



Brief FASD prevention intervention:
*Russian physicians' skills demonstrated
in an educational and a clinical trials
in Russia*



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Nizhniy Novgorod State Pedagogical University



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Профилактика ФАС в России Prevent FAS in Russia Research Group



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Developing FASD prevention: International collaboration

Phase I: **Preventing FAS/ARND in Russian Children, 2003-2007**

Supported by Grant R21 TW006745 Brain Disorders in the Developing World: Research Across the Lifespan, NIH Fogarty International Center/NAAA to Barbara Bonner at OUHSC

Phase II: **Development of Education Materials for Prevention of FAS in Russia, , 2005-2007**, supported by AUCD/CDC Grant RTOI 2005-999-01 to Barbara Bonner, OUHSC

Health of Children in Russia: Providing Education on FAS/FASD, 2007-2008, supported by AUCD/CDC, RTOI 2007-999-01 to Tatiana Balachova, OUHSC

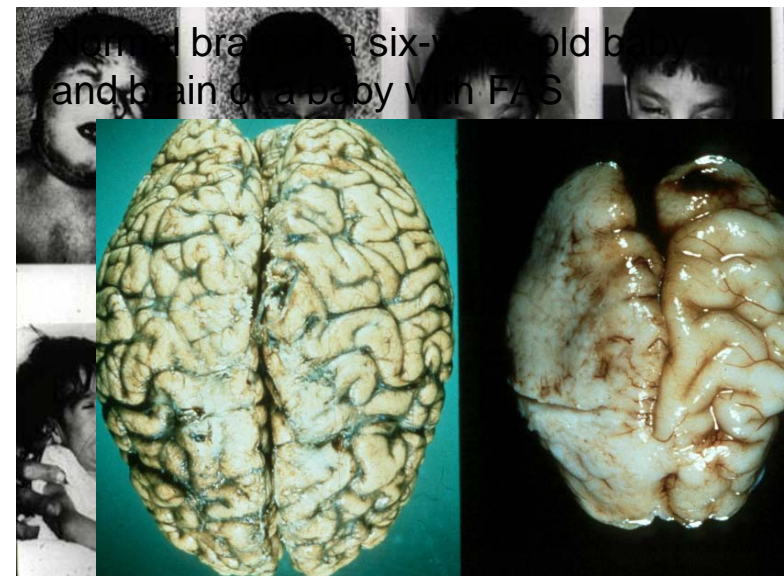
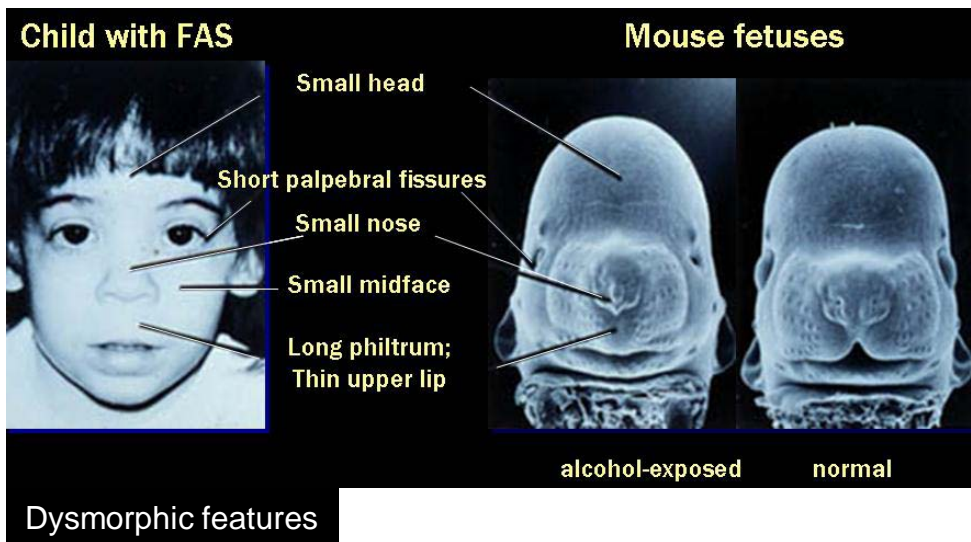
Phase III: **Preventing FAS/ARND in Russian Children**, funded by NIH NIAAA/Fogarty International Center, 2007-2012



Alcohol and pregnancy

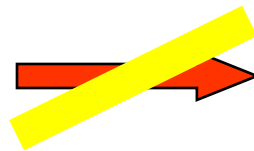
Alcohol use during pregnancy is a leading preventable cause of birth defects and developmental disabilities

Fetal Alcohol Syndrome (FAS)



Can FASD be prevented?

