

Alkoholvanor och beroendeutveckling under livsloppet



Sven Andréasson
SAD Östersund 22 nov 2018

Fyra teman:

1. Epidemiologi: alkohol och hälsa
2. Alkoholberoende: förlopp
3. Behandlingens roll
4. Folkhälsoperspektivet:
hur når vi fler?

alcohol



Global status report on alcohol and health 2018



- 3 miljoner dödsfall (5.3% av alla dödsfall) globalt
- 132.6 miljoner funktionsjusterade levnadsår (DALYs) disability-adjusted life years (DALYs) – 5.1% av alla DALYs

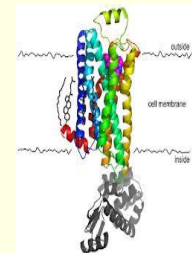
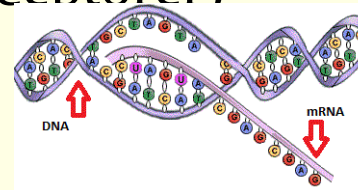
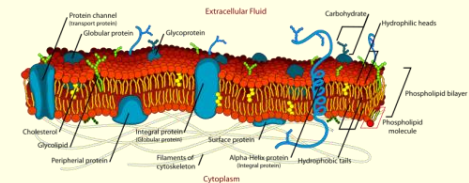
Skadligt bruk

Farmakokinetik:

- Liten molekyl – passerar barriärer
- Vatten- och fettlöslig – sprids i alla compartment

Farmakodynamik:

- Påverkar alla cellmembran
- Interagerar med protein (enzym, receptorer)
- Påverkar DNA transkriptionen
- Acetaldehyd toxiskt



The Global Burden of Disease report

www.thelancet.com Published online August 23, 2018

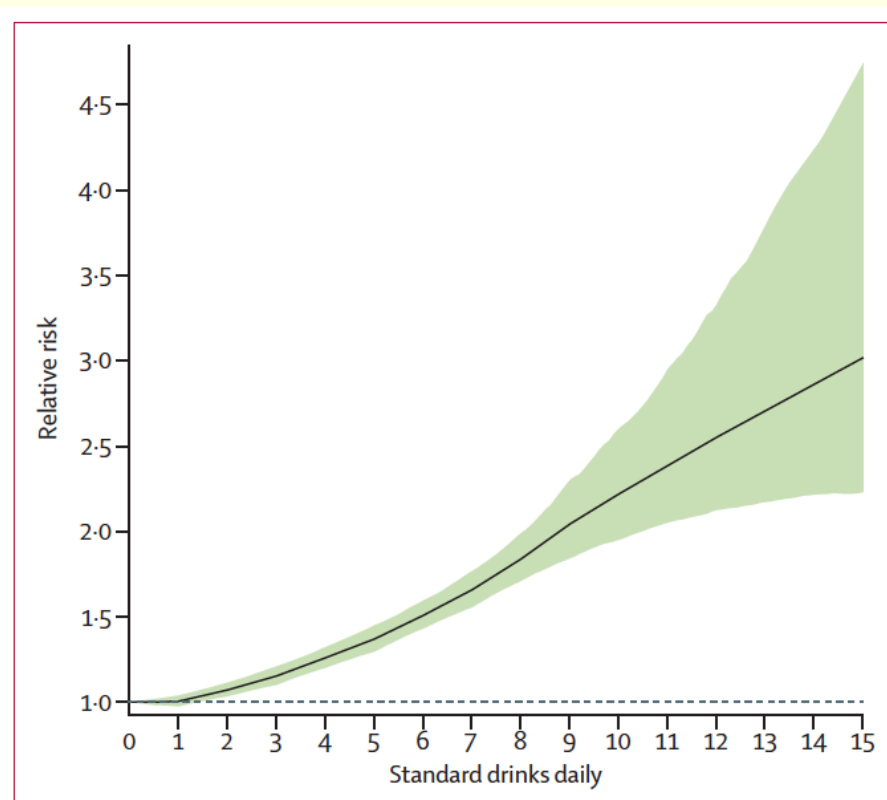


Figure 5: Weighted relative risk of alcohol for all attributable causes, by standard drinks consumed per day
Age-standardised weights determined by the DALY rate in 2016, for both sexes. The dotted line is a reference line for a relative risk of 1. DALY=disability-adjusted life-year.

Interpretation Alcohol use is a leading risk factor for global disease burden and causes substantial health loss. We found that the risk of all-cause mortality, and of cancers specifically, rises with increasing levels of consumption, and the level of consumption that minimises health loss is zero. These results suggest that alcohol control policies might need to be revised worldwide, refocusing on efforts to lower overall population-level consumption.

Förlorade levnadsår

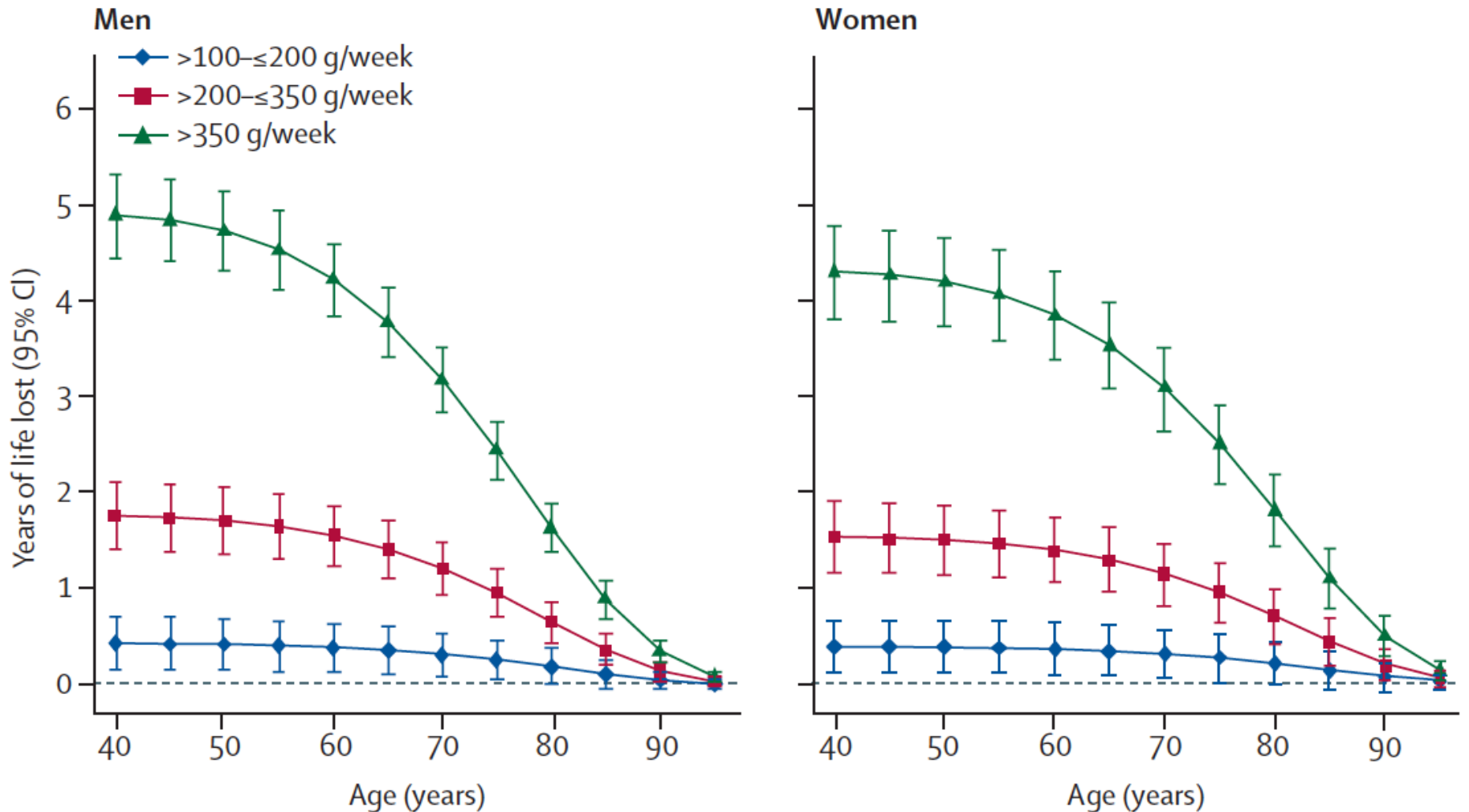


Figure 4: Estimated future years of life lost by extent of reported baseline alcohol consumption compared with those who reported consuming >0–≤100 g per week

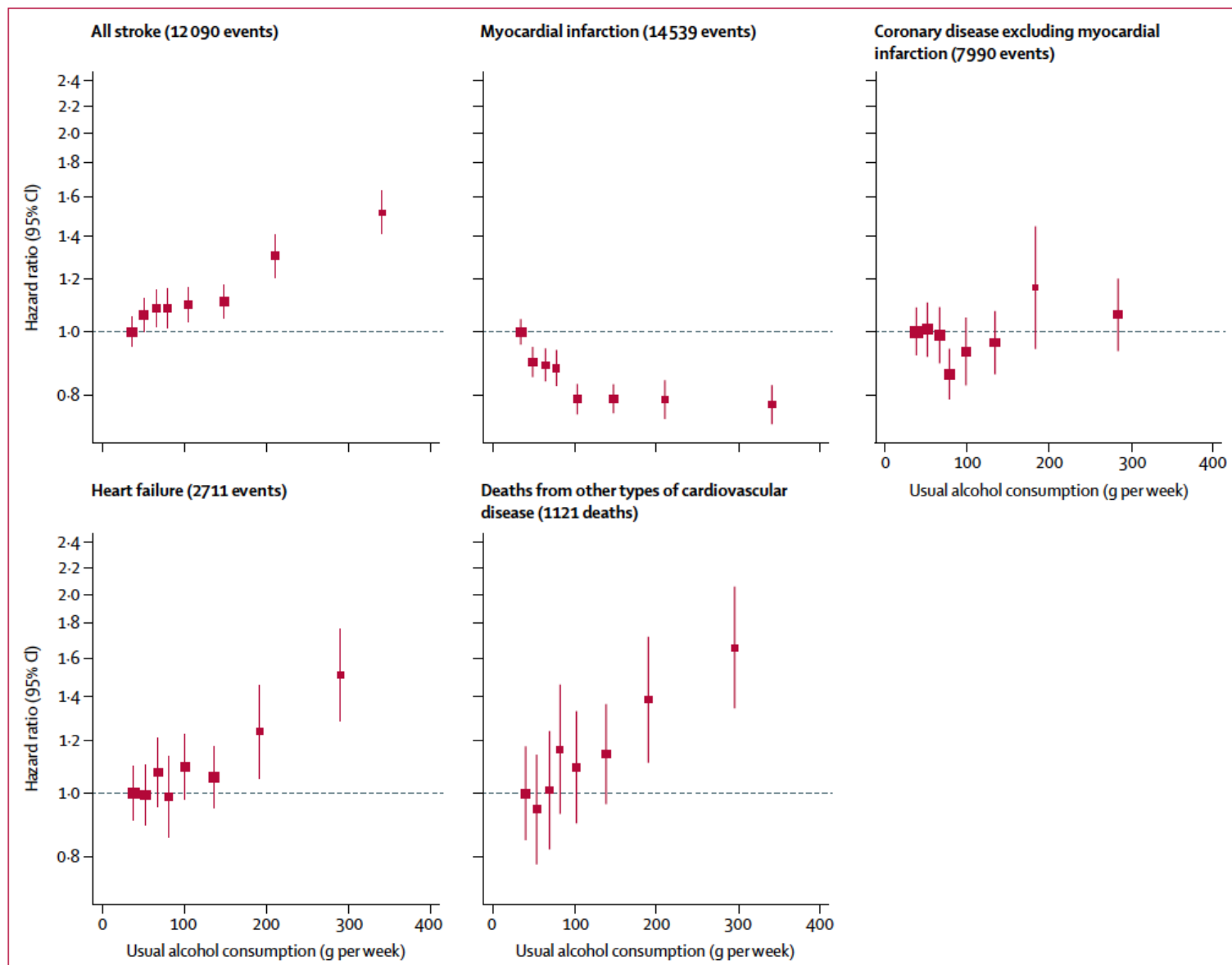


Figure 2: Associations of usual alcohol consumption with cardiovascular subtypes in alcohol drinkers

Hazard ratios are adjusted for age, smoking, and history of diabetes, and stratified by sex and EPIC centre. The reference category is the lowest baseline alcohol consumption category (between 0 and 25g/week). Hazard ratios are plotted against the mean usual alcohol consumption in each category. Studies with fewer than five events of any outcome were excluded from the analysis of that outcome. Sizes of the boxes are proportional to the inverse of the variance of the log-transformed hazard ratios. Vertical lines represent 95% CIs. Deaths from other cardiovascular disease include the following outcomes: cardiac dysrhythmia, hypertensive disease, sudden death, and aortic aneurysm.

