ **Only extended interventions were effective.**

Background Project SIP

GP's main barriers to brief alcohol interventions: Kaner et al., 1999; Alcohol & Alcoholism 34, 559-566

-  **Insufficient time** **72%**
-  **Insufficient training** **62%**
-  **Lack of help from government policy** **56%**

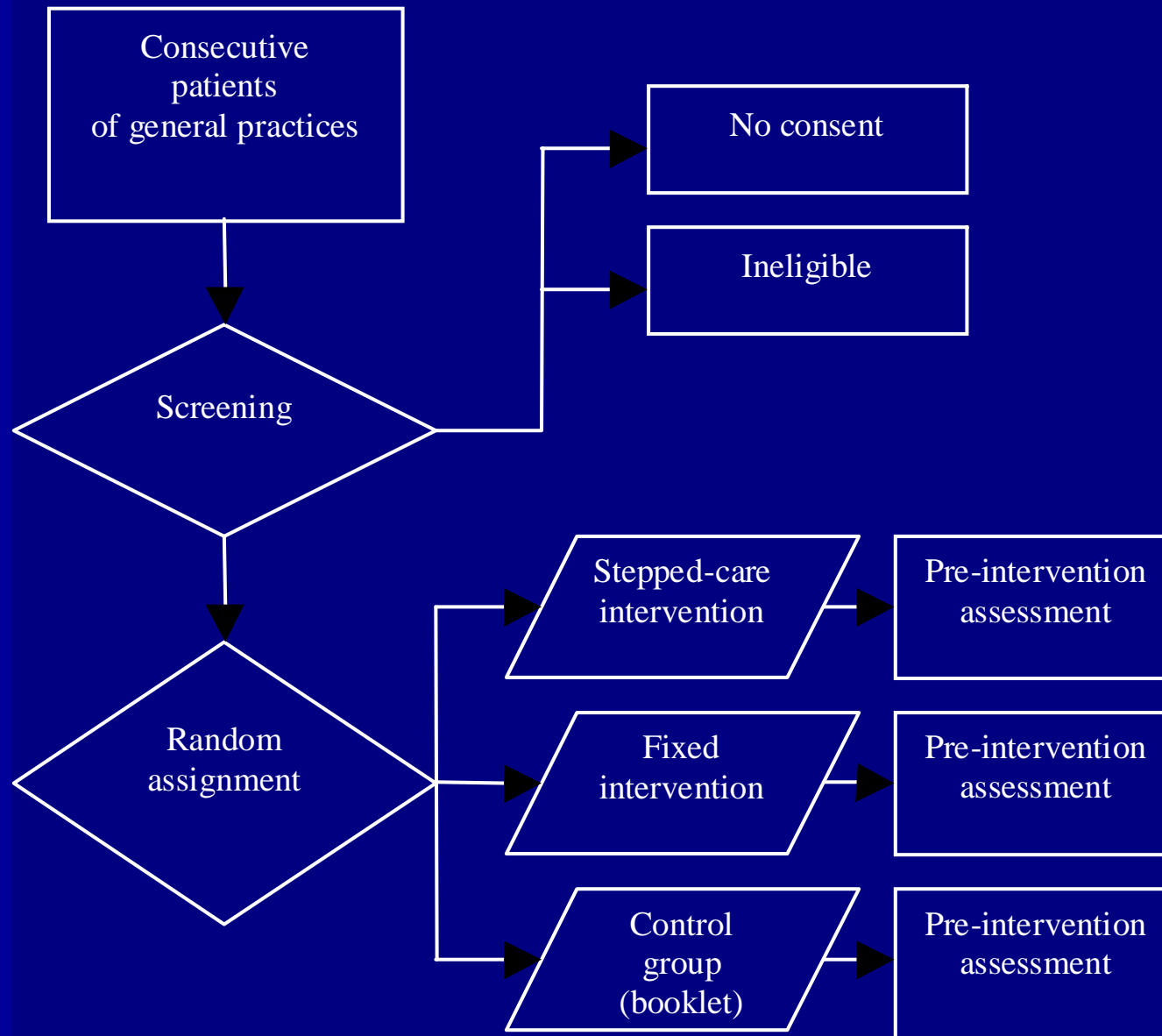
Stepped Care



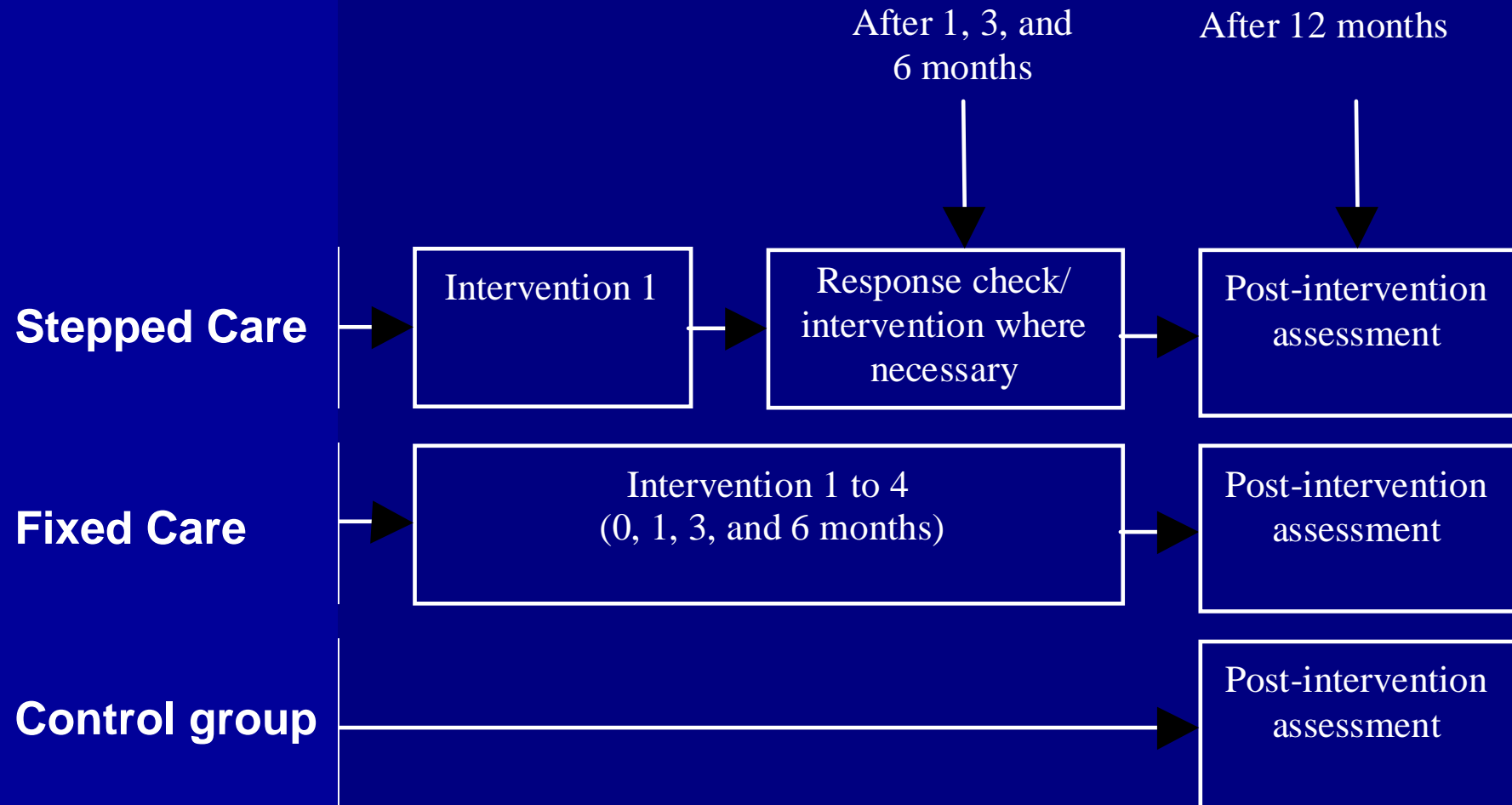
Design

- **Randomized controlled trial**
- **Screening in 85 general practices (response rate 51%)**
- **In-depth assessment via telephone and mail**
- **Inclusion criteria: at-risk drinking (20/30 g/d), binge drinking (60/80 g/2 x per month), alcohol abuse or dependence**
- **Intervention via telephone by trained psychologists**
- **12-month-follow-up (response rate 92.0%)**

