



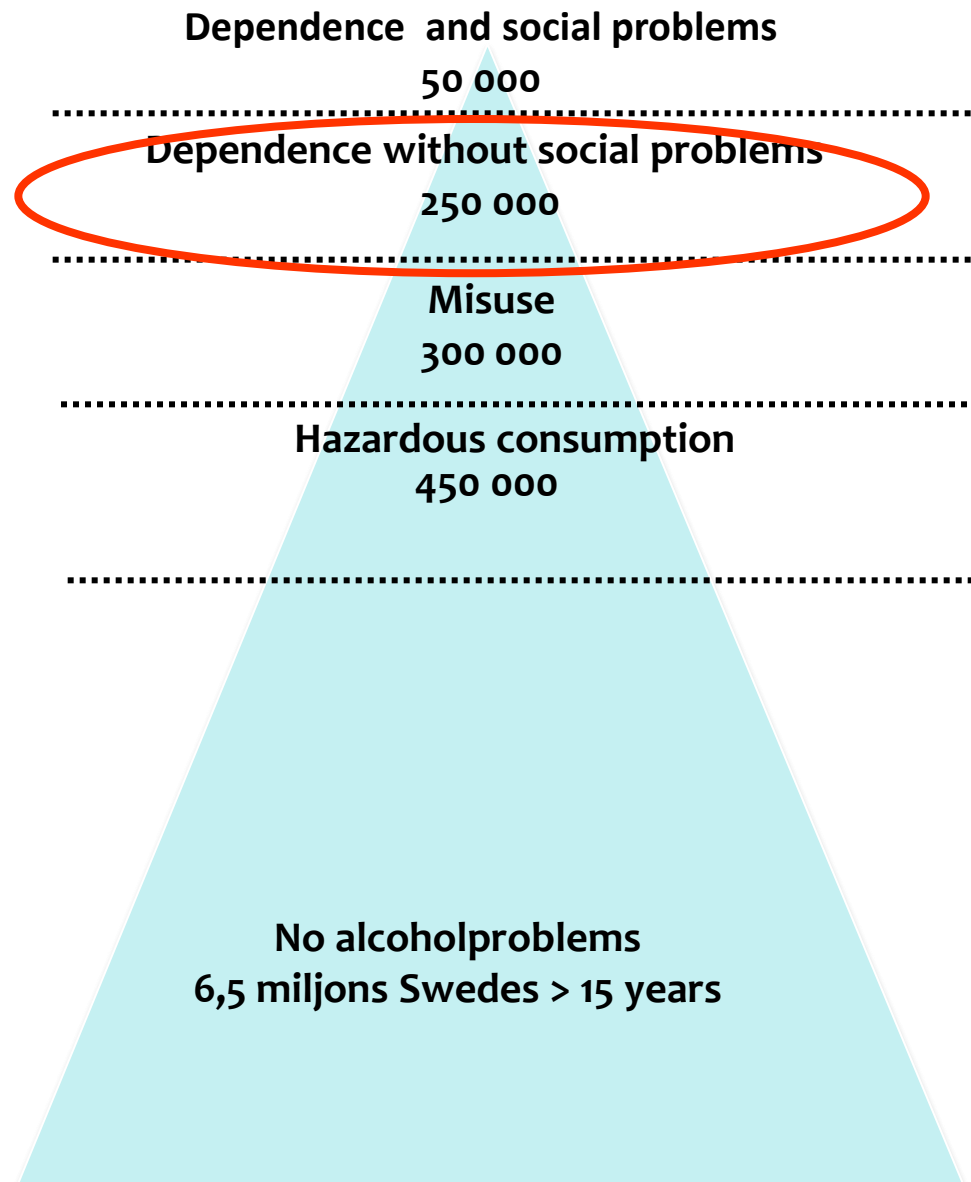
# **Treatment for alcohol dependence in primary care compared to specialist care: a randomized controlled trial**