/ VETENSKAP

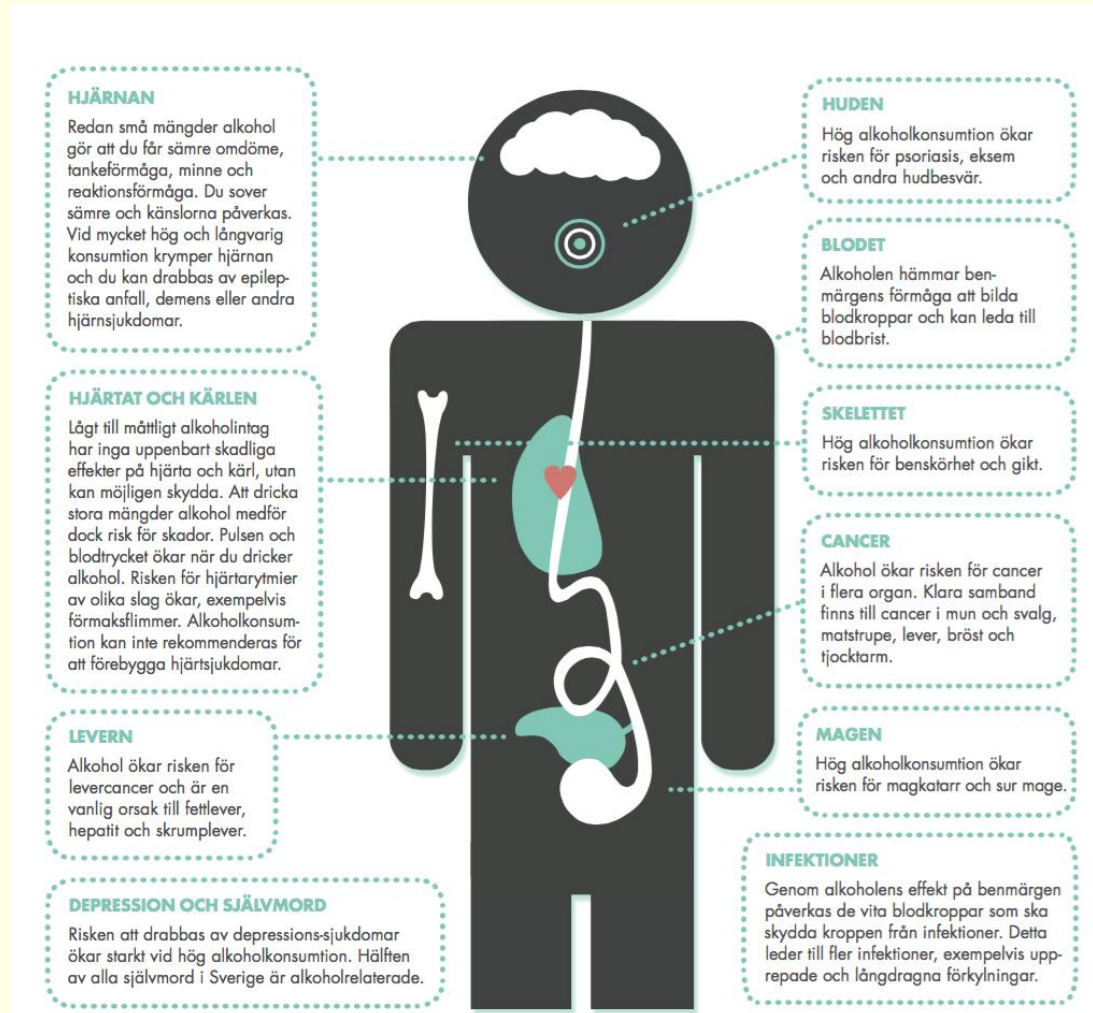


Lev längre och må bättre med ett glas vin om dagen – är det verkligen sant? Faktakollen reder ut! Foto: TT

Därför är påståendet om att alkohol kan vara nyttigt mestadels fel

Alkohol kan påverka det mesta

Blodtryck
Rytmrubbning
Kardiomyopati
Diabetes
Sömn
Depression
Ångest
Minne
Infektion



Polyneuropati
Potens
Seborré
Rosacea
Psoriasis
Diarré
Lumbago
Myalgi
Cancer

> 200 sjukdomstillstånd med fastställda samband

Alkohol är neurotoxiskt

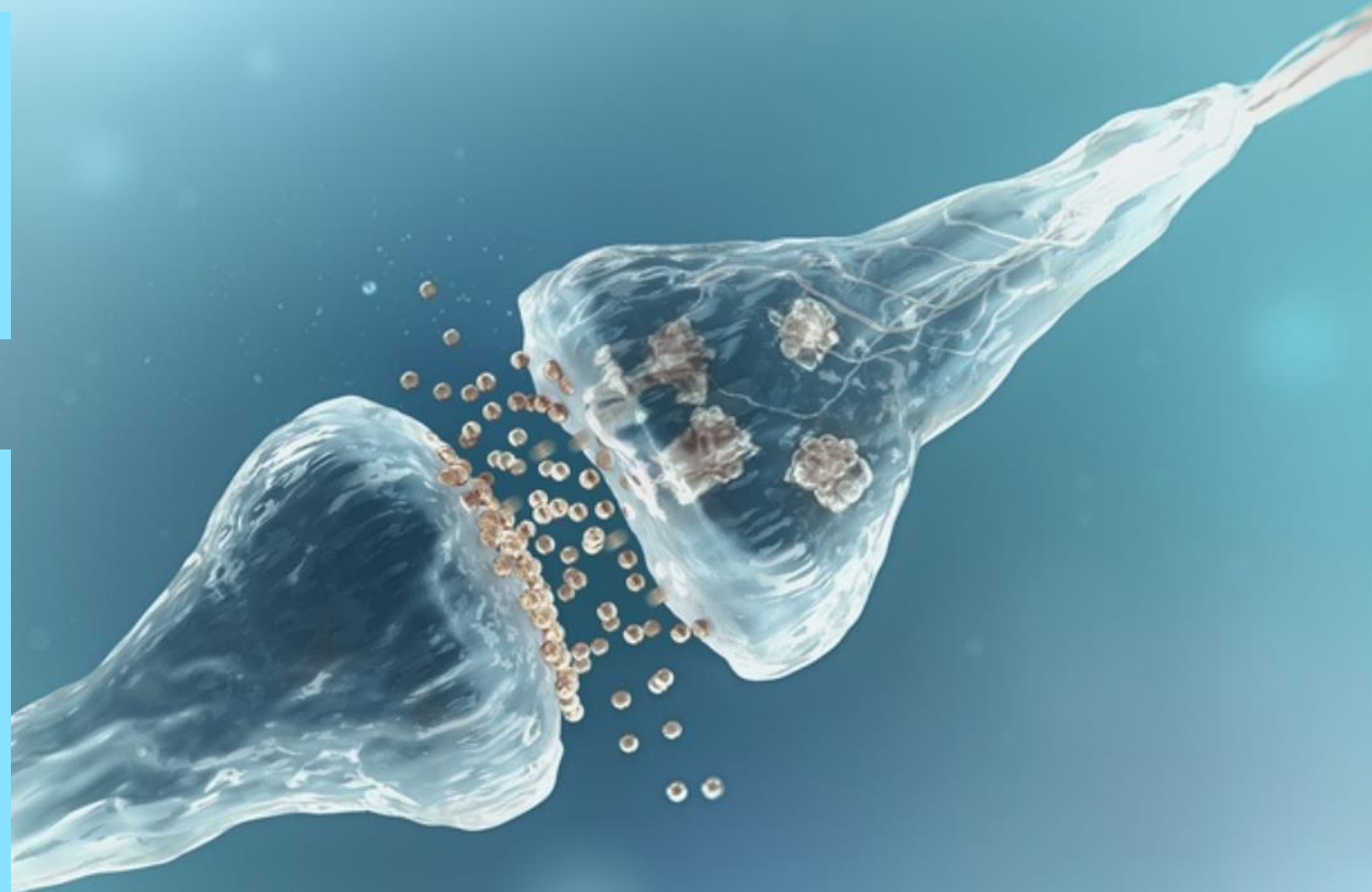
Sömnstörning
Depression
Ångest
Stressyndrom

Demenssjukdomar

Vaskulär demens
Alzheimer demens
Wernicke Korsakow

Polyneuropatier

Balanssvårigheter
Känslnedsättningar
Domningar och
krypningar



Särskilt: exekutiva funktioner
Frontala cortex

Signifikanta riskfaktorer under tonåren för tidig demens (<55 års ålder)

Berusningsdrickande (hazard ratio, 4.82 [95% CI, 3.83-6.05]);
Stroke (2.96 [2.02-4.35]),
Antipsykotisk medicinering (2.75 [2.09-3.60]),
Depression (1.89 [1.53-2.34]),
Far med demens (1.65 [1.22-2.24]),
Annat drogbruk än alkohol (1.54 [1.06-2.24])

OPEN ACCESS Freely available online



Alcohol Use in Adolescence and Risk of Disability Pension: A 39 Year Follow-up of a Population-Based Conscription Survey

Anna Sidorchuk^{1,2*}, Tomas Hemmingsson³, Anders Romelsjö¹, Peter Allebeck¹

1 Division of Social Medicine, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden, **2** Department of Epidemiology, Parasitology and Desinfectology, North-Western State Medical University named after I.I. Mechnikov, Saint-Petersburg, Russian Federation, **3** Division of Occupational and Environmental Medicine, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden

