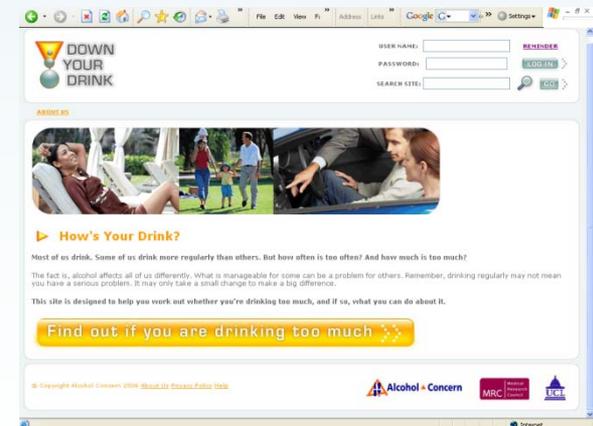


# On-line screening and brief intervention packages – a potential solution to the know-do gap in primary care?

Paul Wallace  
Leo Pas  
Pierluigi Struzzo



## Alcohol - the size of the problem

- Hazardous alcohol consumption associated with 3.8% of global deaths
- 4.6% global disability-adjusted life years
- EU is heaviest alcohol drinking region in world
- Good evidence about effectiveness of brief interventions in primary care, but only minority receive help
- In primary care, <10% at risk drinkers identified, and < 5% receive brief intervention

## The know-do gap : barriers to implementation

- Lack of financial incentive
- Lack of training and support
- Fear of offending patients
- Time constraints
  - Face-to-face brief intervention can add up to 15 minutes to consultation

## Could facilitated access provide a solution to the know-do gap?

- Growing evidence on effectiveness of alcohol reduction websites
- Websites can be tailored to reflect local conditions
- Time taken by GPs to signpost risky drinkers much less than face-to-face brief intervention
- Facilitated access in primary care could increase impact on website users

## Internet based interventions

- Increased population access to Internet: 77% UK, 64% in EU and 74% in US (2009 figures)
- Growing evidence about ability of Internet to deliver effective smoking interventions and certain health conditions
- Effectiveness in reducing problematic consumption in student populations
- Two general population trials:
  - MinderDrinken.nl      Riper et al
  - DownYourDrink.org    Wallace et al



# DYD entry portal

USER NAME:

[REMINDER](#)

PASSWORD:

SEARCH SITE:

## [ABOUT US](#)



## ▶ How's Your Drink?

Most of us drink. Some of us drink more regularly than others. But how often is too often? And how much is too much?

The fact is, alcohol affects all of us differently. What is manageable for some can be a problem for others. Remember, drinking regularly may not mean you have a serious problem. It may only take a small change to make a big difference.

This site is designed to help you work out whether you're drinking too much, and if so, what you can do about it.

[Find out if you are drinking too much](#)



# AUDIT-C entry test

USER NAME:

PASSWORD:

LOG IN

[HOME](#) | [ABOUT US](#)

## The test

*1 drink = 1/2 pt beer or 1 glass of wine or 1 single measure of spirits.*

**How often do you have a drink containing alcohol?**

- Never    Monthly or less    2-4 times a month    2-3 times a week    4 or more times a week

**How many drinks containing alcohol do you have on a typical day when you are drinking?**

- 1 or 2    3 or 4    5 or 6    7 to 9    10 or more

**How often do you have six or more drinks on one occasion?**

- Never    Less than monthly    Monthly    Weekly    Daily or almost daily

Submit »

# DYD RCT

- Phase 3 two arm RCT conducted entirely on-line
- Comparison between psychologically enhanced intervention and minimally interactive comparator
- Key methodological issues:
  - Sustainability of on-line recruitment
  - Compliance with the intervention
  - Anticipated low follow-up rates



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government



NPRI

CANCER RESEARCH UK

# Intervention site



USER NAME:

[REMINDER](#)

PASSWORD:

[LOG IN](#)

SEARCH SITE:



[GO](#)

[Home](#) [Contact](#) [My record](#) [My Goals](#) [My Drinking Diary](#) [Tools](#) [Library](#) [Links](#)

[PANIC BUTTON!](#)

**PHASE 1**  
IT'S UP TO YOU

**PHASE 2**  
MAKING THE CHANGE

**PHASE 3**  
KEEPING ON TRACK

## Welcome

A "three phase a  
useful informatio  
Please treat this

We recommend t  
[How to Use this](#)

- **Motivational enhancement**
- **Making the change**
- **Relapse prevention**

**PHAS**

Its up to



This phase is des  
help you make up  
about whether the  
anything you mig  
change about your drinking.

[» Start](#)

[» Start](#)

[» Start](#)



# Comparator site

[LOG OUT DANNY BERZON>>](#)

- Home
- Library
- Links
- News

Welcome to Down Your Drink. This is a website designed to give you information about the effects of alcohol.