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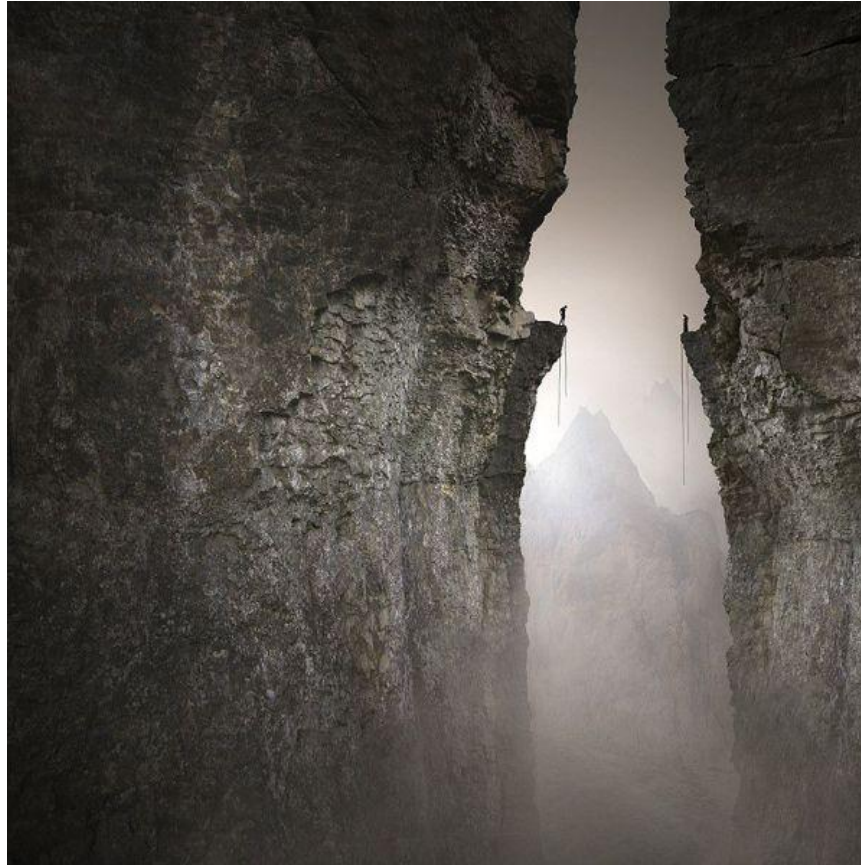
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# Prevalence estimates



(Andréasson et al., 2011  
Berglund et al. 2010,  
Takker et al. 2004)

# Treatment gap



# Barriers to seeking treatment

## 1. Stigma/shame



Ref:

Wallhed Finn et al., 2014 *Sub use and misuse*;  
Andréasson et al., 2013 *Alcohol & Alcoholism*;  
Schomerus et al., 2011 *Alcohol & Alcoholism*