Alcohol use disorders and mortality: a systematic review and meta-analysis

Michael Roerecke^{1,2} & Jürgen Rehm^{1,2,3,4,5}

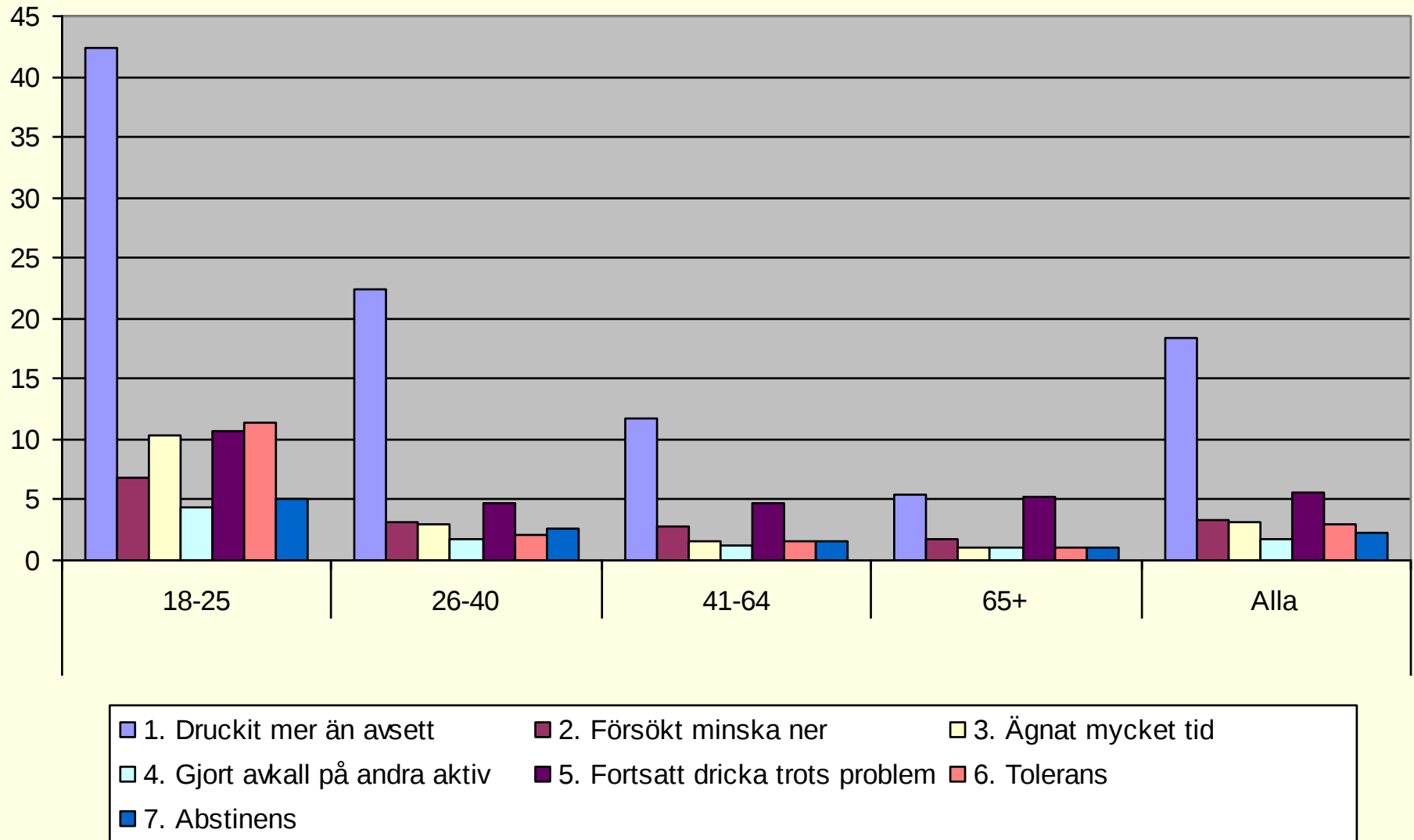
Centre for Addiction and Mental Health (CAMH), Toronto, ON, Canada,¹ Dalla Lana School of Public Health (DLSPH), University of Toronto, Toronto, ON, Canada,² Institute of Medical Science, University of Toronto, Toronto, ON, Canada,³ Institute for Clinical Psychology and Psychotherapy, TU Dresden, Dresden, Germany⁴ and Department of Psychiatry, University of Toronto, Toronto, ON, Canada⁵

Table 2 Alcohol use disorder (AUD) and all-cause mortality by sex and study population, 1951–2012.

<i>Study population</i>	<i>No. of studies</i>	<i>No. of AUD deaths</i>	<i>Relative risk</i>	<i>(95% CI)</i>	<i>P-value for heterogeneity</i>	<i>I² value</i>	<i>P-value for publication bias</i>
Men							
All studies	59	169 029	2.98	(2.68–3.31)	<0.001	99.5	NA
Clinical samples ^a	44	130 958	3.38	(2.98–3.84)	<0.001	98.5	0.099
Diagnosed by treatment contact in Veteran Affairs samples	7	36 754	2.05	(1.84–2.29)	<0.001	98.3	0.52
Registered at temperance board or drunk drivers	5	1 183	2.08	(1.30–3.34)	<0.001	98.2	0.33
Population surveys	3	134	1.91	(1.51–2.42)	0.42	0.0	0.87
Women							
All studies	30	48 024	4.64	(3.94–5.47)	<0.001	93.5	NA
Clinical samples	27	48 003	4.57	(3.86–5.42)	<0.001	94.1	0.73
Registered at temperance board or drunk drivers	3	21	6.79	(4.31–10.70)	0.61	0.0	0.15
Population surveys	NA	NA	NA	NA	NA	NA	NA
Combined sex							
All studies	18	4 630	3.55	(2.48–5.09)	<0.001	99.2	NA
Clinical samples	12	4 170	4.57	(2.72–7.65)	<0.001	99.3	0.32
Registered at temperance board or drunk drivers	NA	NA	NA	NA	NA	NA	NA
Population surveys	6	460	1.95	(1.49–2.55)	<0.001	88.1	0.27

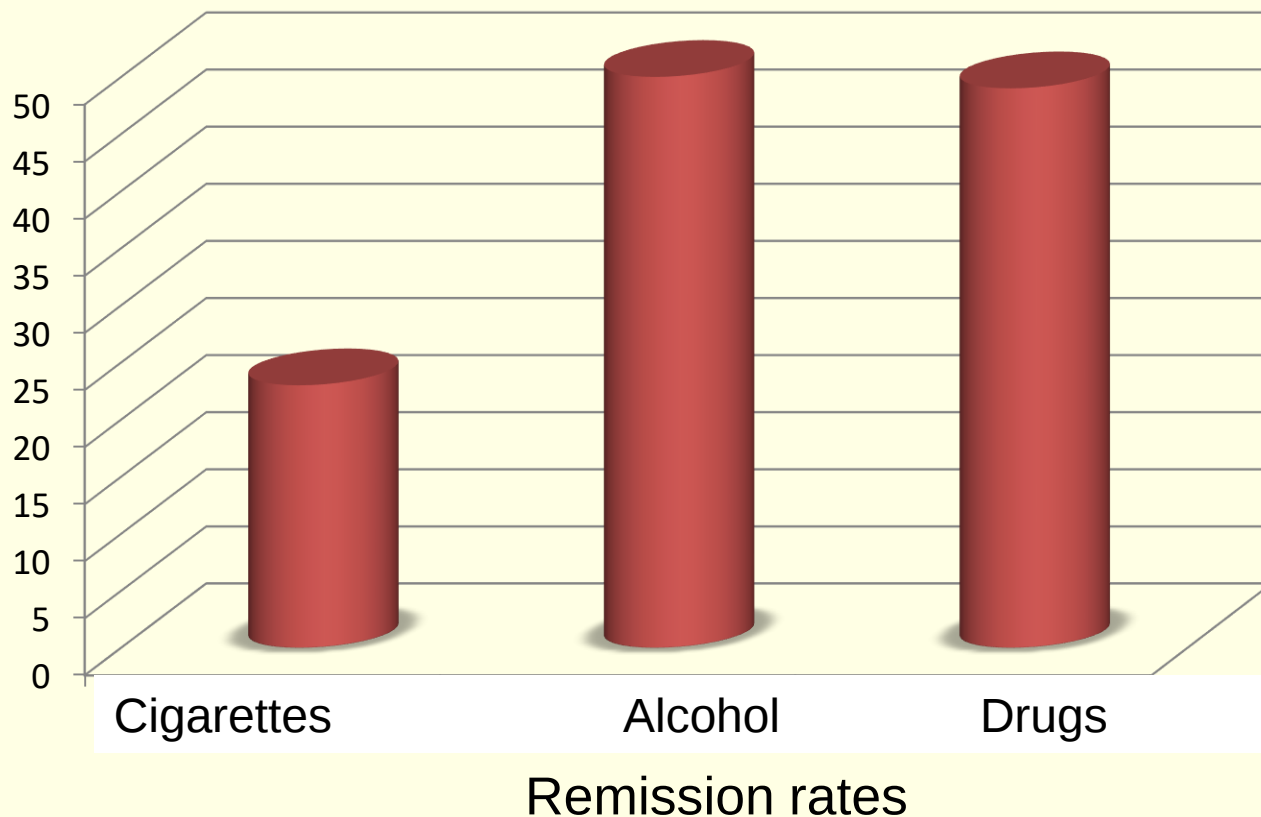
Går det över?

Alkoholberoende vanligast bland unga människor



Källa: Andréasson et al, Alcohol 2013

Swedish study:
after 1 year 50,5 % of alcohol dependent
individuals were in remission



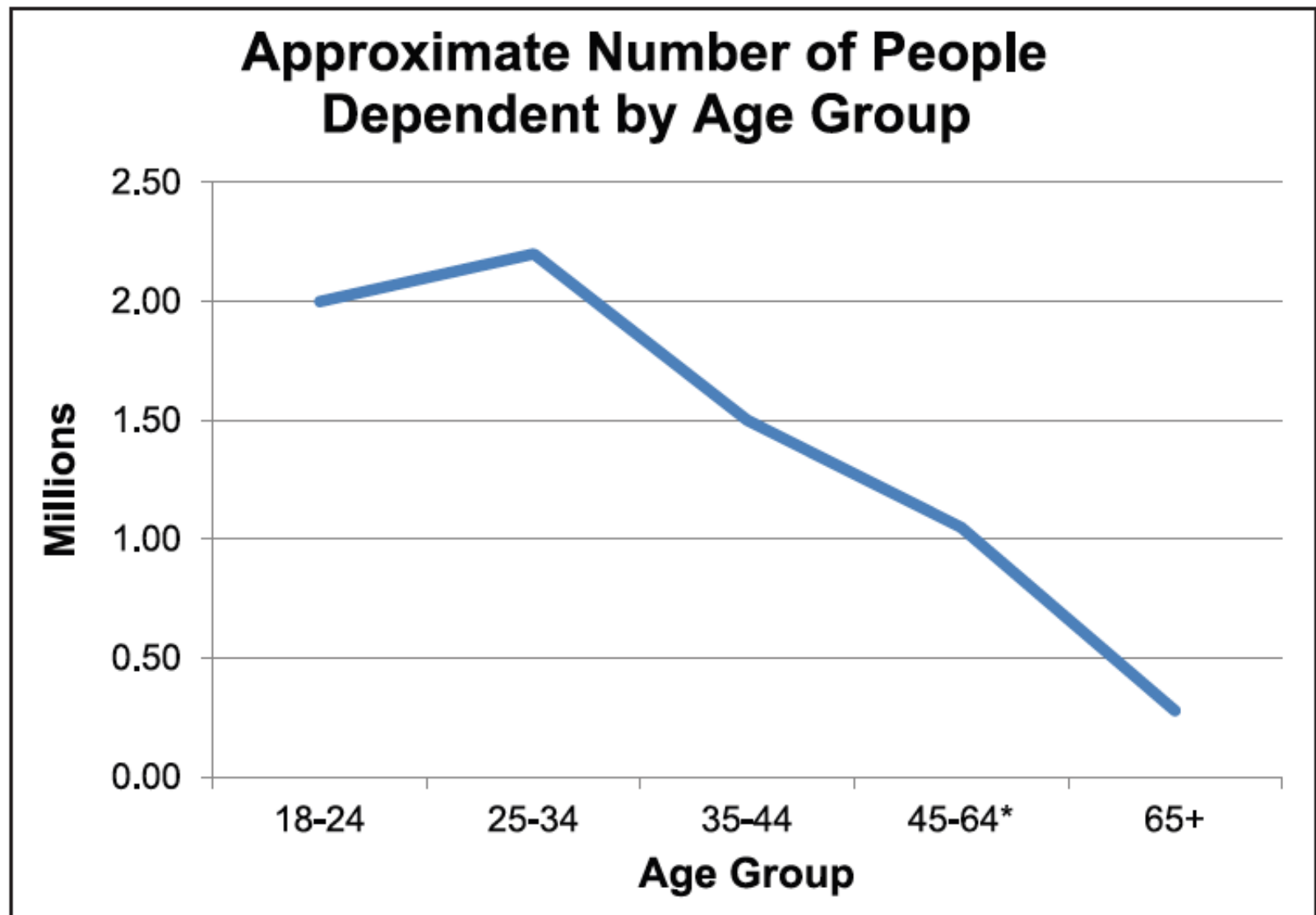


Figure 2. Approximate number of dependent (based on DSM-IVR criteria) drinkers by age group in the United States as of 2010.