FASD are completely preventable



F	FAS
A	Alcohol-related neurodevelopmental disorders (ARND)
S	Alcohol-related birth defects (ARBD)
D	

- Approximately 50% of pregnancies are unplanned
- A woman may not know if she is pregnant until the sixth week of gestation
- A preconceptional approach to prevention is indicated (Floyd et al., 1999)

Alcohol consumption during pregnancy

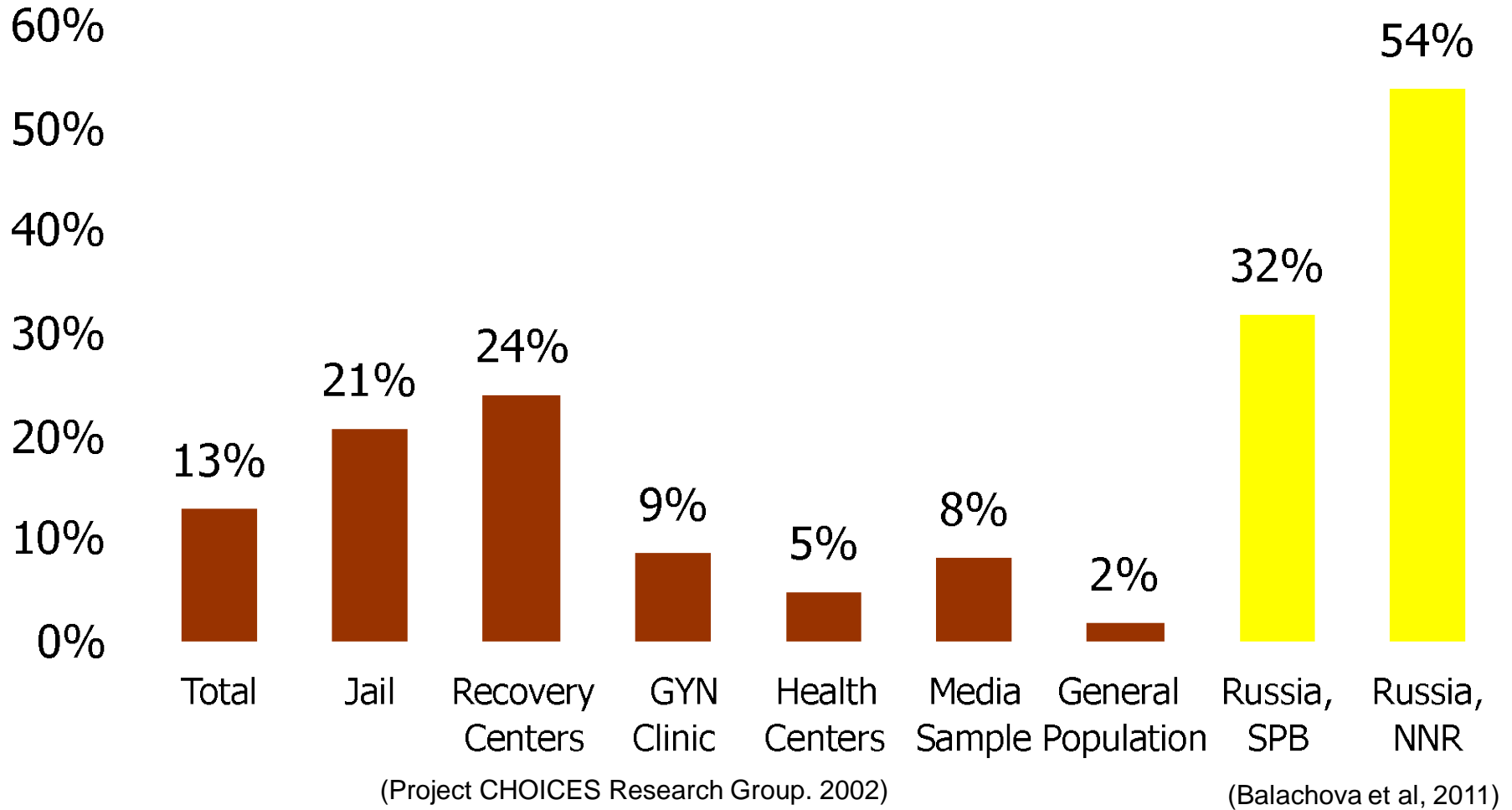


Photo courtesy of Dr. Bertrand

Prevalence of alcohol consumption during pregnancy

- Sweden 6%
- US 11%
- New Zealand 26%
- Norway 27%
- Spain 47%
- France 52%
- Ireland 54%
- Denmark 71% (as cited in Nilsen, 2009)
- Russia 20% (Balachova et al., 2011)