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# Primary care

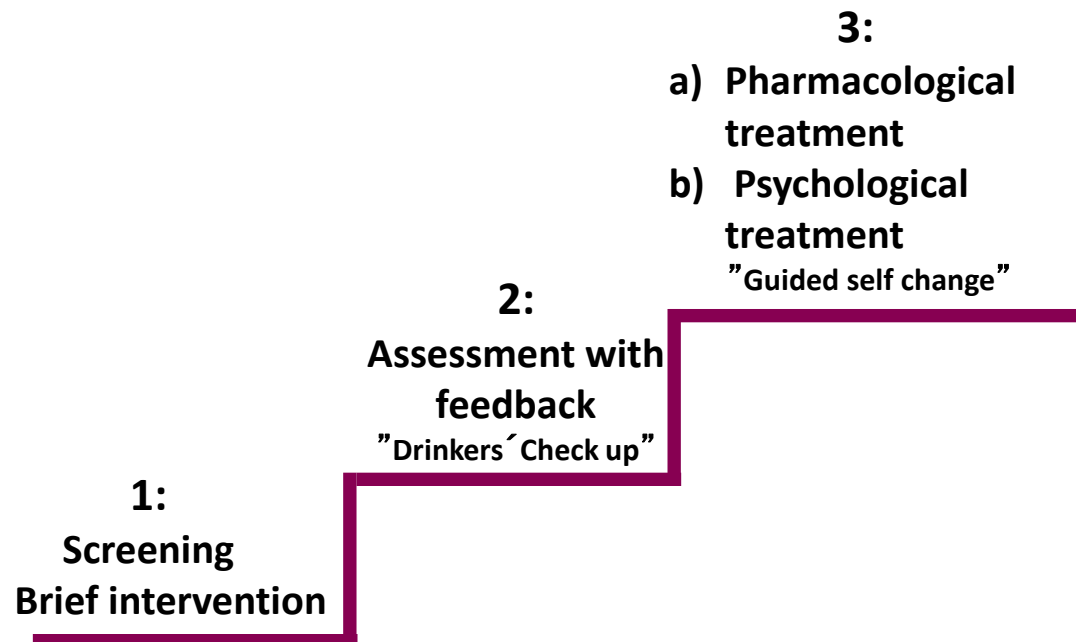
One way to reduce the stigma is to also offer treatment in primary care

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  
(Berger et al., 2013; O'Malley et al., 2013; Oslin et al., 2013; Karhuvaara et al., 2007; Kiritze-Topot et al., 2004; 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 equally effective as treatment as usual in a specialized addiction unit.
  - Participants: 288 adults fulfilling criteria for alcohol dependence
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# TAP TREATMENT OF ALCOHOL DEPENDENCE IN PRIMARY CARE