NLAES: National Longitudinal Alcohol Epidemiologic Survey, 1992

Table 1. Percentage Distribution of Adults 18 Years of Age and Over with Prior-to-Past-Year DSM-IV Alcohol Dependence by Past-Year Status, According to Interval Since the Onset of Dependence and Whether Ever Received Treatment for Alcohol Problems

Interval since onset of dependence	n	Past-year status		
		Alcohol abuse or dependence	Abstinent	Drinking without abuse or dependence
Total sample				
<5 years	634	57.1 (2.4)	6.6 (1.1)	36.3 (2.2)
5-<10 years	1,060	34.5 (2.9)	15.0 (1.3)	50.5 (1.9)
10-<20 years	1,664	21.5 (1.2)	24.3 (1.2)	54.2 (1.4)
20 or more years	1,137	12.4 (1.2)	35.5 (1.7)	52.1 (1.7)
Total (all intervals)	4,585	27.8 (0.8)	22.3 (0.7)	49.9 (0.8)
Ever received treatment				
<5 years	139	69.9 (4.4)	11.1 (2.8)	19.0 (3.6)
5-<10 years	296	38.2 (3.3)	29.6 (3.1)	32.2 (3.2)
10-<20 years	489	25.6 (2.2)	44.4 (2.5)	30.0 (2.4)
20 or more years	284	20.4 (2.8)	55.4 (3.2)	24.2 (2.9)
Total (all intervals)	1,233	33.2 (1.6)	38.8 (1.6)	28.0 (1.5)
Never received treatment				
<5 years	439	53.3 (2.8)	5.3 (1.1)	41.4 (2.7)
5-<10 years	757	32.8 (2.3)	9.4 (1.3)	57.8 (2.2)
10-<20 years	1,160	19.8 (1.4)	15.9 (1.3)	64.3 (1.7)
20 or more years	840	9.9 (1.3)	29.9 (1.8)	60.2 (1.9)
Total (all intervals)	3,309	25.8 (1.0)	16.4 (0.8)	57.8 (1.0)

Predicting persistency of DSM-5 alcohol use disorder and examining drinking patterns of recently remitted individuals: a prospective general population study

Marlous Tuithof¹, Margreet ten Have¹, Wim van den Brink², Wilma Vollebergh³ & Ron de Graaf¹

Netherlands Institute of Mental Health and Addiction, Utrecht, the Netherlands,¹ Department of Psychiatry, Academic Medical Centre, University of Amsterdam, Amsterdam, the Netherlands² and Department of Interdisciplinary Social Science, Utrecht University, Utrecht, the Netherlands³

ABSTRACT

Aims To establish the 3-year persistency rate of alcohol use disorder (AUD) and its predictors, and to examine drinking patterns of recently remitted individuals. **Design and Setting** The Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2) surveyed a nationally representative sample of adults (aged 18–64 years) at baseline (response = 65.1%) and 3-year follow-up (response = 80.4%). **Participants** People with AUD at baseline, as defined by DSM-5 ($n = 198$). **Measurements** AUD, drinking patterns and mental disorders were assessed using the Composite International Diagnostic Interview 3.0. Other predictors were assessed with an additional questionnaire. Predictors of persistency were examined with univariable and multivariable logistic regression analyses. **Results** The AUD persistency rate was 29.5% [95% confidence intervals (CI) = 20.0–39.0]. In the multivariable model, the older (25–34 and 35–44) age groups had lower AUD persistency [odds ratio (OR) = 0.05; 95% CI = 0.00–0.49 and OR = 0.14; 95% CI = 0.02–0.79, respectively] than the youngest age group (18–24). A higher number of weekly drinks and a comorbid anxiety disorder predicted AUD persistency (OR = 1.03; 95% CI = 1.00–1.07 and OR = 4.56; 95% CI = 1.04–20.06, respectively). Furthermore, remission was associated with a reduction of six drinks per week between T_0 and T_1 . It should be noted, however, that 35.8% (95% CI = 22.4–49.2) of people in diagnostic remission still drank more than the recommended maximum (more than seven/14 drinks weekly for women/men). **Conclusions** Only a minority of people in the Netherlands with alcohol use disorder as defined by DSM-5 still have the disorder 3 years later. Factors that help to identify people at risk of alcohol use disorder persistence are: younger age, a higher number of weekly drinks and a comorbid anxiety disorder. A substantial number of people recently in diagnostic remission still drink above the maximum recommended level.

RESULTS

Sample description

Sample characteristics are portrayed in Table 1. On average, people with 12-month AUD at T_0 reported 3.3 AUD symptoms. In particular, 69.3% had a mild, 17.3% a moderate and 13.4% a severe AUD. Functional disability due to AUD was fairly low, 1.2 on a scale from 0 to 10. Mean age of AUD onset was 21.3 and AUD duration was, on average, 10.4 years. Mean number of weekly drinks was 21.7.

National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

Table 3 Past-year status of US adults 18 years of age and over with prior-to-past-year DSM-IV alcohol dependence, by history of treatment for alcohol problems and interval since onset of dependence.

<i>Past-year status</i>	<i>Total</i>	<i>Years since onset of dependence</i>			
		<i>Less than 5</i>	<i>5–9</i>	<i>10–19</i>	<i>20 or more</i>
Total ^a					
Still dependent	25.0 (0.9)	64.9 (1.7)	25.2 (2.0)	14.5 (1.4)	6.9 (0.8)
Partial remission	27.3 (0.8)	24.6 (1.6)	40.3 (2.3)	30.6 (1.6)	20.1 (1.3)
DSM-IV abuse	10.5 (0.6)	9.1 (1.0)	16.0 (1.9)	11.8 (1.1)	7.7 (0.9)
Dependence symptoms only (subclinical)	16.8 (0.7)	15.5 (1.5)	24.3 (2.1)	18.7 (1.2)	12.4 (1.1)
Asymptomatic risk drinker	11.8 (0.6)	5.4 (0.9)	13.0 (1.5)	16.2 (1.5)	11.9 (1.0)
Low-risk drinker	17.7 (0.7)	4.3 (0.8)	12.3 (1.7)	20.6 (1.5)	27.4 (1.4)
Abstainer	18.2 (0.8)	1.7 (0.4)	9.2 (1.2)	18.0 (1.4)	33.6 (1.5)
Total	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)
N	4422	970	658	1234	1475
Ever treated ^{a,b}					
Still dependent	28.4 (1.8)	64.9 (4.0)	28.7 (4.4)	27.3 (3.0)	13.6 (1.8)
Partial remission	20.4 (1.4)	25.4 (3.8)	36.1 (5.0)	22.5 (2.4)	10.6 (1.6)
Asymptomatic risk drinker	5.7 (0.7)	2.7 (1.4)	3.6 (1.5)	8.5 (1.6)	5.5 (1.2)
Low-risk drinker	10.4 (1.0)	4.0 (1.7)	7.5 (2.7)	10.4 (1.9)	14.3 (2.0)
Abstainer	35.1 (1.9)	3.0 (1.1)	24.0 (4.1)	31.3 (3.0)	56.1 (3.0)
Total	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)
N	1205	189	157	365	467
Never treated ^{a,b}					
Still dependent	23.8 (1.0)	64.9 (1.9)	24.3 (2.3)	9.4 (1.1)	4.3 (0.7)
Partial remission	29.7 (1.0)	24.4 (1.8)	41.5 (2.9)	33.9 (1.9)	24.0 (1.7)
Asymptomatic risk drinker	13.9 (0.7)	6.0 (1.0)	15.7 (1.8)	19.3 (1.7)	14.5 (1.3)
Low-risk drinker	20.2 (0.9)	3.2 (0.8)	13.7 (2.1)	24.7 (1.8)	32.8 (0.6)
Abstainer	12.4 (0.8)	1.4 (0.5)	4.8 (1.0)	12.7 (1.4)	24.5 (1.8)
Total	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)	100.0 (0.0)
N	3217	781	501	869	1008

Rates and Correlates of Relapse Among Individuals in Remission From DSM-IV Alcohol Dependence: A 3-Year Follow-Up

Deborah A. Dawson, Risë B. Goldstein, and Bridget F. Grant

Risken för återgång i alkoholproblem bland personer som uppnått full remission från alkoholberoende

	AUD	Dependence
Riskbruk (asymptomatic risk drinkers)	51.0%	10.2
Lågrisk konsumenter	27.2%	4.0
Helnyktra	7.3%	2.9

SECRETS AND LIES: COMMENTS ON DAWSON *ET AL.* (2005)

The good news is that if I had to point a student to a single large epidemiological study that was representative of the course of alcoholism in the United States, I could not point to a paper superior to that of Dawson *et al.* (2005). The bad news is that the authors are correct to warn us that their 'cross-sectional data do not necessarily reflect the course of recovery across time for any individual'. This acknowledgement makes many of their findings suspect. What comes out of computers, even if you add decimals, is only as good as what goes in.

At the heart of the difficulties raised by their paper is a paradox. If you wish to predict an election, a large representative sample of the population, interviewed by a trained staff, is a necessity. If you wish to study secrets of which the owner does not wish to be aware, for example

party the sophomore who quaffs eight planned martinis, proudly punches a stranger and then vomits, is far more likely after graduation to resume 'social drinking' than the father who, against better judgement at his daughter's wedding, sneaks eight martinis, punches a stranger and then vomits. Yet both might meet Dawson's diagnosis of dependence. To increase risk of error, after 20 years the number of symptoms in the fraternity brother's war story might grow while after a few years the symptoms in the humiliated father's confessional might shrink.