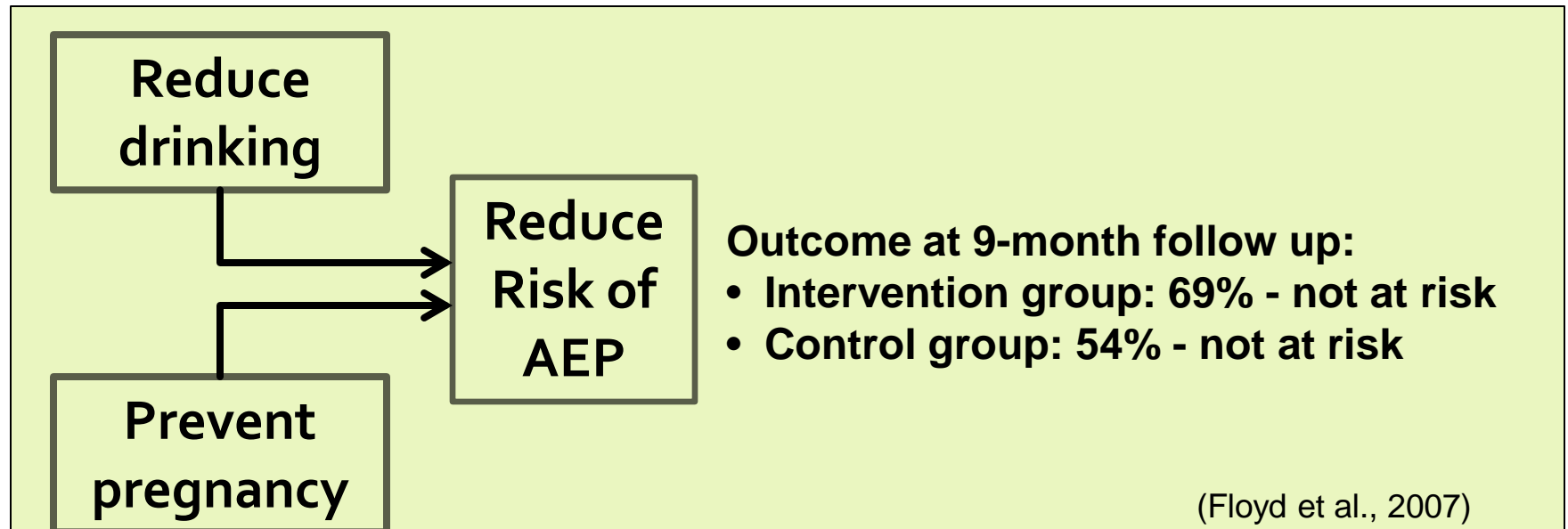
Women at risk for AEP



Project CHOICES

Changing High-Risk Alcohol Use and Increasing Contraception Effectiveness Study

- Targets non-pregnant women of childbearing age who are at risk for an AEP
- Uses motivational interviewing
- Uses a dual-focused approach of reducing risky drinking and postponing pregnancy until risky drinking is resolved



Dual-Focused BPI

Baby's health is your choice

Выбор – здоровье ребенка



**Употребляешь
алкоголь –
предохраняйся**

**Можешь забеременеть
– откажись от алкоголя!**

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- Women would follow OBGYN's advise (focus groups) (Balachova et al 2007)
- If a woman is pregnant or planning pregnancy, any amount of alcohol is risky - goal for intervention is completely abstaining from alcohol
- If a woman is not using contraception consistently and may get pregnant, the goal of intervention depends on the woman's choice:
 - 1) abstaining from alcohol
 - 2) family planning/delaying pregnancy or both

**Use alcohol –
use contraception!**

**May get pregnant –
abstain from alcohol!**

Intervention



Two evidence-based FASD prevention approaches adapted:

- Brief physician intervention (Fleming & Mundt, 2006; NIAAA1999, 2005) and
- Project CHOICES, a motivational dual-focused intervention (Floyd et al., 2007)

Principles of Motivational Interviewing

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-efficacy

“Brief intervention in a motivational way”

