



# *EVALUATION OF A BRIEF INTERVENTION PROGRAMME IN ITALY*

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The study has been proceeded as an ongoing pilot project following the World Health Organization Collaborative Study

The project is funded by The Italian Ministry of Health.

It is implemented by the Alcohol Centre-University of Florence and the Italian Society of General Practitioners on behalf of the Italian Higher Institute of Health

# Aim

To develop a strategy for reducing social and medical alcohol related problems, giving the general practitioner a key role in the community.

# OBJECTIVES

1. To Create a standard package for B.I. for screening and trating “hazardous and harmful drinkers”
2. To survey alcohol consumption in a sample of the population aged 18 or over, who the general practitioners assessed as suitable for B.I. using the projects instruments
3. To assess the effectiveness of B.I. by an experimental trial of B.I. procedures with “hazardous and harmful drinkers” randomly allocated to intervention or control group

# Timetable

Phase I – *Creation of a standard package*

◆ 1 year

Phase II - *Implementation of the study*

◆ 1 year


Phase III- *Assessment*

◆ 6 months




# PHASE I- Creation of a standard package for brief intervention

## □ Questionnaire

- ◆ anamnesis
  - ◆ self perceived health assessment
  - ◆ information on social and family support
  - ◆ use of health services
  - ◆ information on driving and car accidents
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- ❑ AUDIT test (Saunders & Asland 1987)
- ❑ Clinical test to ascertain specific symptoms and signs correlated to alcohol abuse
- ❑ Biochemical tests (MCV; GGT; AST; ALT)
- ❑ Assessment of precocious behavior indicators ascertainable from talking with the patient about his/her social and psychic state

# Material for the intervention

- ◆ Management guide for the doctor containing information on harm caused by alcohol and useful pointers for motivational assessment and diagnosis
  - ◆ Self help booklets to help the hazardous drinker cut down alcohol intake
  - ◆ An information brochure for the general public which can also be hung in doctors' waiting rooms
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# Recruitment of general practitioners

1 doctor as NATIONAL COORDINATOR

9 doctors as REGIONAL COORDINATORS

have been recruited in the **NORTH**  
(Piemonte, Veneto, Friuli Venezia Giulia)

**CENTRE** (Toscana, Umbria, Lazio)

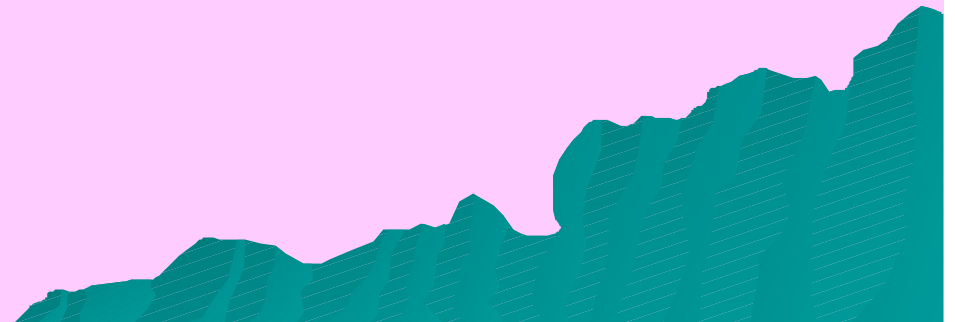
**SOUTH** (Campania, Puglia, Sicilia)



