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Alcohol Dependence: Barriers to Treatment and New Approaches in Primary Care

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Treatment gap



(Degerhardt et al., 2017)

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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)
(Kaner et al., 2018; 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)



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Thesis

Aim: to study possible strategies to involve a larger proportion of individuals with alcohol dependence with treatment


Study I Preferences Regarding Treatment for Alcohol Problems.
Andréasson, S., Danielsson, A-K., Wallhed Finn, S.

Study II Alcohol Consumption, Dependence and Treatment Barriers: Perceptions Among Non-treatment Seekers With Alcohol Dependence
Wallhed Finn, S., Bakshi, A-S., Andréasson, S.

Study III Treatment for Alcohol Dependence In Primary Care compared to Outpatient Specialist treatment – A Randomized Controlled Trial
Wallhed Finn, S., Hammarberg, A., Andréasson, S.

Study IV Treatment for Alcohol Dependence In Primary Care compared to Outpatient Specialist treatment – A Randomized Controlled Trial. 12 month follow up and trajectories of change.
Wallhed Finn, S., Hammarberg, A., Andréasson, S.

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Study I

Andréasson, S., Danielsson, A-K., & Wallhed Finn, S. (2013). Preferences Regarding Treatment for Alcohol Problems. *Alcohol and Alcoholism* Vol. 48, No. 6, pp. 694–699.


- Aim to investigate what type of treatment for alcohol problems, and what setting, is preferred in the general population, and also the reasons for not seeking treatment for alcohol problems.
- Method:
Interview survey n = 9005

Response rate 62% (55% women, 45% men)



Data was analysed with Chi two analyses in relation to number of standard drinks, employment status, education, income, gender and age.


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Results

Preference setting

- > 50% of men and 60% of women would recommend psychiatric or addiction specialist treatment.
- 10–11% would recommend primary health care
- 25% of men and 20% of women would recommend the occupational health services
- 5% would recommend the social services.
- Small difference in preference based on level of alcohol consumption



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Results

Preferred type of treatment


- Support groups, psychotherapy and residential treatment
- Fewer preferred pharmacological treatment and very few Internet-based treatment.

Reasons not seeking treatment

- Shame to seek help for alcohol problems

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Study II


Walhed Finn, S., Bakshi, A.S. & Andreasson, S., (2014). Alcohol Consumption, Dependence, and Treatment Barriers: Perceptions Among Nontreatment Seekers with Alcohol Dependence. *Substance Use & Misuse*, 49(6): 762-769.

Aim


- Describe how people with alcohol dependence perceive and discuss treatment for alcohol use disorders and their reasons for seeking and not seeking treatment

Method

- 32 adults with alcohol dependence participated in focus groups and individual interviews during 2011-2012
- Recruited via market research company
- Data analyzed with thematic content analysis



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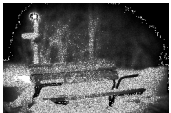
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Results

Barriers to treatment

1. Stigma

- Mikael: *I think this is old and bound by tradition and has always been seen to be, this is a person who has completely failed at life and can't manage to support himself or his family and loses his job and sits boozing all day long on a park bench. It can't be more shameful.*
- Peter: *Yes, but you have the stigma there you know.*



Focus group 7

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Barriers to treatment



2. Alcohol as a bad habit

- Preference for a change of lifestyle without treatment

3. Total abstinence

Especially in the age group 18-34 years treatment seeking required total abstinence from alcohol



4. Health

Absence of concern for health impacts of alcohol

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Results


Assessing treatment alternatives

Sparse knowledge about treatment






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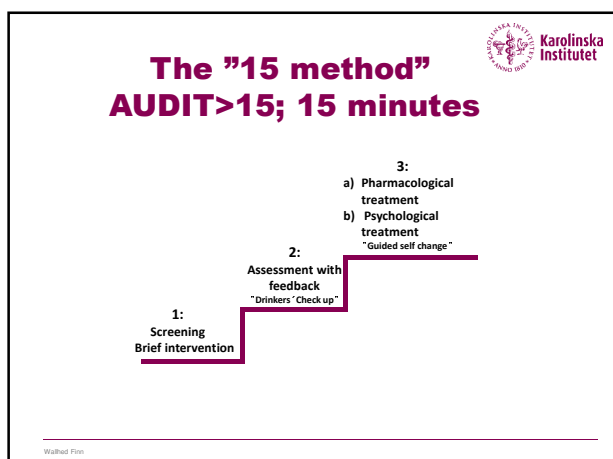
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Study III

Walhed Finn, S., Hammarberg, A. & Andreasson, S. (2018). Treatment for alcohol dependence in primary care compared to outpatient specialist treatment – a randomised controlled trial. *Alcohol and Alcoholism* doi: 10.1093/alcalc/agx126. Epub ahead of print.

- Aim:** to investigate if treatment for alcohol dependence in primary care is as effective as standard treatment delivered in specialist care at six month follow up.
- Method:** RCT, non-inferiority. Non-inferiority limit 50 grams of alcohol per week.
- 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
- Data analyses:** ANCOVA, t-test and chi square tests


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GPs in primary care

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



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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)
- severity 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 month follow up

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Results at six month follow up

- The intention-to-treat analysis (n=228) was statistically non conclusive for the primary outcome at six month 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.



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Study IV

Wallhed Finn, S., Hammarberg, A. & Andreasson, S. Treatment for alcohol dependence in primary care compared to outpatient specialist treatment – a randomised controlled trial. One year follow up and trajectories of change. (Manuscript).

- Aim: to investigate if treatment for alcohol dependence in primary care is as effective as standard treatment delivered in specialist care at 12 month follow up.
- Hypothesis: the 15-method carried out in primary care, is equally effective as treatment as usual in a specialized addiction unit.
- Data analyses: multilevel mixed effect's linear regression, t-test and chi square.


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Results 12 month follow up

- The intention-to-treat analysis (n=231) was statistically non conclusive for the primary outcome at twelve months follow up.
- The mean weekly alcohol consumption for patients treated in primary care (n=111) was 18.2 grams higher compared to specialist care (n=120), (95% CI -14.9 - 51.3), $p = 0.28$.



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Conclusions study

- Shame and stigma are important barriers to seeking treatment
- Shifting the responsibility for treatment of alcohol problems in Sweden from the social services to the health care services could reduce the treatment gap
- Possible low familiarity with pharmacological treatment and Internet-based treatment. Need for improved public health literacy: on alcohol use, dependence and treatment options
- General practitioners in primary care can successfully treat individuals with moderate alcohol dependence.
- The 15-method may be a way to broaden the base of treatment for alcohol dependence, reducing the current treatment gap.

Limitations
 Study I: Indirect question & Response rate 62%
 Study II: The selection process had a considerable number of non-responders & Setting at a specialist alcohol clinic?!
 Study III & IV: The study did not include the screening phase & Drop out rate 20%

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To summarize

- Five strategies are suggested in order to decrease the current treatment gap:
- Reduce stigma
- Organize health care in an attractive way
- Offer controlled drinking as a treatment goal
- Improve health literacy regarding alcohol use, health, alcohol dependence and treatment
- Try new ways to increase dissemination of alcohol interventions in primary care


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Thank you




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