Dual-Focused BPI



Step 1: Ask

Assess contraception/pregnancy planning and alcohol consumption: Ask “**How often have you had four or more drinks?**” or use T-ACE, TWEAK, or AUDIT

Step 2: Feedback

Provide feedback and information/facts about the effects of alcohol

Step 3: Advise and help to set up an AEP prevention goal: alcohol free pregnancy or contraception

Give Advice

If there is no risk, support the woman’s behavior

If there is a risk for the woman or fetus, discuss the behavior change: reducing/abstaining from alcohol and/or contraception

Assess readiness to change

Help to set up an AEP prevention goal



If the woman is not ready for change, do not insist on setting up a goal (Ask “How would you feel if you had a child with FASD as a result of your drinking?”)

Support any steps in right direction, repeat the advice, reaffirm your willingness to help when she is ready/don’t move to 4

Step 4: Assist

Ask about the possible barriers and discuss how to overcome or reach the goal; reaffirm your willingness to help (refer if needed)

Assist with contraception if needed

Step 5: Follow-up

Balachova et al., 2010

This presentation:

Does it work in real life?

Research questions

1. Do physicians trained in DFBPI demonstrate the skills at the completion of the training during videotaped role-play with a mock patient?
2. Do trained physicians that are monitored for their performance maintain their skills during a clinical trial?
3. What skills/components of the intervention are better maintained and which are more likely to be omitted during the intervention?



