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**Treatment for alcohol dependence in
primary care compared to specialist care:
a randomized controlled trial**

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Primary care

One way to reach more individuals with alcohol dependence is to also offer treatment in primary care

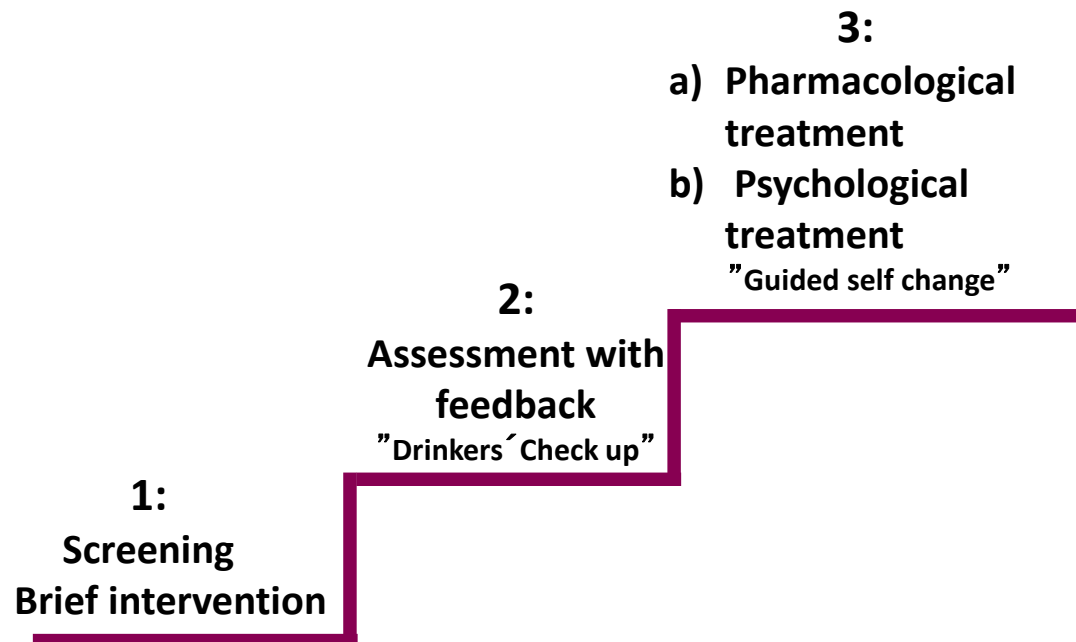
Screening and brief interventions in primary care (PC)
(Alvarez-Bueno et al., 2015; O´Donnell et al., 2014)

Few studies of alcohol dependence treatment in PC

(Nadkarni et al., 2017; Watkins et al., 2017; Saitz et al., 2013; Berger et al., 2013; O´Malley et al., 2013; Oslin et al., 2013; Karhuvaara et al., 2007; Kiritze-Topot et al., 2004; Willenbring et al., 1999; Drummond et al., 1990)



The "15 method" AUDIT>15; 15 minutes



The study

- Aim: to study the effects of the 15-method in primary care compared to treatment as usual in a specialist addiction unit
- Method: RCT, non-inferiority
- Hypothesis: the 15-method carried out in primary care, is non inferior to treatment as usual in a specialized addiction unit.
- Participants: 288 adults fulfilling criteria for alcohol dependence

Outcome measures

Primary:

- change of weekly alcohol consumption measured in grams of alcohol, assessed with TLFB30

Non-inferiority limit:

- difference of 50 grams alcohol per week

Secondary:

- days with heavy drinking per week (TLFB30)
- hazardous and harmful drinking (AUDIT)
- degree of alcohol dependence (ICD-10 criteria & SADD)
- consequences of drinking (SIP)
- symptoms of anxiety and depression (HADS)
- health related quality of life (EQ 5D-5L)
- biomarkers (CDT, AST, ALT & GGT)
- satisfaction with treatment (CSQ)

- 12 months follow up

GPs in primary care

- Regular clinicians
- One day training in the method
- No supervision during the trial



Participants



Variable		SC (n=144)	PC (n=144)
Female	% (n)	47 (67)	43 (62)
Age	mean (SD) range	54 (12) 25-79	56 (11) 23-77
Education			
12 years or less	% (n)	44 (63)	45 (65)
> 12 years		56 (81)	54 (78)
Source of income	% (n)		
employment		73 (104)	74 (105)
pension		22 (31)	22 (31)
other		5 (7)	4 (6)
Civil status	% (n)		
married/co-habiting		64 (92)	58 (83)
live alone		36 (51)	42 (60)

Type of treatment



Participants with >0 visits

		SC (n=138)	PC (n=133)
Feedback only	% (n)	4% (6)	10% (13)
Pharmacological treatment (only)	% (n)	18% (25)	13% (17)
Psychological treatment (only)	% (n)	33% (45)	20% (27)
Pharmacological and psychological treatment	% (n)	45% (62)	57% (76)
Number of visits	mean (SD) range	4.9 (2.7) 1-14	3.1 (1.4) 1-6

Results at six months follow up

- The intention-to-treat analysis (n=228) was statistically non conclusive for the primary outcome at six months follow up.
- Patients in primary care drank 30 grams more per week (95% CI -10.2 - 69.7; p-value 0.15) compared to patients treated in specialist setting.

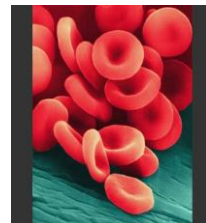


Results twelve months follow up

- The intention-to-treat analysis (n=231) confirms non-inferiority for the primary outcome at twelve months follow up.
- The mean weekly alcohol consumption for patients treated in primary care (n=111) was 9.7 grams higher compared to specialist care (n=120), (95% CI -30.4 - 49.7), $p = 0.64$.



More results



Variable		SU Baseline n=144	SU 12 months n=120	PC Baseline n=144	PC 12 months n=111	p-value 12 months
Weekly consumption of alcohol (gram)	mean (SD)	349.2 (216.5)	173.2 (157.4)	343.6 (206.6)	191.6 (197.5)	0.43
ICD-10	mean (SD)	4.4 (1.0)	1.9 (1.7)	4.2 (1.0)	2.1 (1.6)	0.57
AUDIT	mean (SD)	23.6 (5.0)	13.0 (6.5)	22.6 (5.7)	13.7 (5.9)	0.45
SIP	mean (SD)	16.2 (6.6)	7.4 (6.0)	15.6 (7.5)	8.3 (6.2)	0.29
CDT	mean (SD)	2.3 (1.8)	1.9 (1.5)	2.5 (2.1)	1.9 (1.5)	0.97

Conclusions

- General practitioners in primary care can successfully treat individuals with alcohol dependence.
- This may be a way to broaden the base of treatment for alcohol dependence, reducing the current treatment gap.



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Thank you!



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