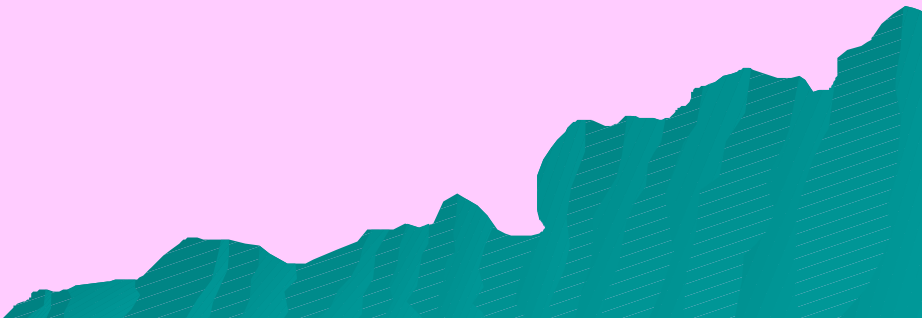
# Training

**1 full day** training for the coordinators

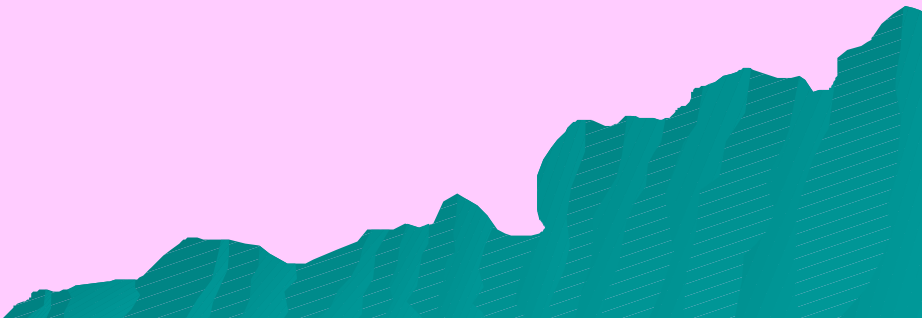
The coordinators have been given the standard package for the training of the research doctors.



# Themes of the training

- ◆ Epidemiological data on ARP in Italy
  - ◆ The alcohol related problems
  - ◆ The role of general practitioners
  - ◆ Brief intervention and the stages of change (Prochaska and Di Clemente, 1984)
  - ◆ The package of the study
  - ◆ The trial protocol
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# PHASE II-Implementation of the study in the general practitioners settings

- ◆ The sample involves patients recruited to the doctor's office aged 18 or over
  - ◆ Two days per week to select sample for 3 months
  - ◆ B.I. for patients with a AUDIT score between 8 and 18 inclusive
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## TIME 1

AUDIT and Questionnaire.

Brief intervention is carrying out on the subjects for a maximum of 10 minutes

## TIME 2 and Follow up

B.I. and the AUDIT test were performed by appointment after 6 months and at the FOLLOW UP at 12 months.

# Control group

The control group don't receive brief intervention

but only a follow up at 12 months to evaluate Audit score

# PHASE III- Assessment of the effectiveness

## PRELIMINARIES DATA


Assessment of the effectiveness of the brief intervention in reducing alcohol consumption by at-risk drinkers.

→ QUANTITATIVE

Assessment of the effectiveness of the programme → QUALITATIVE


# QUALITATIVE EVALUATION

Many doctors have encountered difficulties in recruiting patients for the study:

- Patients find it hard to view the general practitioner as a researcher
  - Patients are reluctant to talk about alcohol with their family doctors
  - The need of network between G.Ps and alcohol services
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◆ Strong points:

- Support materials provided to the GPs evaluated very useful
  - Has been estimated that more than 20.000 patients could have the information displayed in doctors' waiting rooms
  - National distribution of the programme
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# QUANTITATIVE EVALUATION

❖ SAMPLE TOTAL NUMBER  
1870

❖ SAMPLE WITH A POSITIVE AUDIT  
225

❖ INTERVENTION GROUP (cases and controls)  
169 (AUDIT  $8 < X < 18$ )

→ DROP OUT OF GPs 30%

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REGIONE	N	%
CAMPANIA	255.	13.7
FRIULI VG	71.	3.8
<u>LAZIO</u>	<u>370.</u>	<u>19.9</u>
PIEMONTE	91.	4.9
PUGLIA	327.	17.6
SICILIA	233.	12.5
TOSCANA	103.	5.5
<u>UMBRIA</u>	<u>385.</u>	<u>20.7</u>
VENETO	26.	1.4
	1870	100