Study I: a randomized educational trial

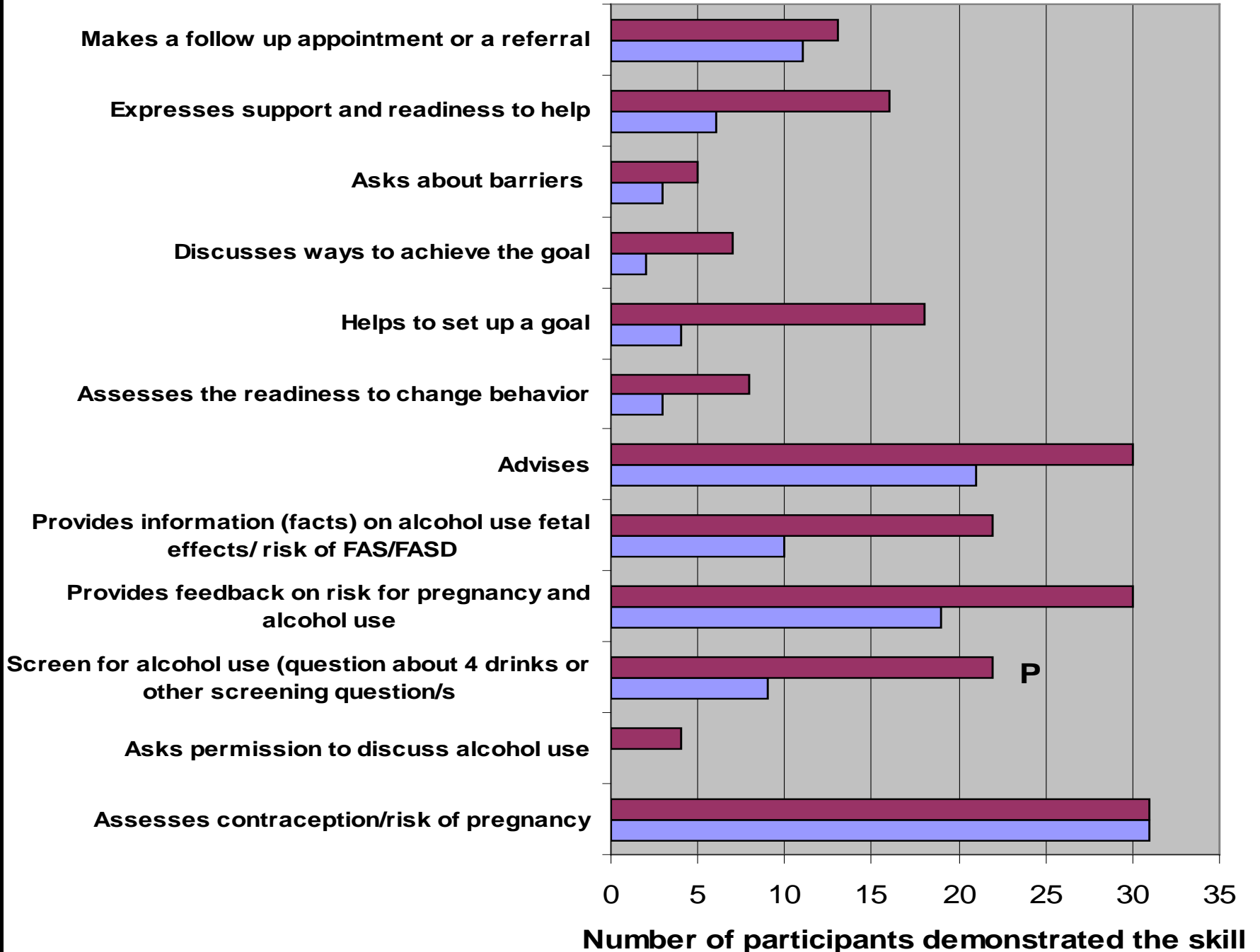
Sample

65 OBGYN physicians from throughout Russia were recruited at a CME program at St. Petersburg Pediatric Academy in 2006-2008

Procedures

- Groups of physicians (8 groups of OBGYN) were randomly assigned to intervention or control conditions
 - Participants in the experimental groups (EG) received a 3-hour training module on FASD
 - Participants in the control groups (CG) received a regular CME course
 - both groups received the same number of CME
- Training included 1) presentations on FASD foundation competencies and 2) training in a brief intervention protocol (OBGYN) including role-plays

OBG brief intervention skills (video coding)



Study I: Conclusions

The 3-hour FASD education modules included in CME for OBGYN were effective in improving physicians' knowledge, attitudes, and targeted skills



OBGYNs significantly increased their skills in conducting the dual-focused brief intervention

Fidelity checklist: physician's and women's forms

		Yes	No
1.	The doctor asked me if I used contraception or planned pregnancy		
2.	The doctor asked me about my alcohol consumption		
3.	The doctor told me about incompatibility of pregnancy and alcohol use		
4.	The doctor provided information about negative effects of alcohol on fetus and the child's health		
5.	The doctor told me about necessity of making a choice: either stop/reduce drinking or use effective contraception		
6.	The doctor asked me what I would choose		
7.	The doctor helped me to make my choice (abstinence/reduction of alcohol consumption or contraception)		
8.	The doctor talked to me how to achieve the goal		
9.	The doctor discussed with me barriers I might face		
10.	The doctor made a follow up appointment		
11.	I felt the doctor' support and willing to help		