- **Minimally interactive**
- **Information pages**
  - The facts
  - The signs,
  - Healthy living
  - Getting help
  - Help a friend

...out alcohol and you want to help us  
...hat we think will help you to get to  
  
...safe drinking, healthy living advice

## Contents

- ▶ [The Signs](#)
- ▶ [The Facts](#)
- ▶ [Healthy Living](#)
- ▶ [Getting Help](#)
- ▶ [Help a Friend](#)

- **Library**
- **Links**
- **News**



# Recruitment to trial over 3 phases



# Reported weekly alcohol consumption (units)

by randomised group with imputed results for missing values

Time point	Geometric mean (SD)		Adjusted ratio (intervention : control) of geometric means (95%CI)
	Intervention	Control	
Baseline (n=7,935)	46.3 (31.8)	45.7 (30.6)	-
1 month (n=2,067)	27.1 (23.1)	27.1 (22.5)	0.98 (0.90 to 1.07)
3 months (n=3,529)	26.4 (23.0)	25.6 (21.5)	1.03 (0.97 to 1.10)
12 months (n=854)	22.0 (20.0)	23.5 (21.0)	0.99 (0.85 to 1.15)

## Summary of main findings

- Psychological enhancement did not confer benefit in comparison with minimally interactive website
- Large and clinically significant fall in alcohol consumption across both arms at 3m (~ 21u / wk) sustained at 12 m (~ 25 u/wk), with parallel improvement in secondary outcomes.
- Low levels of engagement with websites

# Number of website sessions and pages downloaded at 3 months by randomised group

Randomisation group	Phase 1 N=3,746	Phase 2 N=2,652	Phase 3 N=1,537
<b>Website Sessions</b>			
Intervention	2.24 (3.28)	2.32 (3.90)	2.57 (3.91)
Control	1.29 (0.84)	1.19 (0.69)	1.18 (0.62)
Both groups	1.77 (2.45)	1.76 (2.86)	1.88 (2.88)
<b>Pages downloaded</b>			
Intervention	63 (68)	64 (67)	73 (73)
Control	13 (13)	13 (12)	12 (11)
Both groups	38 (55)	39 (54)	42 (60)

# Facilitated access for enhancement of engagement with website

Facilitated access is designed to encourage use of an on-line intervention, and in the UK is familiar to primary care and mental health professionals through the established model of providing facilitated access to computerised cognitive behavioural therapy programmes such as Beating the Blues and Fear Fighter.\*

\* Department of Health. Improving Access to Psychological Therapies Implementation Plan: National guidelines for regional delivery. London: Department of Health; 2008.

# Facilitated access to DYD in two NHS primary care trusts – exploratory study



- 8 practices involved
- GPs and nurses screened with AUDIT C
- Screen +ve patients introduced to DYD
- Provision of personalised login details
- Offer of follow-up phone-calls
- Interviews undertaken afterwards with patients, clinical staff and commissioners

# Acceptability and feasibility



*“I think it’s brilliant. I think it’s something we’ve welcomed and we’ve been waiting for, for a long time, something like this that we can work with”*

*PN*

*“Because it’s certainly good ... it, it, it’s a good idea and it’s brilliant. And certainly, as everyone says, politically, you know, alcohol is a big problem in this country”.*

*GP*

*“Yes, I suppose it’s good service, with like the computer, that is ... you can do it your own time and your own pace...it’s more discreet .”*

*Pt*

# DYD as a gap in service provision



*“There’s often been patients I’ve seen over the years ... wanting help with their drinking. And you know the services that are currently available do not often fit their needs ... you feel quite inadequate really in the fact that they’re going to go off to CDAT and you know it’s not very satisfactory”*

GP

*“ I think if you’ve got something you can refer to that’s not the severe end, so maybe in the past you’d only refer your really heavy drinkers... But we have loads of people who drink I think between, you know, 40 – 80 units a week.., wouldn’t ever class themselves as being alcoholics, or .....having a problem but may be amenable to something like this, you know, that doesn’t involve medication...”*

GP

# Conclusions from exploratory study



- The service filled a gap in service provision.
- The model of service provision was feasible and generally acceptable
- Properly designed trial is needed to determine effectiveness of facilitated access in relation to face to face intervention

## **Effectiveness of primary care based facilitated access to alcohol reduction website – EFAR**

- Non-inferiority randomised controlled trial
- Comparison of online intervention with face to face for hazardous drinkers
- Recruitment in general practice
- On-line consent, assessment, randomisation and follow-up
- Effect size to be excluded: 5% difference between two arms

## The intervention

- High quality alcohol reduction website
- Introductory patient information pack, including a leaflet and a (scratch) card with the patient's unique log-on user number and the website URL.
- Explanation of the nature and purpose of the site
- Offer of follow up and review
- Option to share the data which patient enters on the website with referring GP

## Proposals for development and roll-out

- International collaboration:
  - Belgium
  - Italy
  - UK
- Early development phase for website adaptation
- Pilot study to test proposed methodology
- Full scale trial, potentially international.