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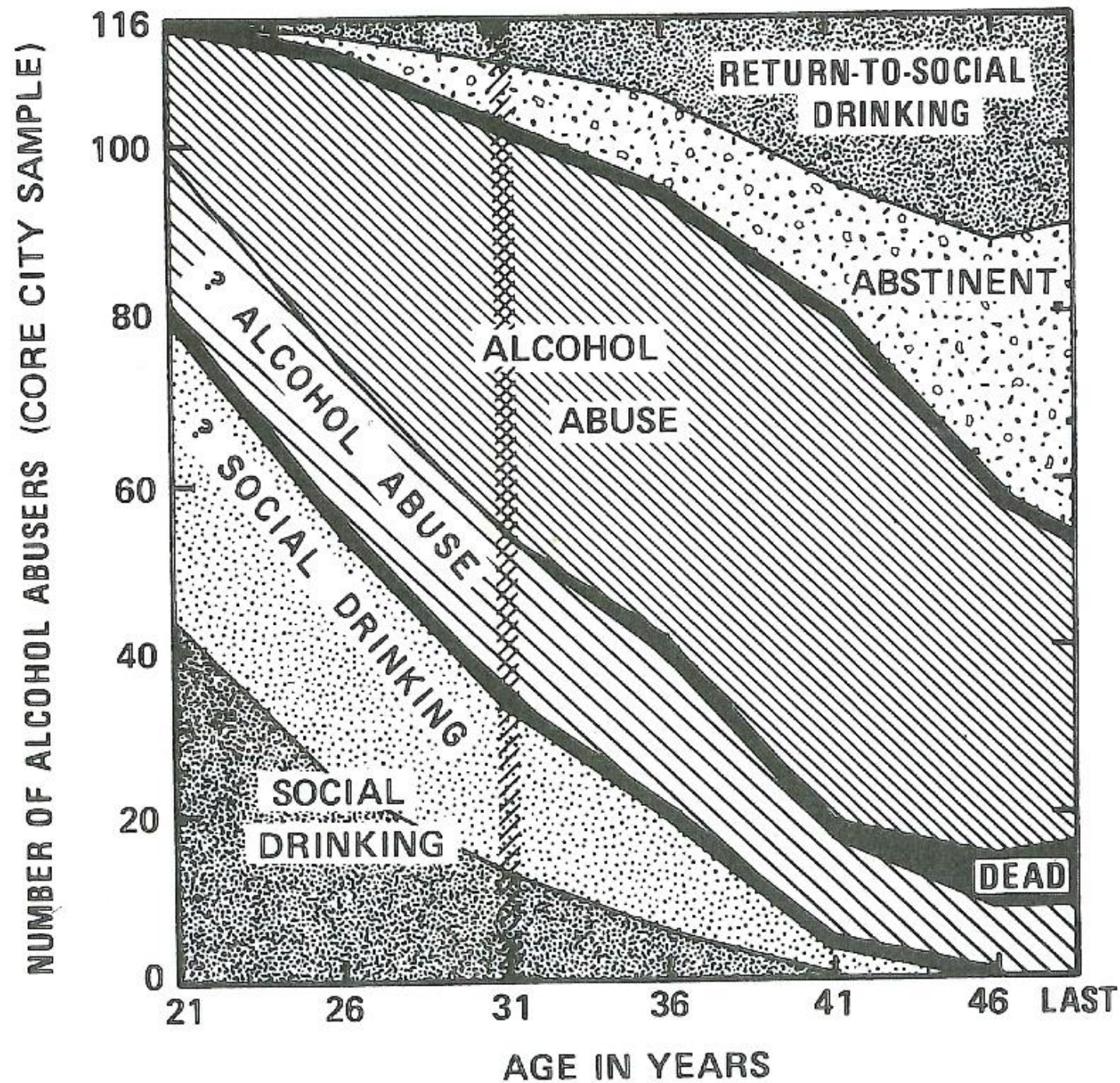
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THE NATURAL
HISTORY OF
ALCOHOLISM
CAUSES, PATTERNS,
AND PATHS
TO RECOVERY

GEORGE E. VAILLANT



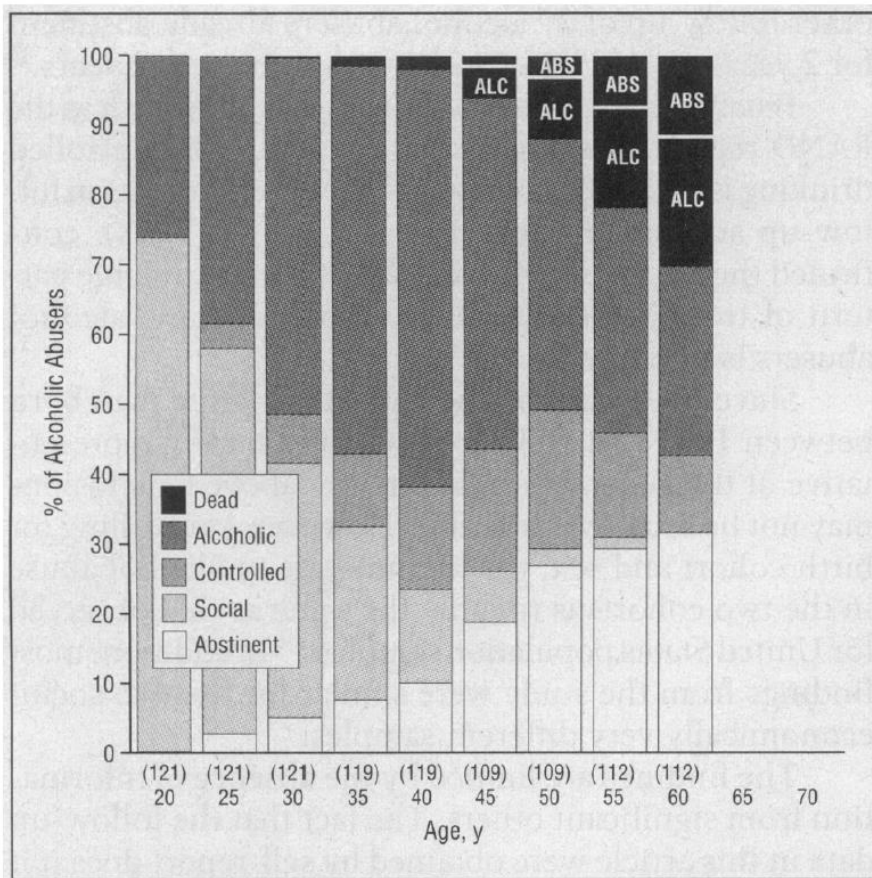


Figure 2. Quinquennial alcohol use status of the 121 core city men who remained active in the study and met the criteria for DSM-III alcohol abuse. (The eight men who were reclassified as social drinkers because of brief duration of alcohol abuse and minimal symptoms have been excluded.) ALC indicates the proportion of deaths that occurred among alcohol abusers; ABS, the proportion among stably abstinent men.

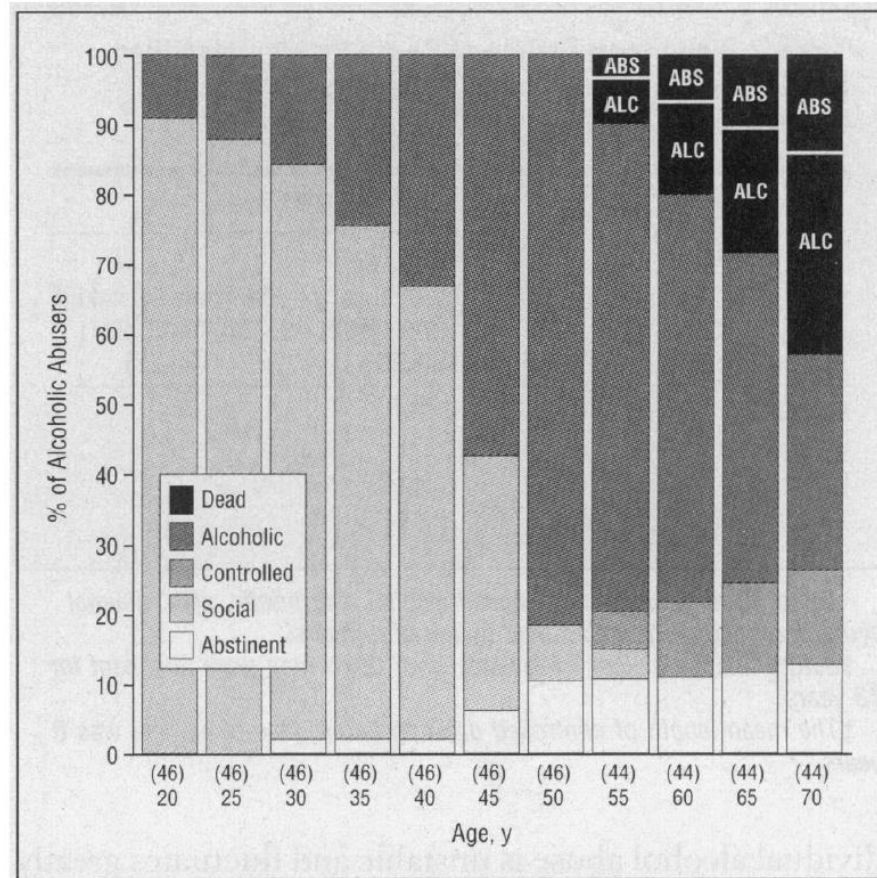


Figure 3. Quinquennial alcohol use status of the 46 college men who met DSM-III criteria for alcohol abuse. (The six alcohol abusers reclassified as social drinkers and the three alcohol abusers with incomplete data sets have been excluded.) ALC indicates the proportion of deaths that occurred among alcohol abusers; ABS, the proportion among stably abstinent men.

NESARC vs Vaillant

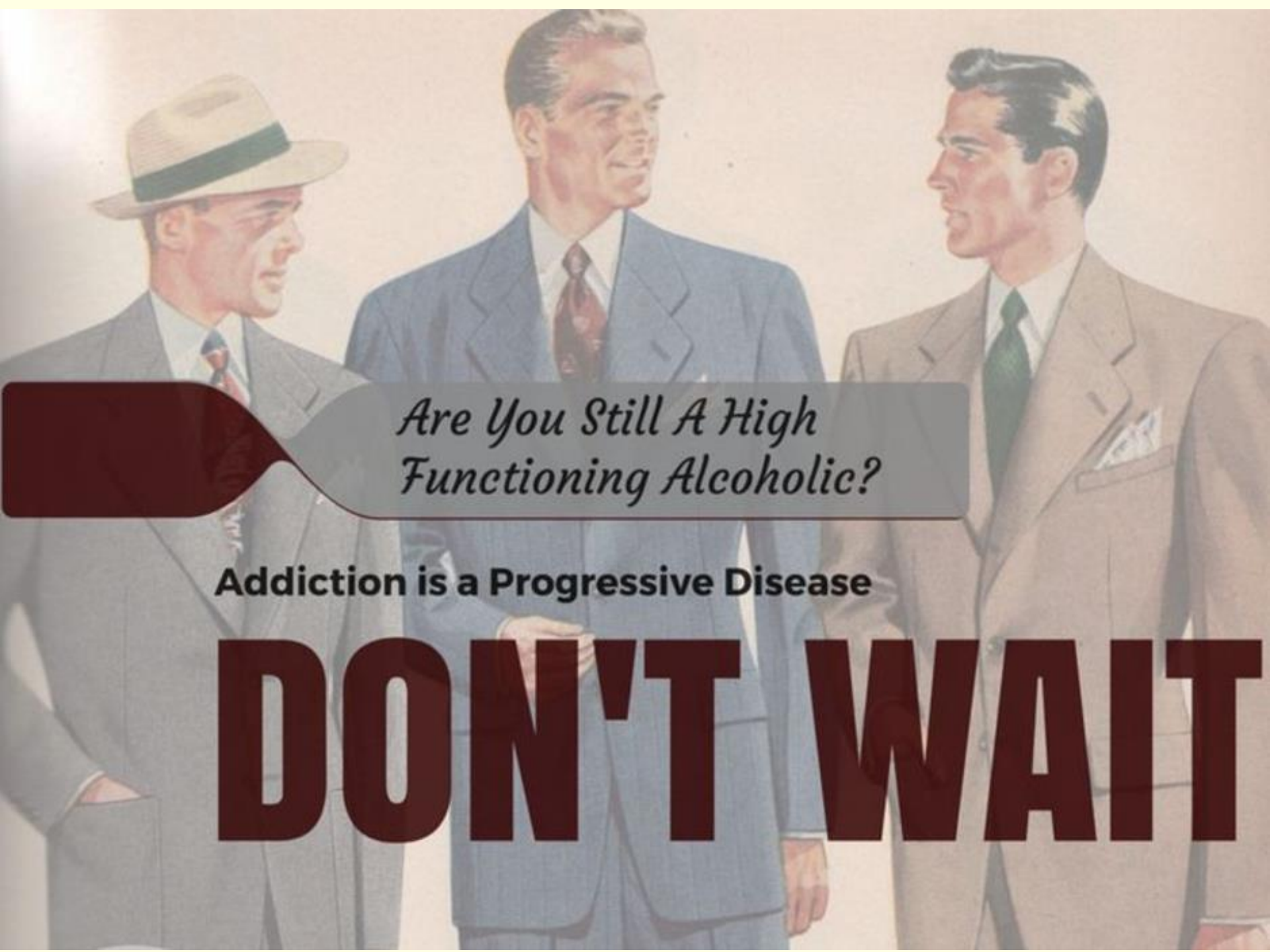
Likheter och skillnader

Likheter

- Alkohol toxiskt: hälsorisken ökar med ökad konsumtion
- Alkoholberoende tillstånd med hög mortalitet
- Inget stöd för kronisk progressiv sjukdom
- Alla studier finner en grupp som återgår till kontrollerat drickande
 - Grad av beroende/konsumtionsnivå avgörande för utvecklingen
 - Socialt stöd förbättrar, liksom hög utbildning