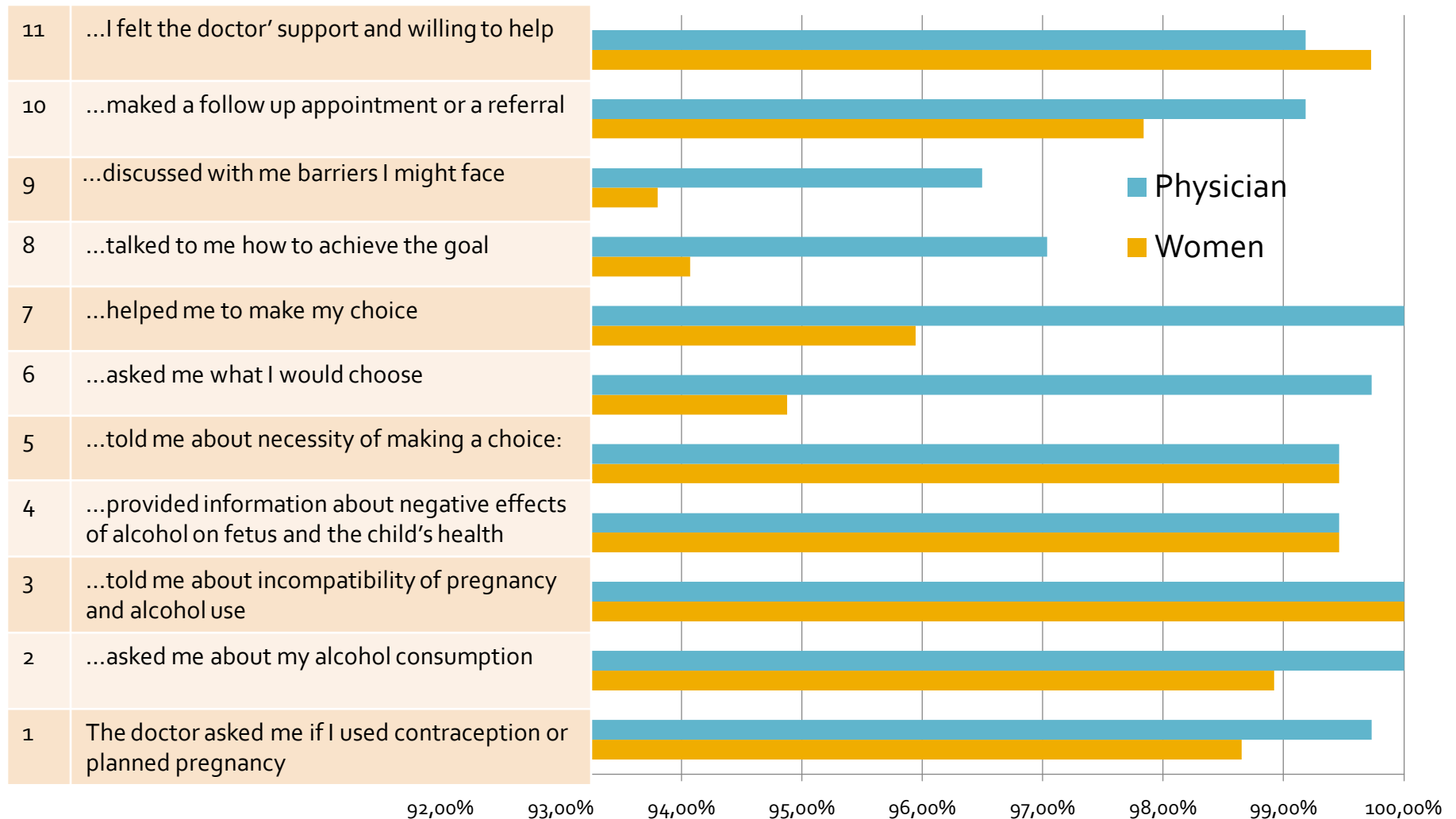
Intervention fidelity data

- NNR (July 2009 - December 2009)
 - N₁ = 176 patients
 - N₂ = 8 OBGYN
- SPB (July 2009 - July 2011)
 - N₁ = 196 patients
 - N₂ = 15 OBGYN
 - Subset audio recording
 - N₁ = 78
 - N₂ = 12

Phase I: Results

	Doctor...	Woman's report N1=372	Physician's report N2=23
1	...asked if I planned pregnancy or used contraception	0.987	0.997
2	asked about my alcohol consumption	0.989	1
3	informed about incompatibility of pregnancy and alcohol use	1	1
4	provided information on alcohol effects on fetus/child	0.995	0.995
5	advised either stop/reduce drinking or use effective contraception	0.995	0.995
6	asked me what I would choose	0.949	0.997
7	helped me to make my choice	0.959	1
8	discussed with me how I could achieve the goal	0.940	0.970
9	discussed with me barriers	0.938	0.964
10	made a follow-up appointment	0.978	0.991
11	I felt doctor's support and willingness to help	0.997	0.992

Which points of the intervention are more likely to be omitted, N=372



Physician and patient report discrepancy, N=372

		Physician	
		No	Yes
Patient	No	12	47
	Yes	10	295



- P=0.0000019 (McNemar)
- Reports by physicians and women differ

Subset audio coding, N = 78

		Physician	
		No	Yes
Women	No	2	13
	Yes	0	60

- Physicians' vs women's reports
p=0.000874 (McNemar)
Women and physicians disagree whether questions were asked

		Physician	
		No	Yes
Audio coding	No	2	11
	Yes	0	61

- Physicians' vs audio coding
85% agreement
11 discrepancies
p=0.002569 (McNemar)
The audio coding and physicians disagree



Conclusions

OBGYN physicians who received DFBPI training significantly improved skills in conducting screening and the dual-focused brief intervention (DFBPI)

Physicians demonstrated close to ideal performance although women and physicians were disagree whether questions were asked

OBGYN physicians trained in DFBPI were able to implement and maintain the skills during the clinical trial

