

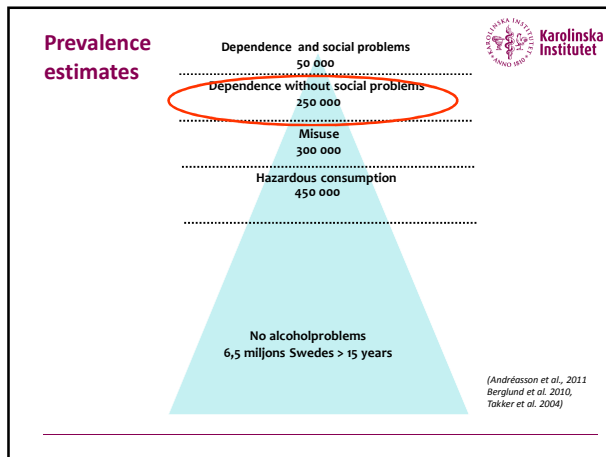
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## Treatment for alcohol dependence in primary care compared to specialist care: a randomized controlled trial

**2017-04-04**

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## Treatment gap




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## 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*

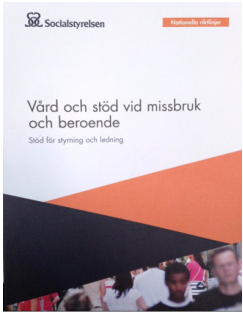
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## Primary care

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

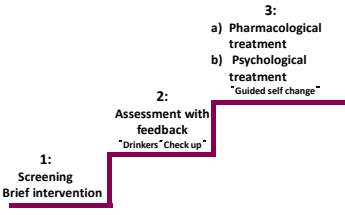
Screening and brief interventions in primary care (PC)  
(Alvarez-Bueno et al., 2015; O' Donnell et al., 2014)

Few studies of alcohol dependence treatment in PC  
(Berger et al., 2013; Bischof et al., 2008; O' Malley et al., 2013; Oslin et al., 2013; Karhuvaara et al., 2007; Kiritze-Topot et al., 2004; Drummond et al., 1990)



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## 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

### TAP TREATMENT OF ALCOHOL DEPENDENCE IN PRIMARY CARE

### Outcome measures

Primary:

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

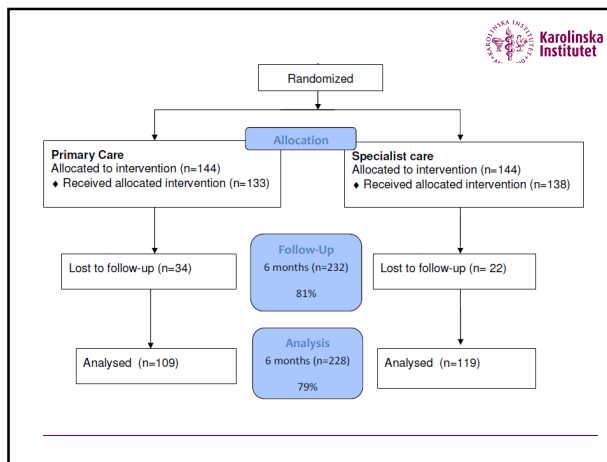
Non-inferiority limit:

- 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)

6 months follow up



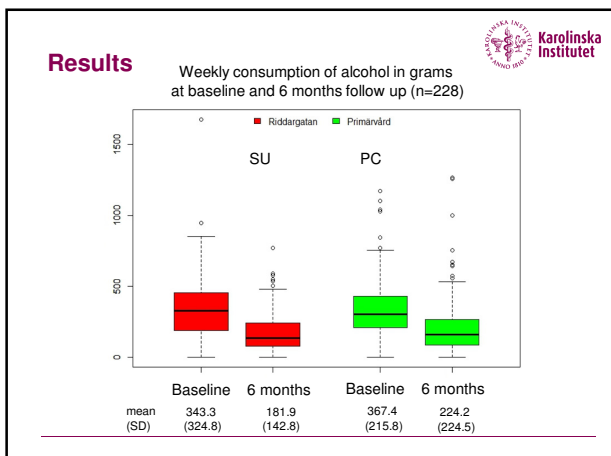
### Participants

Variable		SC (n=144)	PC (n=144)
Female		47 %	43 %
Age	mean (SD) range	54 (12) 25-79	56 (11) 23-77
Education			
> 12 years		56 %	54 %
Source of income			
employment		73 %	74 %
pension		22 %	22 %
Civil status			
married/co-habiting		64 %	58 %

### Type of treatment

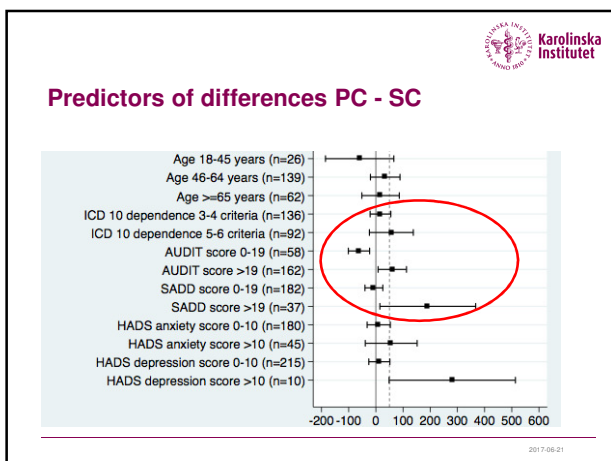
Participants with >0 visits

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



### No significant differences

- 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.



### Conclusions

- A stepped care model is a promising approach for treatment of alcohol dependence in primary care, especially for individuals with low to moderate dependence.
- The results indicate that a larger proportion of those in need can get access to effective alcohol treatment.

Limitations

- The participants were identified as alcohol dependent
- Drop out rate 21%

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**Thank you!**

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