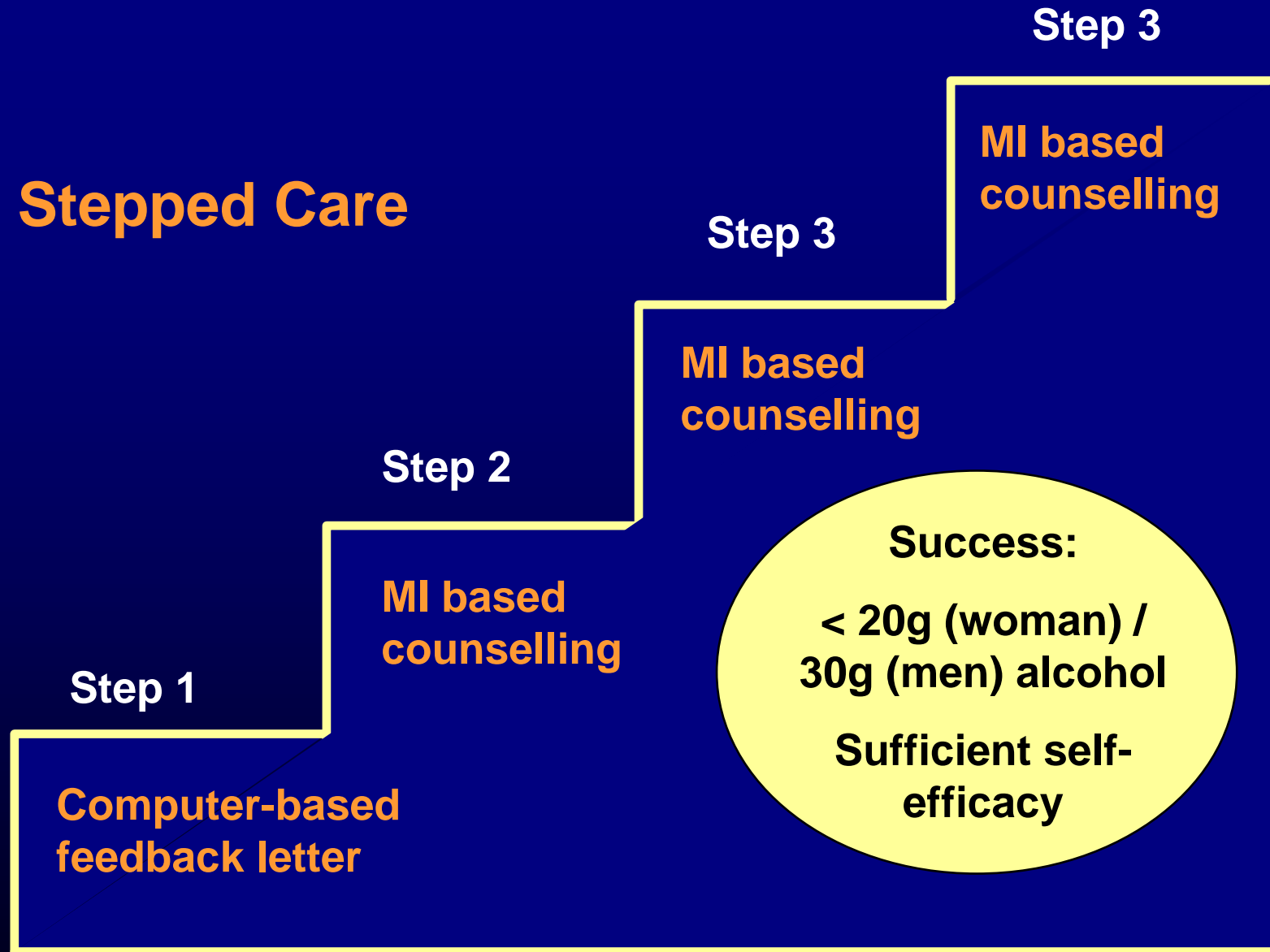
Design Projekt SIP



Design Project **SIP**



Stepped Care



Sample

- 10,803 screenings in general practice patients 18-64 years
- 2,239 screening positive
- 1,130 diagnostic interview completed
- 583 eligible for study
- 408 study participants
- 374 follow-up completed

→ „Teachable moment“
sample 1 n=433

→ „Outcome“ sample
(intention to treat
analysis)

RCT Sample

- **408 Study participants**
 - **Binge drinking 27.7% (n=113)**
 - **At-risk drinking 27.7% (n=112)**
 - **Alcohol abuse or dependence 44.8% (n=183)**

Sample

- Random sample (n = 263); readiness to change assessed in general practice and at home (postal questionnaire)