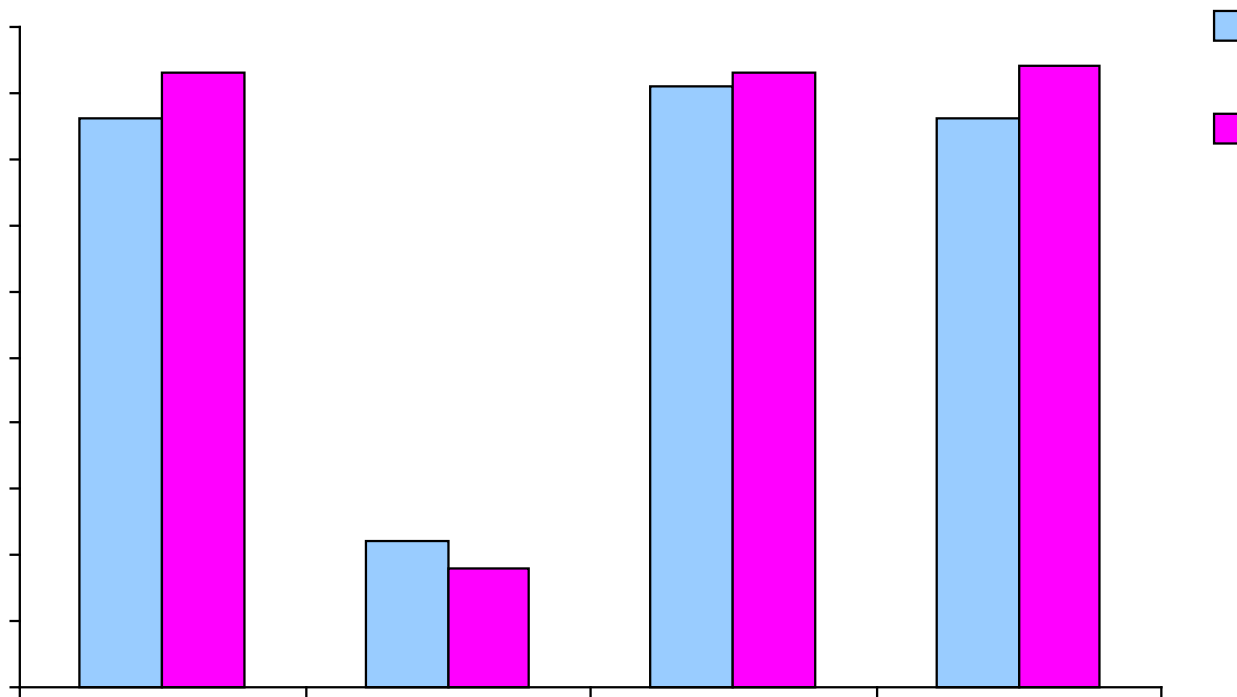
In addition to the alcohol focus, DFBPI training needs to have a sufficient component to improve physicians' skills in discussing contraception use