Skillnader

- Dock oenighet om hur stor gruppen med kontr drick är
- NESARC: flertalet
- Vaillant: en mindre grupp
- Beror på olika typer av data och tolkning
 - fler betraktas som problemdrickare hos Vaillant, som hos Grant betraktas som riskbrukare

An illustration of three men in suits standing and talking. The man on the left wears a grey suit and a straw hat. The man in the center wears a blue suit. The man on the right wears a tan suit. They are all smiling and appear to be in a professional setting.

*Are You Still A High
Functioning Alcoholic?*

Addiction is a Progressive Disease

DON'T WAIT

Quarterly Journal of Studies on Alcohol, Vol. 7, 1-88, 1946

Phases in the Drinking History of Alcoholics

**Analysis of a Survey Conducted by the Official Organ
of Alcoholics Anonymous**

E.M. Jellinek, Sc.D.

Research Associate (Professor), Applied Physiology, Yale University

The Disease Concept of Alcoholism



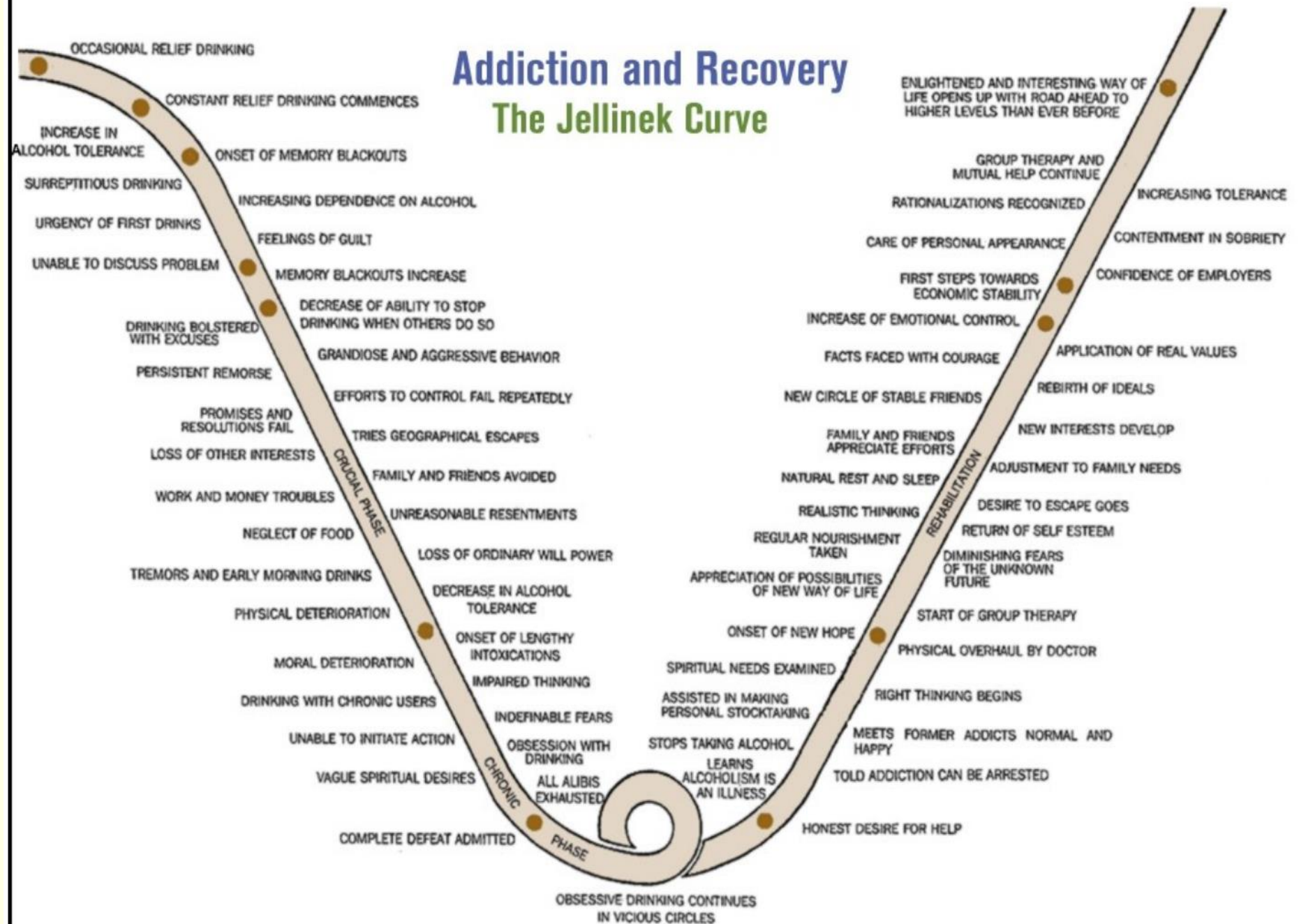
E. M. Jellinek



- Frågeformulär till 1600 AA-medlemmar 1946
- 158 besvarades, ca 10%
- 98 valdes ut – det material som rapporten byggde på

Addiction and Recovery

The Jellinek Curve



BEHAVIOR THERAPY (1970) 1, 437-444

Discriminated Aversive Control in the Moderation of Alcoholics' Drinking Behavior¹

S. H. LOVIBOND AND G. CADDY

University of New South Wales

Psychological Reports, 1971, 28, 575-580. © Psychological Reports 1971

ALCOHOLISM: CONTROLLED DRINKING AND INCENTIVES FOR ABSTINENCE¹

MIRIAM COHEN, IRA A. LIEBSON, LOUIS A. FAILLACE
AND WENDELL SPEERS

*Alcoholism Research Unit of Department of Psychiatry of Baltimore City Hospitals
and Johns Hopkins University School of Medicine*

Summary.—A demonstration of abstinence and controlled drinking in 4 alcoholics indicates that excessive drinking can be moderated by reinforcement contingencies. Ss could earn money each time that they abstained or stopped drinking after a priming dose for one day. The magnitude of reinforcement required for maintaining abstinence or moderation was a function of the priming dose of alcohol and the delay of reinforcement. This result suggests that controlled drinking might be maintained if the reinforcers dispensed to the alcoholic were made contingent on moderate drinking.

Inte ens de mest uttalade alkoholisterna saknar kontroll hela tiden; kan ofta dricka måttligt

Journal of Abnormal Psychology
1973, Vol. 81, No. 2, 233-241

LOSS OF CONTROL DRINKING IN ALCOHOLICS: AN EXPERIMENTAL ANALOGUE¹

G. ALAN MARLATT,² BARBARA DEMMING, AND JOHN B. REID²

University of Wisconsin

Nonabstinent alcoholics and social drinkers were presented with an ad-lib supply of either alcoholic or nonalcoholic beverages in a taste-rating task. Subjects were assigned to one of two instructional set conditions in which they were led to expect that the beverage to be rated contained alcohol (vodka and tonic) or consisted only of tonic. The actual beverage administered consisted of either vodka and tonic or tonic only. The results showed that instructional set was a significant determinant of the amount of beverage consumed and posttask estimates of the alcoholic content of the drinks. The actual beverage administered did not significantly affect the drinking rates of either alcoholics or social drinkers. Loss of control drinking, in the form of increased consumption by alcoholics who were administered alcohol, did not occur during the drinking task. The results are discussed in terms of implications for treatment and for the conception of alcoholism as a disease.

BEHAVIOR THERAPY (1973) 4, 49-72

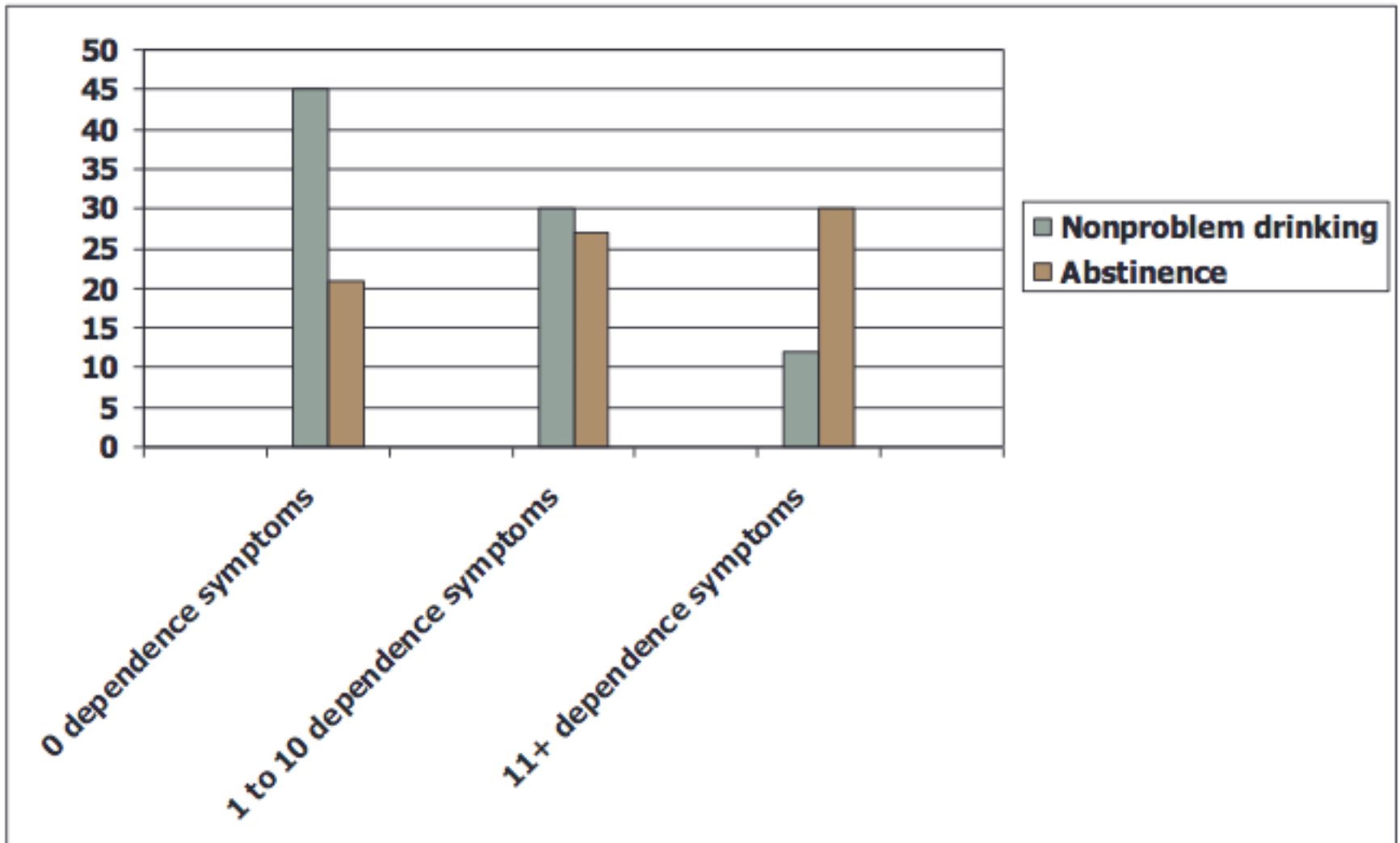
Individualized Behavior Therapy for Alcoholics¹

MARK B. SOBELL AND LINDA C. SOBELL²

Patton State Hospital, California Department of Mental Hygiene

Avgörande faktor: graden av beroende

The Rand Report, Polich, Armor & Braiker, 1980



A Prospective Study of Successful Long-Term Adjustment in Alcohol Dependence: Social Drinking versus Abstinence*

GÖRAN NORDSTRÖM, M.D. AND MATS BERGLUND, M.D.