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# AUDIT SCORES

0-7

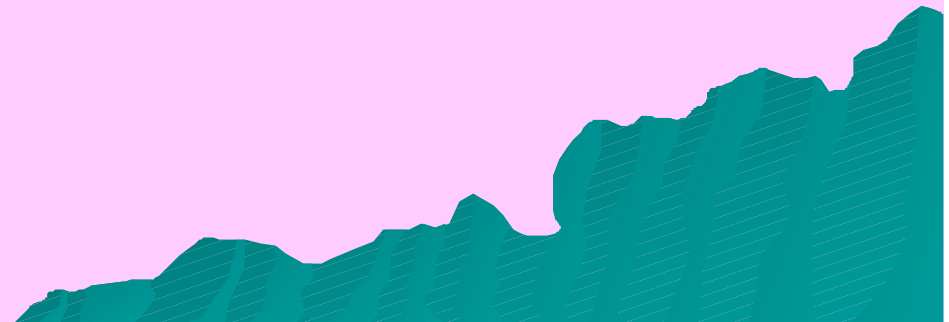
81.1%

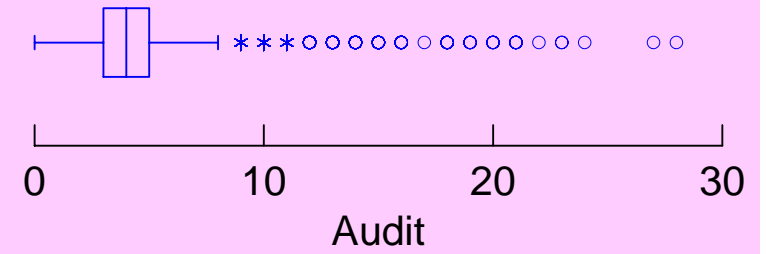
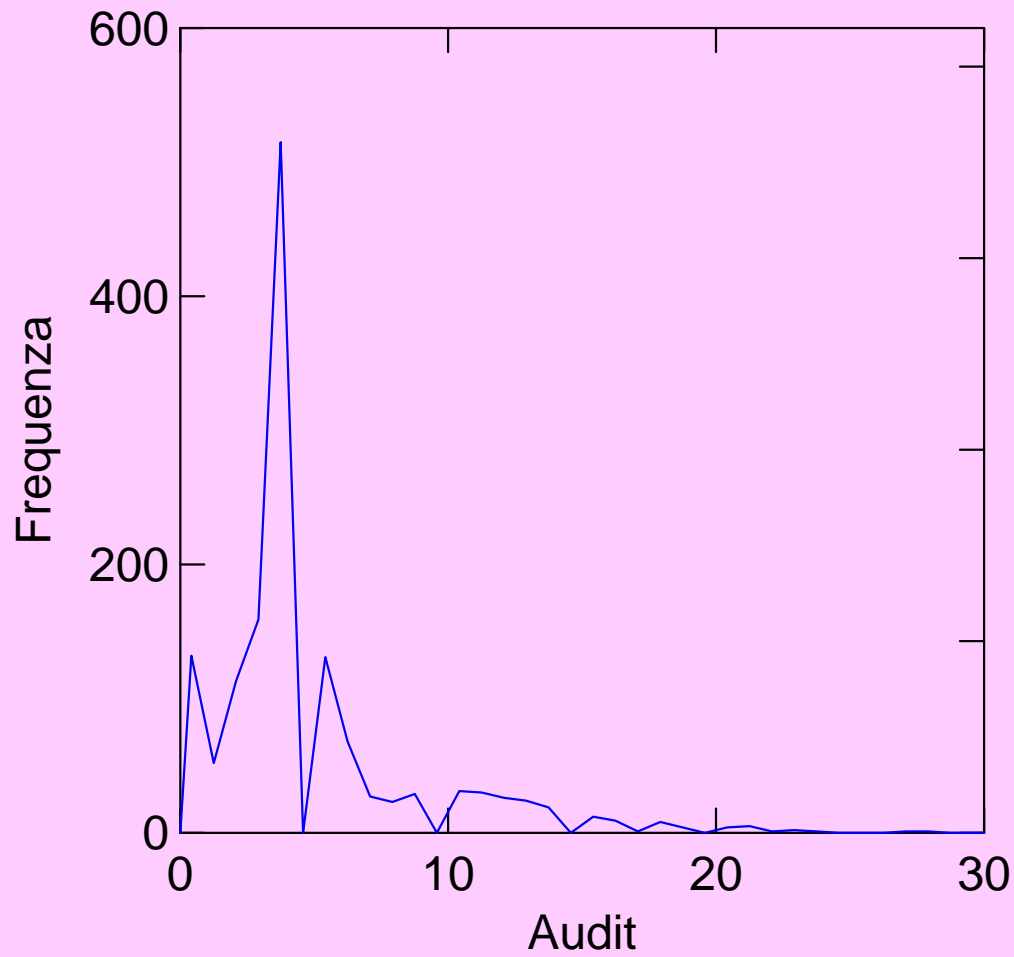
8-18