**„Teachable moment“
sample 2**

General population sample

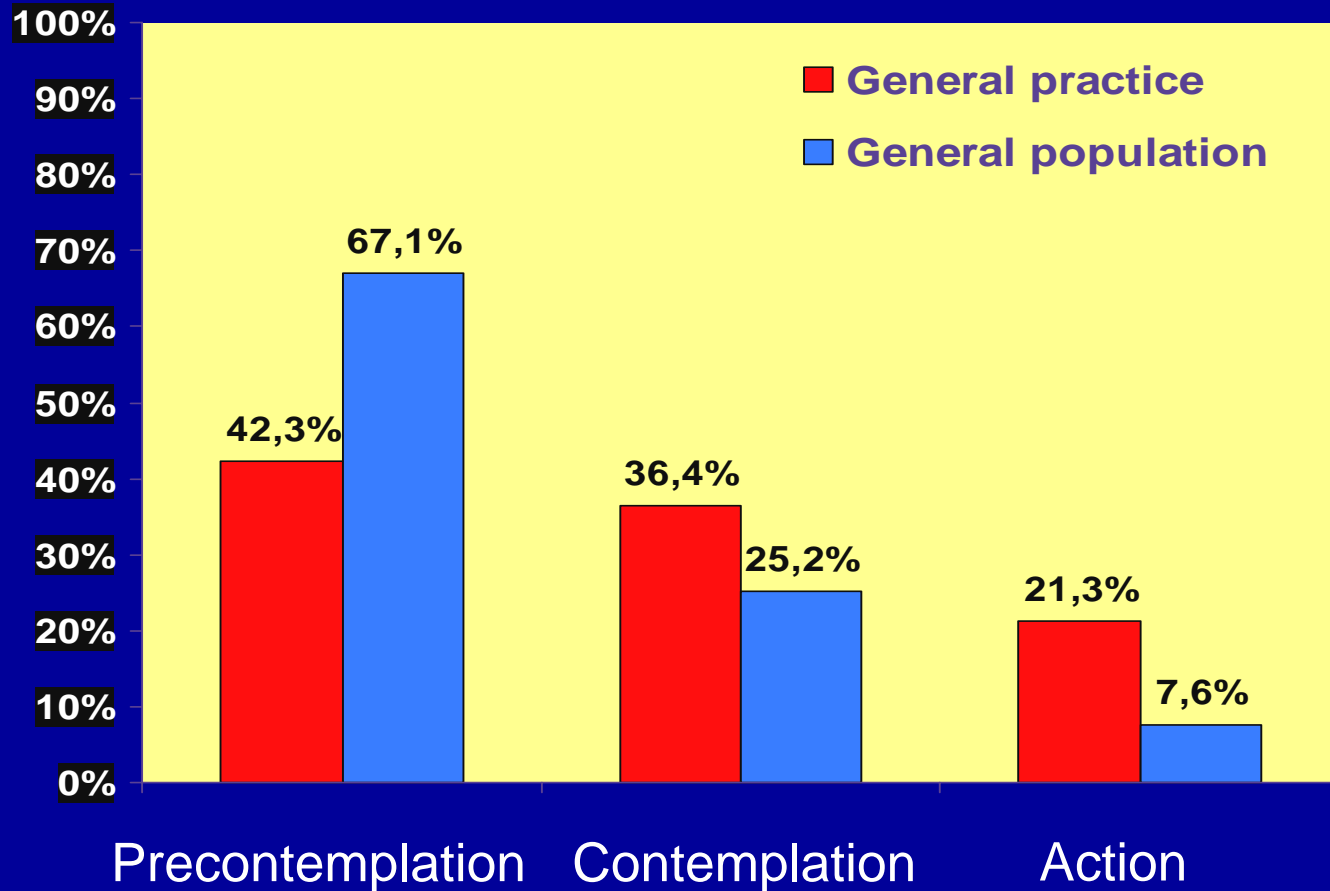
- **Representative sample covering the same area**
- **N=4075**
- **Response rate 70.2%**
- **At-risk drinking, abuse or dependence n=306**

Assessment

- **Screening: AUDIT and LAST (GP setting)**
- **Munich Composite International Diagnostic Interview (M-CIDI)**
- **Readiness to Change Questionnaire (RCQ)**