Department of Psychiatry I, University Hospital, Lund, Sweden

ABSTRACT. A series of 1312 alcoholics admitted to the Department of Psychiatry, University Hospital, Lund, Sweden, from 1949 through 1969 was followed up by record data up to 31 December 1980. The conditions of the patients were evaluated with a multidimensional diagnostic rating schedule when first admitted. Two decades after their first admission, 70 male alcoholics with a good social adjustment were chosen for personal examination and of these 60 (86%) were interviewed. Social

drinking was twice as common as abstinence among the former alcohol-dependent subjects. Abstainers had a higher frequency of initial ratings indicating lack of internal control of behavior and were less often socially stable when first admitted as compared with the social drinkers. Early improvement was related to initial abstinence; the subjects who improved later in life more often reported a gradual change from alcohol abuse to social drinking. (*J. Stud. Alcohol* 48: 95-103, 1987)

- KD dubbelt så vanligt som helnykterhet
- KD högre soc stab vid första kontakt
- KD – successiv övergång från beroende till KD
- Prognosen förbättrades av initial helnykterhet

The Course of Alcoholism among Men in the Lundby Longitudinal Study, Sweden*

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ABSTRACT. *Objective:* The purpose of this study is to describe the course of alcoholism among men in the Lundby community cohort. *Method:* A subset ($N = 41$) of initially nonalcoholic male subjects were diagnosed by a psychiatrist as first incidence alcoholics (alcohol abuse and/or dependence) during the period 1957-72, all of whom have been followed through four waves of investigation between 1947 and 1993. *Results:* The proportion of remission of the entire 41 former

alcoholic subjects was 39%. Of the 23 survivors, 52% were remitted. The recovery started at age 30-39 and culminated at age 40-49. *Conclusions:* In this 40-year follow-up of former alcoholics, stable remissions were shown to occur at a rate of approximately 40% (50% in survivors). Critical variables were severity and the subjects' age at the time of recovery. The results are tentative because of the small number of individuals. (*J. Stud. Alcohol* **61**: 320-322, 2000)

- Vid 15-års uppföljning: 18/41 alkoholberoende hade avlidit
- Bland överlevarna: 39% antingen nyktra eller kontrollerat drickande
- Majoriteten av dessa (60%) hade ett kontrollerat drickande

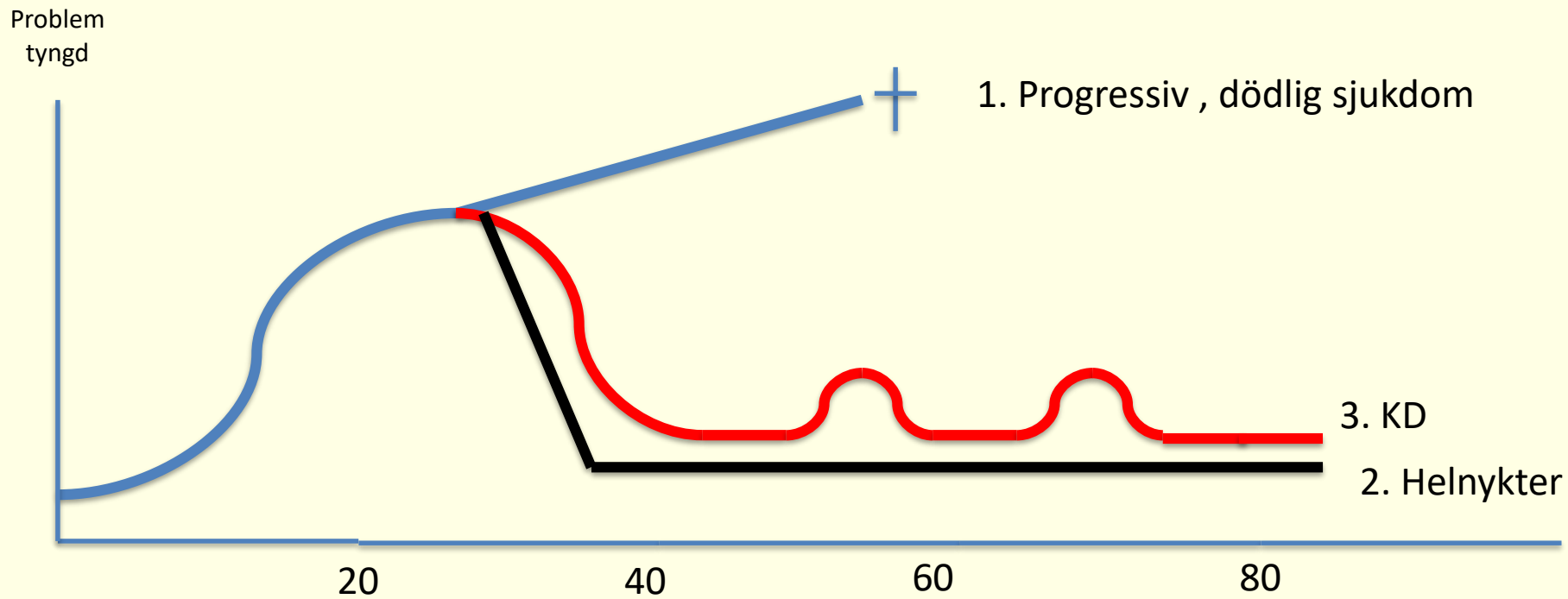
Recovery from Alcohol Problems with and without Treatment: Prevalence in Two Population Surveys

ABSTRACT

Linda C. Sobell, PhD, John A. Cunningham, PhD, and Mark B. Sobell, PhD



38 respektive 63 procent återgick till måttligt drickande



Vilken roll kan behandling spela?



Alkohol
beroende

Psykisk
sjukdom

Sociala
problem

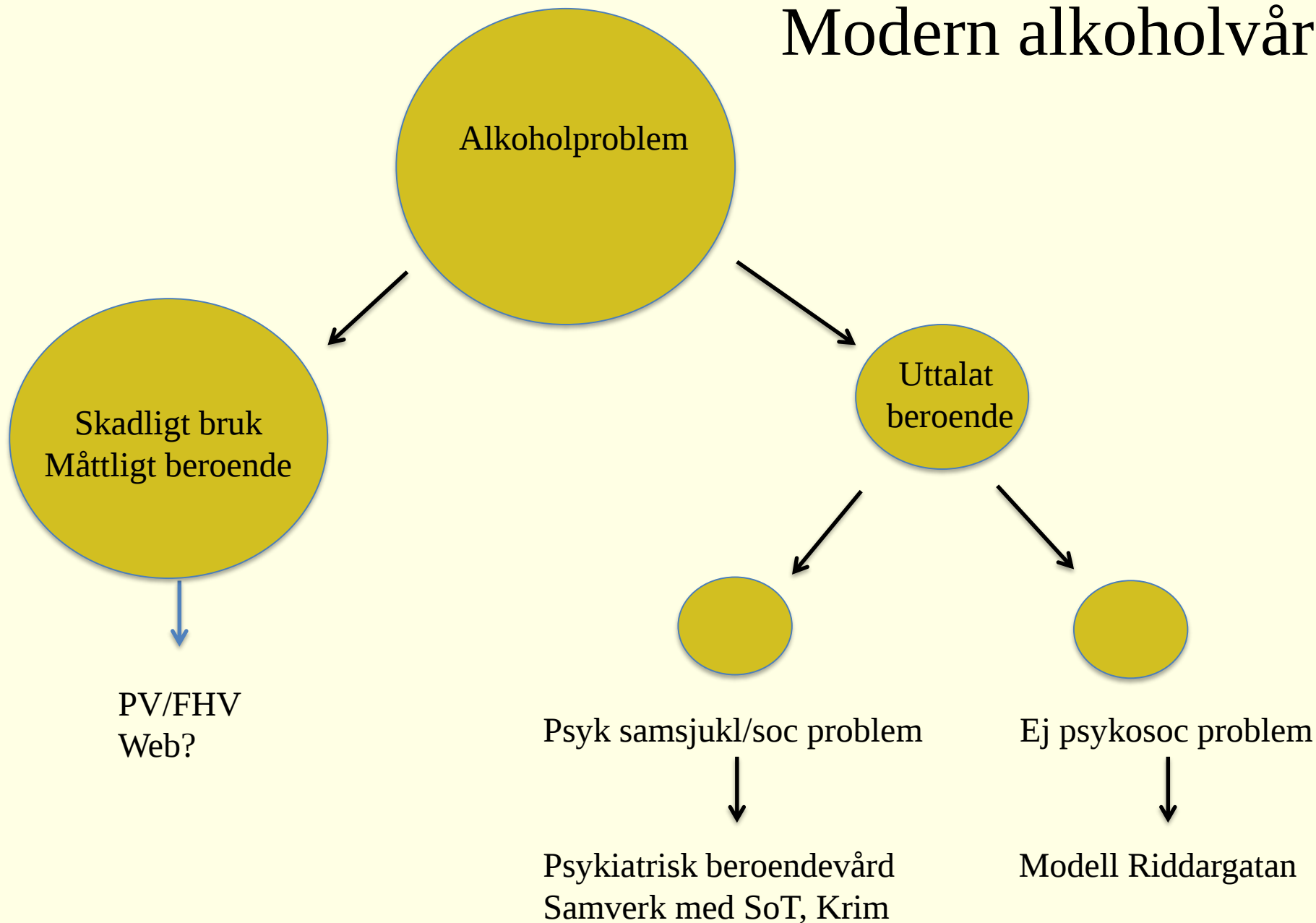


Dagens fokus i missbruk
och beroendevården



iv

Modern alkoholvård



Effektiv behandling finns – men folk vill inte ha den

Utmaningen för behandlingssystemet: reducera stigma

Några idéer:

1. Undvik stigmatiserande språk:
"missbrukare", "alkoholister"
2. Avdramatisera, normalisera
3. Patientcentrering
4. Behandling i reguljär sjukvård



En smartare approach till problemet!