Karolinska  
Institutet





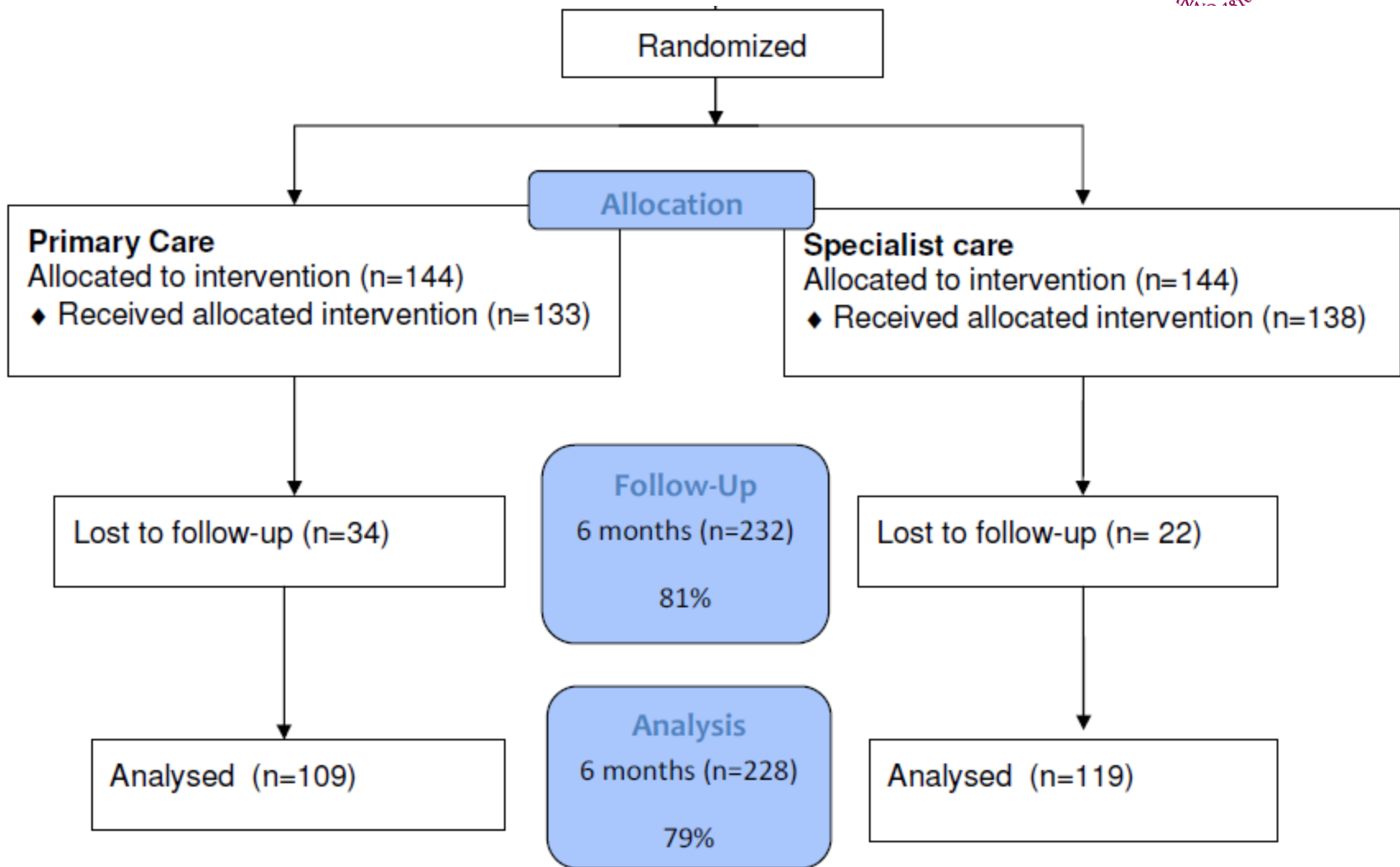
# Outcome measures

## Primary:

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

## 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)
  
  - 6 months follow up
-



# 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

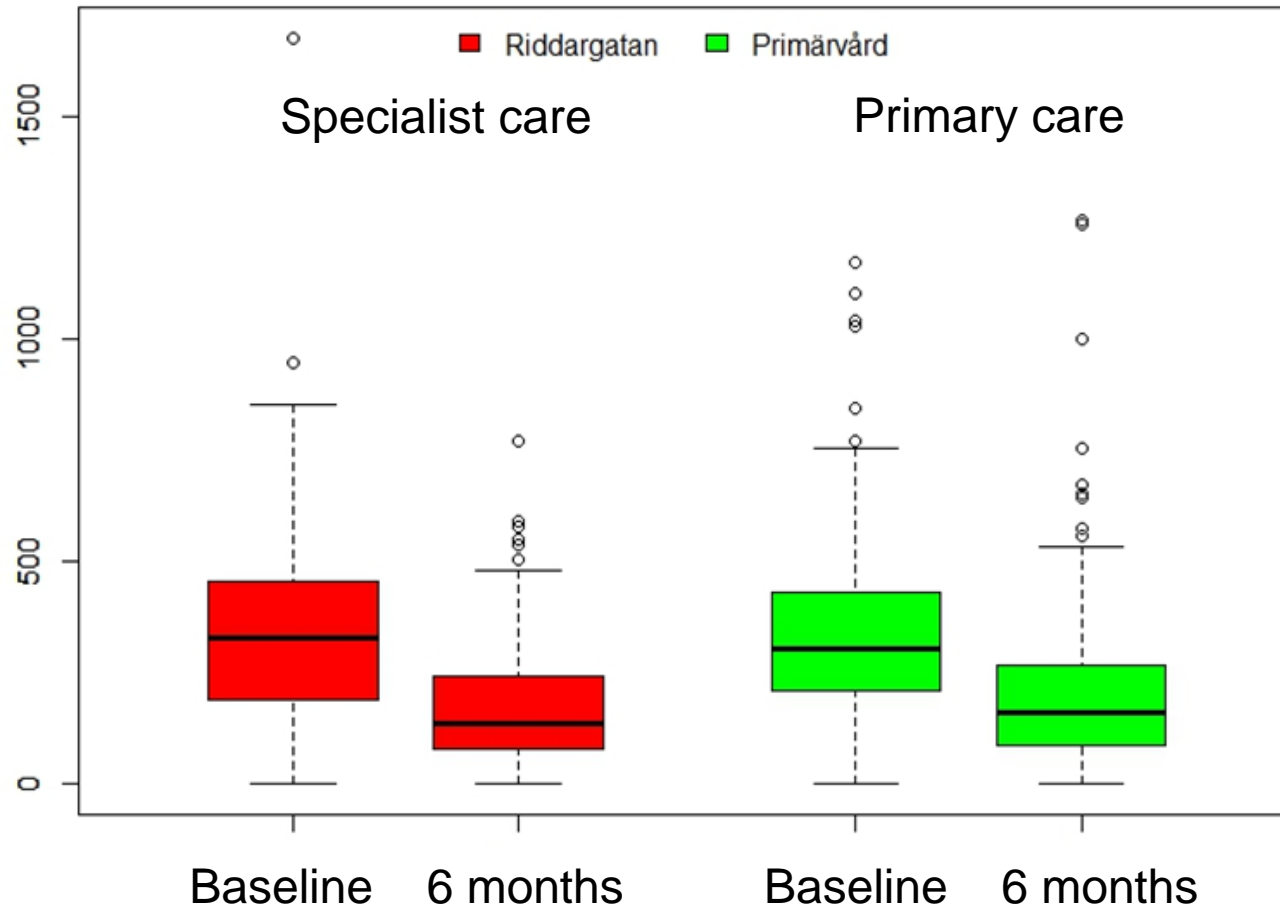


Participants with >0 visits

		<b>SC (n=138)</b>	<b>PC (n=133)</b>
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

Weekly consumption of alcohol in grams  
at baseline and 6 months follow up (n=228)



## Which means...

- Patients in primary care drank 29.8 grams more per week (95% CI -10.2 - 69.7; p-value 0.15) compared to patients treated in specialist setting.



# More results



Variable		SU Baseline n=144	SU 6 months n=119	PC Baseline n=144	PC 6 months n=109	p value
Weekly consumption of alcohol (gram)	mean (SD)	343.3 (324.8)	181.9 (142.8)	367.4 (215.8)	224.2 (224.5)	0.464
Heavy drinking (days)	mean (SD)	11.9 (8.0)	6.8 (7.8)	13.1 (8.0)	7.9 (8.9)	0.954
ICD-10	mean (SD)	4.3 (1.0)	2.2 (1.7)	4.2 (1.9)	2.1 (1.7)	0.900