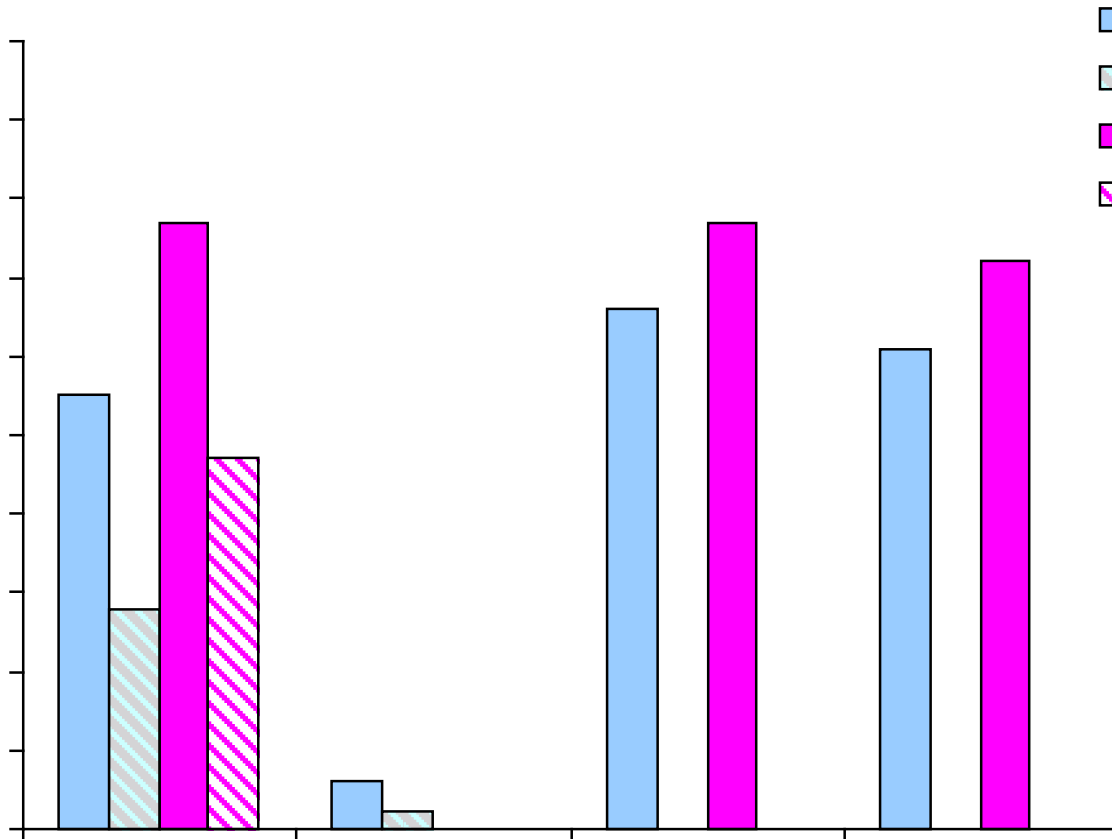
Tatiana-Balachova@ouhsc.edu

Results: Any alcohol use



(Balachova et al, 2011)

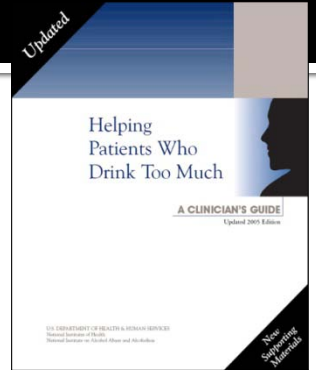
Russia: Binge drinking



$p < 0.05$

(Balachova et al, 2011)

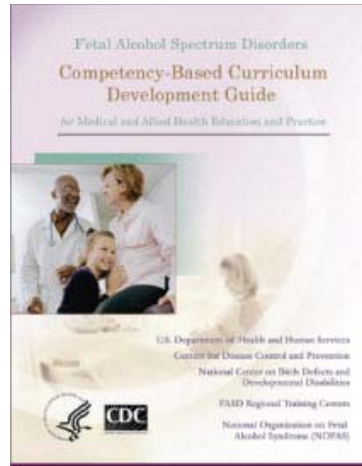
BI for childbearing age women: Training and resources



www.niaaa.nih.gov/guide



www.hcip-bc.org



<http://www.cdc.gov>

здесь можно посмотреть видео и на фото

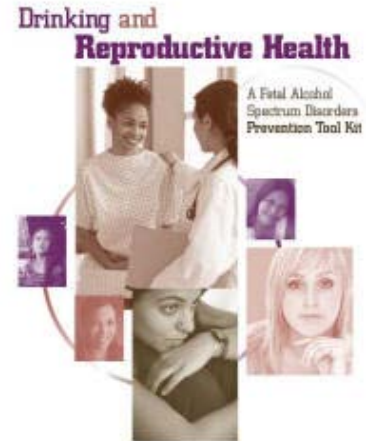
5 причин воздержаться от употребления алкоголя во время беременности:

1. Употребление алкоголя во время беременности вызывает фетальный алкогольный синдром уродства (ФАСУ) [Fetal Alcohol Syndrome]. У будущего ребенка могут быть врожденные дефекты сердца, мозга и других органов, проблемы с обучением и другие нарушения, которые остаются на всю жизнь.
2. Не существует безопасного количества алкоголя во время беременности. Все алкоголь, содержащий этанол, может нанести вред ребенку. Бюкка вина содержит много этанола, как и белая иная или столовая вина.
3. Нет безопасного времени для употребления алкоголя во время беременности. Употребление алкоголя может нанести вред ребенку в любой момент беременности, даже на ранних сроках, когда женщина еще даже не знает, что беременна.
4. Ужасная трагедия произошла в России сообщает о том, что она употребляет алкоголь в количестве алкоголя, и во время так в США, но употребление алкоголя только одна из возможных причин синдрома.
5. ФАСУ можно предотвратить, если отказаться от употребления алкоголя во время беременности.

Информация о NOFAS:

- Адвокат аккредитирован - это человек, обладающий специальными знаниями о жизни мозга, сердца, легких и других органах будущего ребенка.
- Для получения дополнительной информации о вреде беременности уродства укажите адрес ребенка и дату выдачи NOFAS.
- NOFAS - это национальная некоммерческая организация, которая занимается предотвращением и лечением ФАСУ.

НЕТ ФАСУ



<http://www.acog.org>