10.6%

18>

1.7%

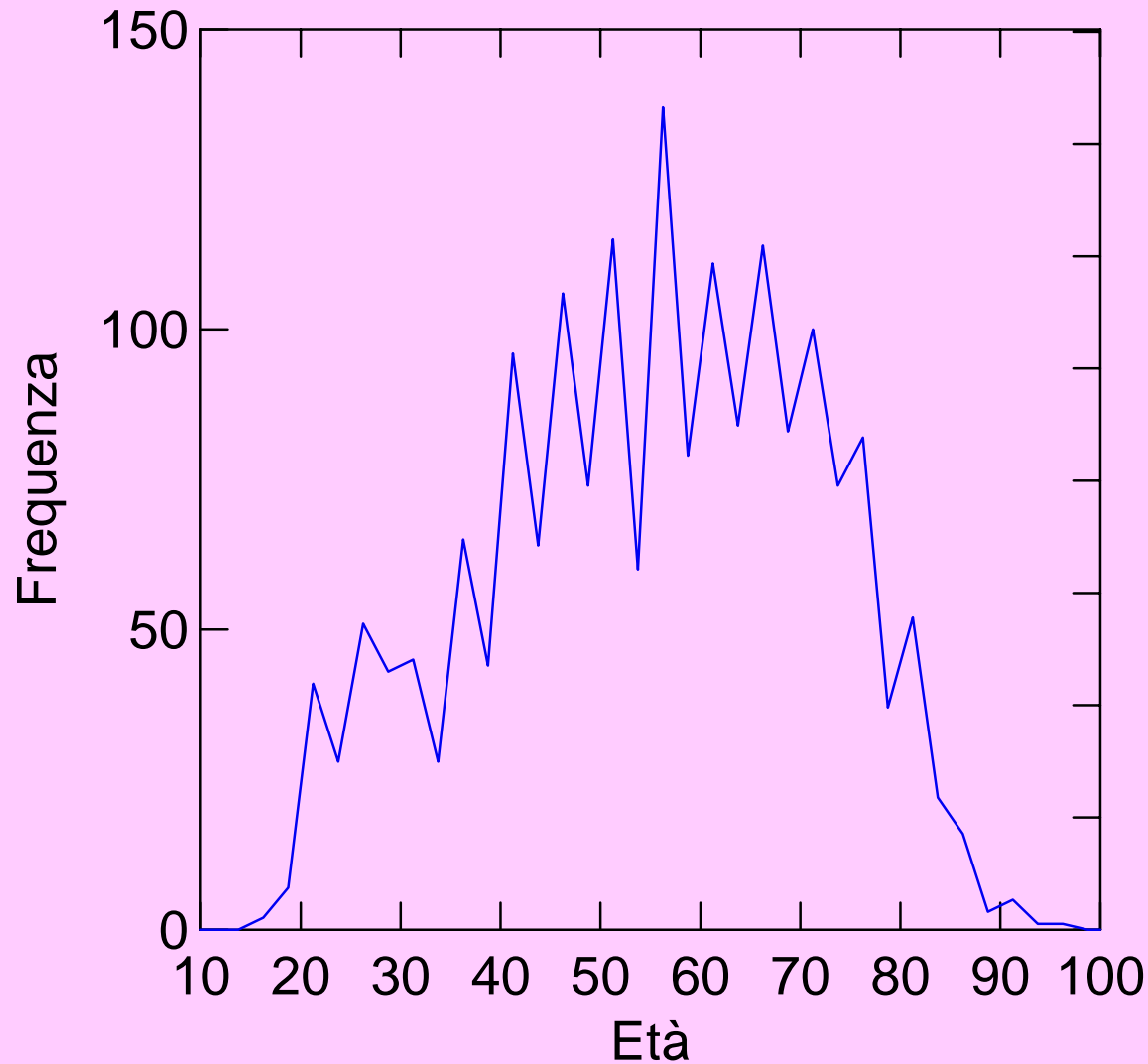




**AUDIT**

<b>min</b>	<b>0</b>
<b>max</b>	<b>31</b>
<b>Median</b>	<b>4</b>
<b>Mean</b>	<b>4.9</b>
<b>D.S.</b>	<b>4.0</b>