## For discussion

- Is face to face intervention the appropriate control condition?
- Is a non-inferiority trial the correct design?
- What should be the minimum difference to be detected?
- Is there other work of this kind being planned or undertaken elsewhere?



## Participants' reservations



*“Our nurse today said ‘I’m having a real problem with this’. She said, she said that ‘people who are regular social drinkers are all scoring enough for me to offer referral and I feel really awkward offering it to them because I don’t think there’s an issue’.”*

**GP**

*“I just don’t have the capacity or the time. Whereas I could set aside time to go and visit you [the interviewer], I changed my schedule to do that. Our laptop ... is in the front room. So it’s in the front room where everybody is, the children are watching children’s programmes. It just really is not conducive.”*

**Pt**

# DYD Kingston: qualitative data collection



- Interviews were undertaken with the following stakeholders:
  - PCT staff involved in commissioning and delivering the DYD service
  - Primary health care professionals who could refer to the service (GPs, practice nurses and health care assistants)
  - Patients



## LOG OUT SCREENING TOOL

**Drinktest.nl - Mozilla Firefox**

Archivo Editar Ver Historial Marcadores Herramientas Ayuda

http://www.drinktest.nl/

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Minderdrinken Drinktest.nl

**Trimbos instituut**

**ADVIES OP MAAT**

**www.drinktest.nl**

(Deze test vereist dat uw browser [cookies accepteert](#))

**Drinkt u regelmatig alcohol en wilt u weten of uw drinkgedrag een risico is voor uw gezondheid? Neem dan tien minuten tijd voor deze test.**

De eerste vragen gaan vooral over de hoeveelheid alcohol die u drinkt en geven u hierover advies. Afhankelijk van de uitslag kunt u vervolgens nog één of meerdere delen van de test maken en ontvangt u meer advies en tips.

**4 op een avond?**

**Wat is uw favoriete alcoholhoudende drank?**

Bier Wijn Sherry-Port Cocktail-Mixdrank Jenever Whiskey

**START**

OVER DEZE TEST / TRIMBOS-INSTITUUT

# Difficulties experienced by health professionals



*“Our nurse today said ‘I’m having a real problem with this’. She said, she said that ‘people who are regular social drinkers are all scoring enough for me to offer referral and I feel really awkward offering it to them because I don’t think there’s an issue’.”*

GP

# Psychological enhancement features

- Tailored feedback
  - E-tools (consumption calculator, diaries/self-report)
- Automated and tailored emails (reminders to log on, tips)
  - On-line quizzes
  - Interactive graphics
  - “Thinking drinking record”
- Interactive tools for setting change date(s)

We record  
[How to U](#)



This phase is designed to help you make up your mind about whether there is anything you might want to change about your drinking?

You have made a decision to change your drinking and a plan for how to do it. Phase 2 provides some additional support as you do it.

This phase is about learning skills to help you stick to your goals and make changes to your lifestyle.



# Feedback on AUDIT

SEARCH SITE:

[HOME](#) | [ABOUT US](#)

## Results

★ Thank you for taking the test, your **drinking pattern indicates a possible increased risk of alcohol affecting your health.**

★ The **new Down Your Drink** website is packed full of useful information designed to help people **drink alcohol more safely** and improve their general health and well-being.

Would you like to use Down Your Drink, and help us with our research evaluating how well the website works?

Yes

No

### Important Announcement!

[Alcohol Concern](#) and the [Medical Research Council](#) have commissioned a **major new research study** to test scientifically if the new website could have an **important benefit** for people like you and the community.

Learn more about the research team >> [click here](#)



## LOG IN SCREENING TOOL

Minderdrinken - Mozilla Firefox

Archivo Editar Ver Historial Marcadores Herramientas Ayuda

http://www.minderdrinken.nl/

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Minderdrinken

### Minder drinken of stoppen?

U bent ingelogd als:  
nycox

[Uitloggen](#)

[webmaster@minderdrinken.nl](mailto:webmaster@minderdrinken.nl)

[uw profiel wijzigen](#)

### Mijn beginstand

Stap 1

Welkom | **Stap 1: Voorbereiden** | Stap 2: Beslissen > Stap 3: Uitvoeren

- U begint met het invullen van 'Mijn beginstand'.
- Uw beginstand geeft een overzicht van wat u de afgelopen week dronk.
- Was deze week een 'normale' week voor u?
- Dan ziet u hier hoeveel u gewoonlijk per week drinkt.
- Uw beginstand is uw start voor het werken met MinderDrinken!