AUDIT	mean (SD)	23.2 (4.9)	13.5 (6.5)	22.4 (5.9)	14.1 (7.0)	0.325
SIP	mean (SD)	16.0 (6.5)	7.8 (5.7)	14.9 (7.0)	8.0 (5.8)	0.234
CDT	mean (SD)	2.3 (2.0)	1.9 (1.7)	2.5 (2.1)	2.4 (2.0)	0.668

# Outcomes in proportions

At 6 months follow up	PC n=109	SC n=119	p
Alcohol consumption below the Swedish national guidelines for hazardous consumption	17 %	19 %	0.84
AUDIT score men 0-7; women 0-5	10 %	10 %	1.00
ICD 10 criteria 0-2	65 %	59 %	0.39
AUDIT score =<19	81 %	81 %	1.00



# From 31 to 19



# Severity of dependence matters

- Moderate dependence  
3-4 ICD-10 criteria



17.0 grams  
(95% CI -21.1 - 55.0)  
p-value 0.38

- Severe dependence  
5-6 ICD-10 criteria



57.0 grams  
(95% CI -23.7 - 137.8)  
p-value 0.17

## Conclusions

- Alcohol dependence, and especially individuals with moderate dependence, can be successfully treated by general practitioners in primary care.
  - The results indicate that a larger proportion of those in need can get access to effective alcohol treatment.
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PhD, Co supervisor

Thank you!



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