# TOTAL SAMPLE- AGE



◆ Mean 54,8

◆ Median 56

◆ Max 96

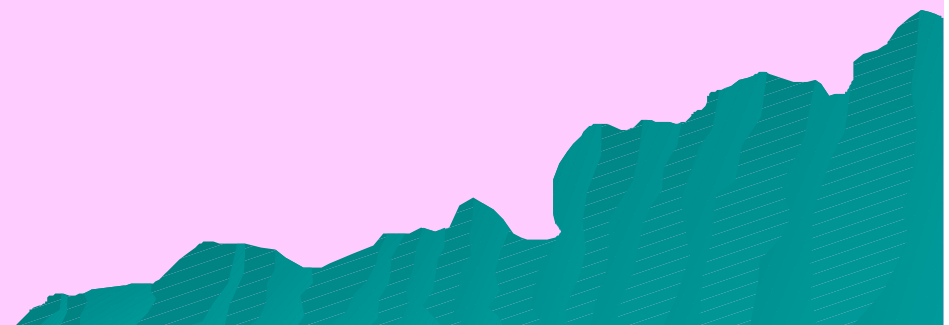
◆ Min 18

◆ N 1870

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	AGE TOTAL SAMPLE	AGE CASES	AGE CONTROLS
N of cases	1870	112	55
Minimum	18.000	20.000	24.000
Maximum	96.000	82.000	84.000
<u>Median</u>	<u>56.000</u>	<u>59.500</u>	<u>58.000</u>
Mean	54.790	57.009	57.182
Standard Dev	16.410	14.905	14.267
Skewness(G1)	-0.209	-0.573	-0.062
Kurtosis(G2)	-0.723	-0.403	-0.624

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# DISTRIBUTION BY GENDER

## TOTAL SAMPLE

M

58.4%

F

48.6%

## CASES GENDER

63, 39%

36, 61%

## CONTROLS GENDER

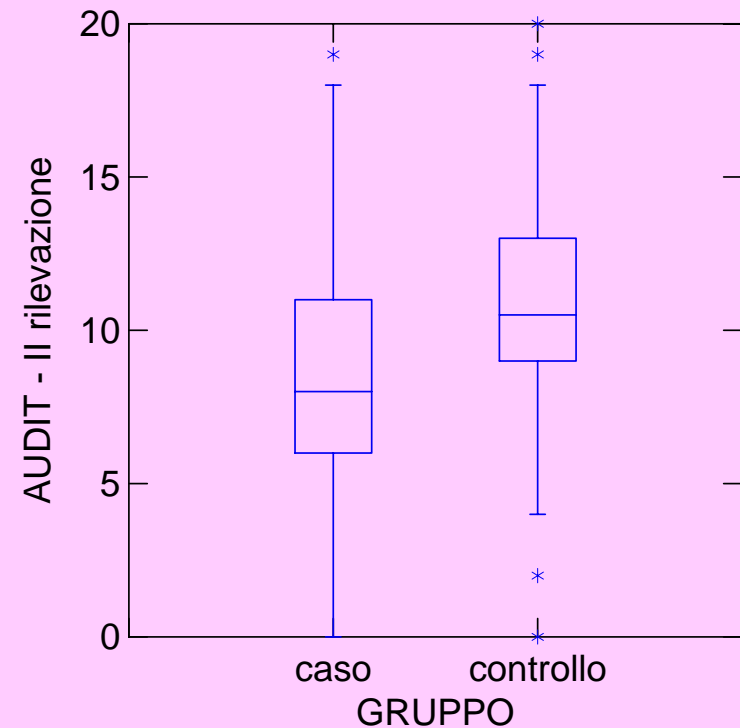
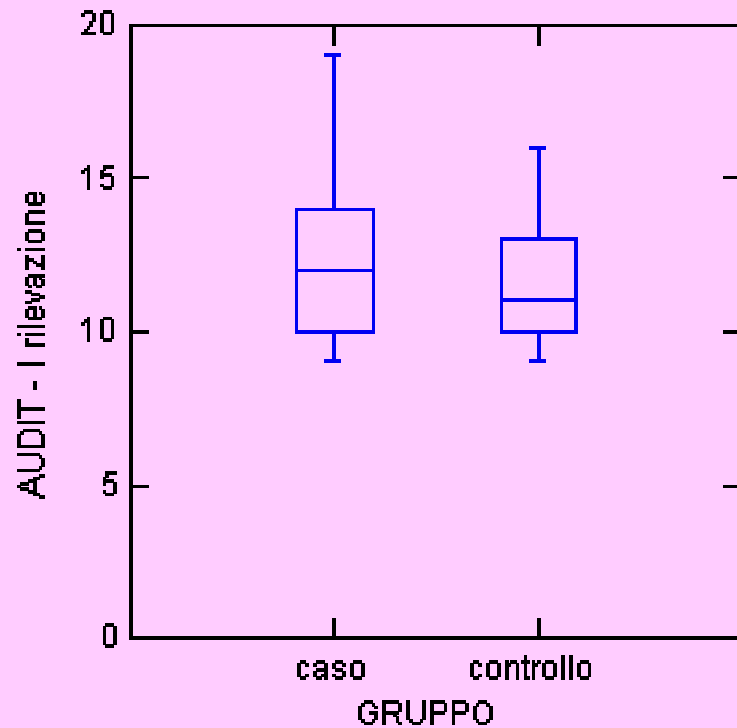
67, 85%