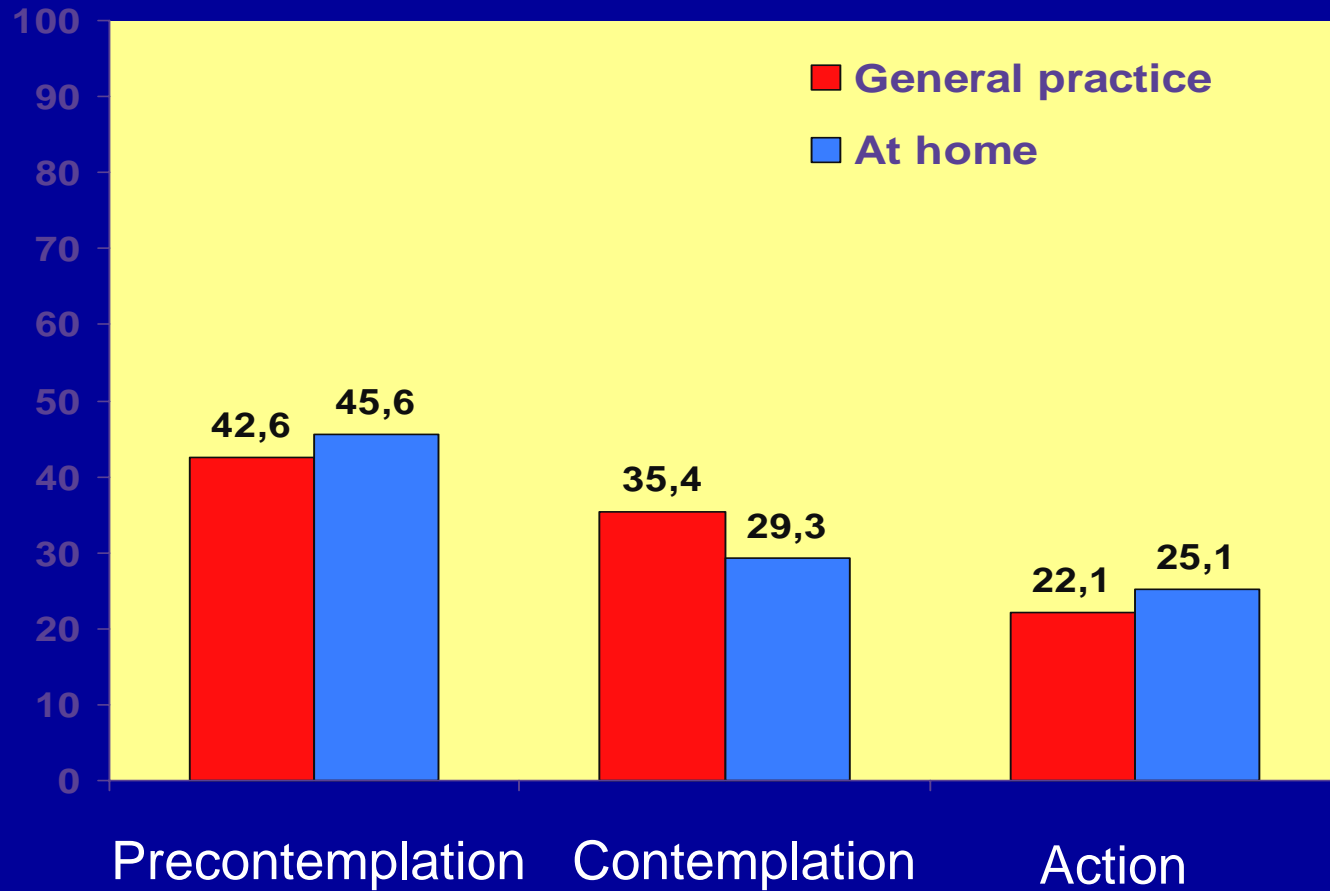
Results I: Teachable Moment

Readiness to change



$p < 0.001$

Readiness to change



$p = 0.448$

Logistic regression analysis

	Odds Ratio	CI
General health	0.664	.0543-0.813
Schooling	1.579	1.074-2.321
Marital status	1.155	0.886-1.505
Smoking	1.157	0.788-1.698
Age	0.965	0.951-0.979
Readiness	1.868	1.439-2.424

Results II: Outcome data

12-month-follow-up: Reduction in g alcohol per day

	Mean Rank	Mean (SD)	Sig p.
Stepped Care (N=138)	129,3	-10,1 (52,2)	.217
Fixed Care (N=131)	141,0	-13,1 (39,6)	
Control group (N=139)	220,7	-6,7 (36,7)	.023
Intervention group (N=269)	196,1	-11,6 (46,4)	

Variables with impact on the efficacy

- **Female gender:** +
- **Previous help seeking** -
- **Comorbid depression or anxiety** no effect but high reduction in intervention and control group

Summary

- **Patients with alcohol problems in general practice show a higher readiness to change.**
- **A stepped care approach is efficacious.**
- **The efficacy of brief interventions differs in subgroups as defined by gender, previous help-seeking and psychiatric comorbidity.**