Let op: vermeld het aantal glazen in standaardglazen (overzicht rechts).  
Bijvoorbeeld: dronk u een halve fles wijn dan is dat 3,75 glazen.

maandag 31 Jan. 2011	<input type="text"/>	glazen	
zondag 30 Jan. 2011	<input type="text"/>	glazen	
zaterdag 29 Jan. 2011	<input type="text"/>	glazen	
vrijdag 28 Jan. 2011	<input type="text"/>	glazen	
donderdag 27 Jan. 2011	<input type="text"/>	glazen	
woensdag 26 Jan. 2011	<input type="text"/>	glazen	
dinsdag 25 Jan. 2011	<input type="text"/>	glazen	

#### Standaardglazen

	een glas bier (25 cl   5% alcohol) = <b>1 glas</b>
	een halve liter bier (5% alcohol) = <b>2 glazen</b>
	een blikje bier (33 cl   5% alcohol) = <b>1.3 glas</b>
	een flesje bier (33 cl   5% alcohol) = <b>1.3 glas</b>
	een flesje 'light' bier (33 cl   2,5% alcohol) = <b>0.7 glas</b>
	een glas wijn (10 cl   12% alcohol) = <b>1 glas</b>
	een fles wijn (75 cl   12% alcohol) = <b>7.5 glas</b>
	een glas sherry/ port (5 cl   15% alcohol) = <b>1 glas</b>
	een flesje mixdrank (bv. Breezer) (27,5 cl   5,6% alcohol) = <b>1.4 glas</b>
	een glas gedistilleerd (3,5 cl   35% alcohol) = <b>1 glas</b>
	een literfles gedistilleerd (35% alcohol) = <b>28.5 glas</b>

Minderdrinken - Mozilla Firefox

Archivo Editor Ver Historial Marcadores Herramientas Ayuda

[←](#)
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Minderdrinken

## Minder drinken of stoppen?

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[Uitloggen](#)

[webmaster@minderdrinken.nl](mailto:webmaster@minderdrinken.nl)

[uw profiel wijzigen](#)

### Overzicht: is uw alcoholgebruik zorgelijk?

Stap  1

Welkom | **Stap 1: Voorbereiden** | Stap 2: Beslissen > Stap 3: Uitvoeren

De audit is bedoeld om zorgelijk alcohol gebruik op te sporen. Een score van 0 t/m 40 punten is mogelijk. De betekenis is als volgt:

- 0 - 7 = laag risico
- 8 - 15 = toenemend risico
- 16 - 25 = hoog risico
- 26 - 40 = zeer hoog risico

**Volgens de test scoort u 12 punten.**

U heeft daarmee een toenemend risico op problemen. Bijvoorbeeld met uw gezondheid, op het werk of in contacten met anderen. U doet er dan goed aan uw drinkgewoonten te veranderen.

Heeft u   n of meer van onderstaande verschijnselen:

- U kunt niet meer stoppen met drinken als u eenmaal begonnen bent
- U laat vanwege uw alcoholgebruik dingen liggen die u had willen doen
- U heeft alcohol nodig om te dag te beginnen

Raadpleeg dan uw huisarts of een instelling voor verslavingszorg. Drastisch minderen kan dan tot ontweningsverschijnselen leiden. Een goede begeleiding is hierbij van belang.

[Wijzigen](#) [Verder](#)



# Invitation to participate

SEARCH SITE:



GO

[HOME](#) | [ABOUT US](#)

## Your invitation to take part in the study

### Can you help us with our research?



still interested

Not Interested

- You should be aged **18 years old or over** and able to read and write English.
- You **need to be willing** to spend **around 30 minutes now to fill in some forms online** and **again in 1 month's time**

*If you would like to use DYD and help us with our research, please click "still interested" above*

## Facilitated access- a solution to the know do gap?

- Growing evidence on effectiveness of alcohol reduction websites
- Websites can be tailored to reflect local conditions
- Time taken by GPs to signpost risky drinkers much less than face-to-face brief intervention
- Facilitated access in primary care could increase impact on website users

# DYD Kingston



- The DYD service was highly innovative and the first time that a web-based intervention had been used as a mainstream alcohol service in the NHS. Recognising this, Kingston PCT commissioned an independent evaluation of the service from the UCL DYD team.
- The aim of the evaluation was to determine the feasibility, acceptability, effectiveness and costs of the service, and to make recommendations for the future of the service.

# Key findings from the DYD NHS Facilitated Access pilot studies



- Practice views
- Patients views
- PCT views

## Difficulties experienced by health professionals



*I think the difficulty is; the patients that come in wanting help is fine – it's done and dusted ; and then you're seeing on their screen, their audit screen in the questionnaire, that they may be suitable for the service and then ... do you want to have another 20 minute argument about whether they've got a drinking issue? Probably not.*

GP