32, 14%





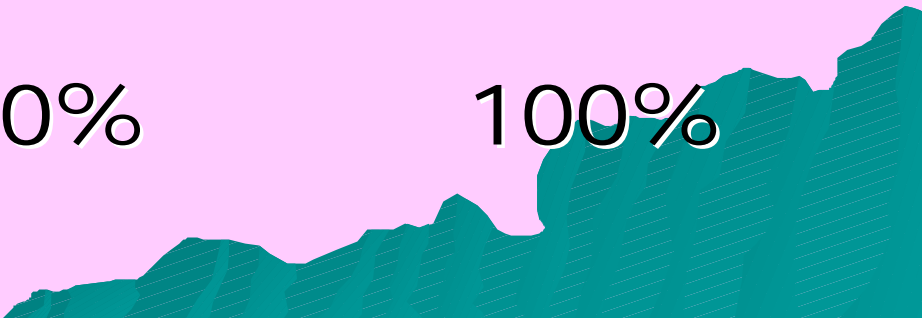
# Effectiveness of B.I.



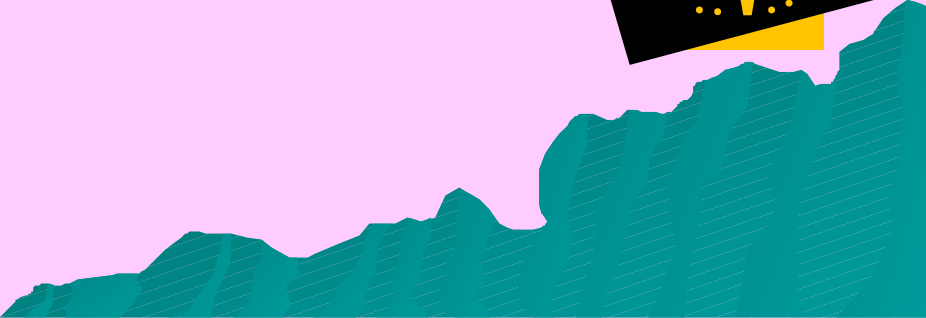
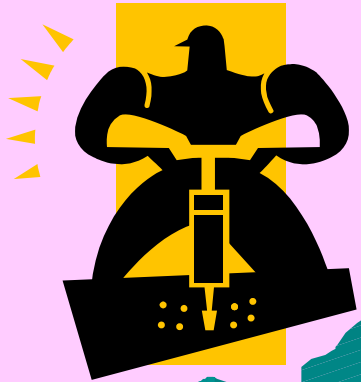
**Reduction on AUDIT scores at time 2  
in the cases'group**

# Final clinical evaluation of alcohol consumption

	CASES	CONTROLS
Decreased	70,1%	26.6%
Inceased	2,06%	17.77%
Indifferent	27,83%	55.55%
Tot	100%	100%



# WORK IN PROGRESS.....





# FIRENZE