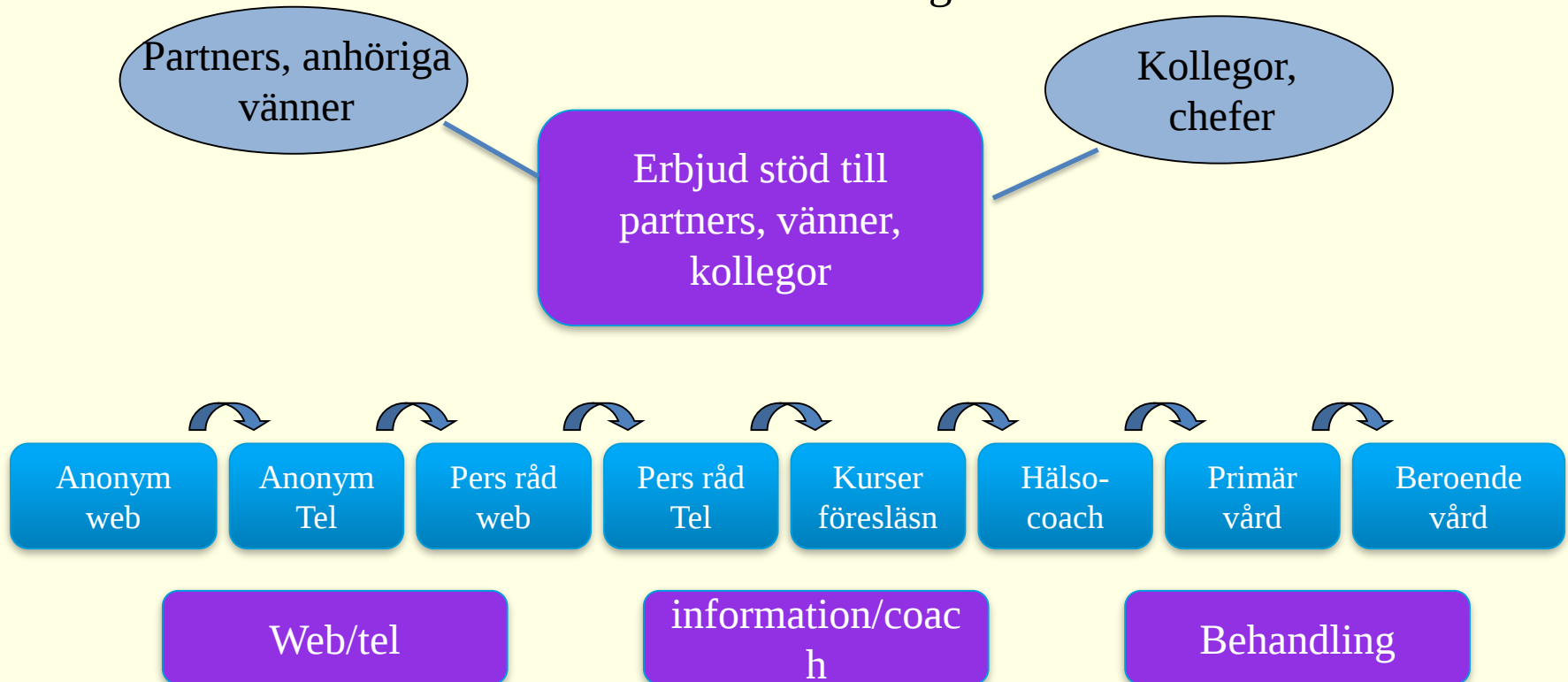


De flesta vill inte ha ”behandling”

Men är det ”behandling de behöver?

Många alternativ möjliga:

- Stöd från personliga nätverk
- Självhjälp
- Digital teknik
- Nya förstärkare
- Utmana förväntningar



Patientcentrering: patienten i förarsätet

Väljer mål

”Vill sluta dricka”
”Vill dricka mindre”

Väljer
behandling

- Läkemedelsbehandling
- KBT
- 12-stepsbehandling
- Motivationsbehandling

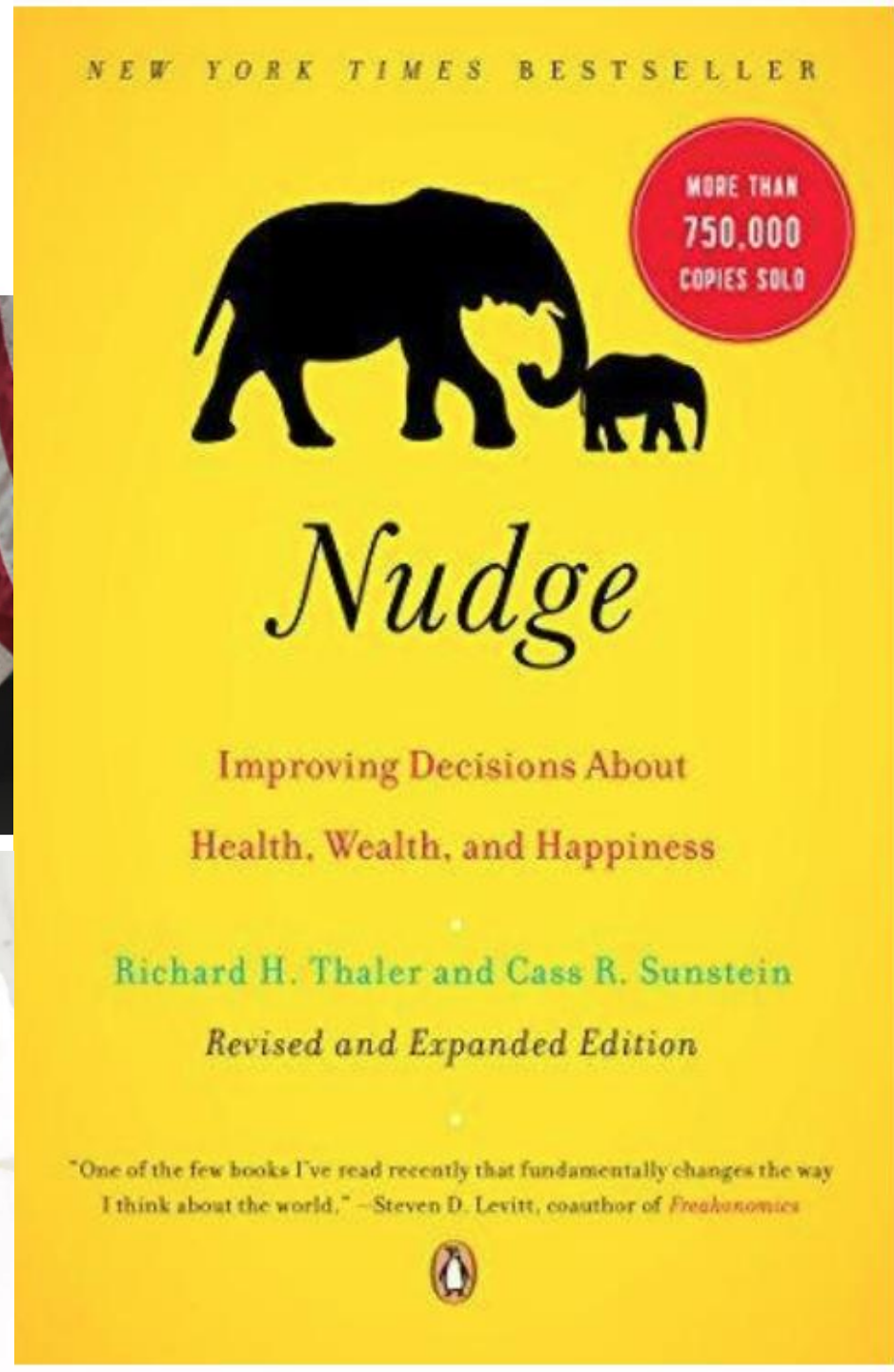
Prövar...
och omprövar



Nobel prize in economics awarded to Richard Thaler

Pioneer of behavioural economics is best known for 'nudge' theory, which has influenced politicians and policymakers

● What is behavioural economics?



Nudging i sjukvården:

Screening och kort rådgivning i primärvård och allmänpsykiatri

FAKTA OM ALKOHOL OCH HÄLSA

FLER DRICKER MER

ALLT FLER MÄNNISKOR DRICKER ALKOHOL REGELBUNDET, OCH I STÖRRE MÄNGD ÄN TIDIGARE.

Ungfär en miljon människor i Sverige har alkoholvanor som medför en ökad risk för ett stort antal hälsoproblem och skador, inklusive alkoholberoende.

Många upplever inte själva att de dricker för mycket. De ser inte heller alkoholen som ett potentiellt hälsoproblem – men kroppen påverkas ändå. Här kan du läsa hur.

Det är lätt att tro att alkoholproblem bara drabbar andra. Ofta förknippas alkoholproblem med socialt utanförskap som arbetslöshet och bostadslöshet.

Även om detta är allvarliga problem, så har de flesta som dricker för mycket alkohol sällan problem som märks utåt. I likhet med människor som röker, äter för mycket eller motionerar för lite lever de oftast sina liv med arbete, familj, vänner och bostad.



Alkohol förknippas ofta med fest och avkoppling, men även med skam och misslyckande när vi inte kan hantera vårt drickande.

VAD ANSES RISKABELT?

Med riskabla alkoholvanor menas att dricka fler än 14 standardglas per vecka om du är man eller fler än 9 standardglas per vecka om du är kvinna. Att dricka sig berusad innebär alltid en risk. Med berusningsdrickande menas fler än 4 standardglas vid ett och samma tillfälle om du är man, eller fler än 3 om du är kvinna.

MEDETT GLAS MENAS:



HJÄRNAN

Redan små mängder alkohol gör att du får sämre minne och reaktionsförmåga. Du sover sämre och kärlsjuka påverkas. Vid mycket hög och långvarig konsumtion krymper hjärnan och du kan drabbas av epileptiska anfäll, demens eller andra hjärnsjukdomar.

HJÄRTA OCH KÄRL

Lågt till måttlig alkoholkonsumtion har inga uppenbart skadliga effekter på hjärta och kärl, utan kan möjligen skydda. Att dricka stora mängder alkohol medför dock risk för skador. Pulsen och blodtrycket ökar när du dricker alkohol. Risken för hjärtarytmier av olika slag ökar, exempelvis förmaksflimmer. Alkoholkonsumtion kan inte rekommenderas för att förebygga hjärt-sjukdomar.

LEVERN

Alkohol ökar risken för levercancer och är en vanlig orsak till fettlever, hepatit och skrumplever.

DEPRESSION OCH SJÄLMORD

Risken att drabbas av depressions-sjukdomar ökar starkt vid hög alkoholkonsumtion. Hälften av alla självmord i Sverige är alkoholrelaterade.

HUDEN

Hög alkoholkonsumtion ökar risken för psoriasis, eksem och andra hudbesvär.

BLODET

Alkohol hämmar benmärgens förmåga att bilda blodkroppar och kan leda till blodbrist.

CANCER

Alkohol ökar risken för cancer i flera organ. Klara samband finns till cancer i mun och svärg, matstrupe, lever, bröst och tjocktarm.

SKELLETTET

Hög alkoholkonsumtion ökar risken för bensjukhet och gikt.

MAGEN

Hög alkoholkonsumtion ökar risken för magkatarr och sur mage.

INFEKTIONER

Genom alkohols effekt på benmärgen påverkas de vita blodkroppar som ska skydda kroppen från infektioner. Detta leder till fler infektioner, exempelvis upprepade och långdragna förkylningar.

0%

AVSTÅ HELT FRÅN ALKOHOL OM DU PLANERAR ATT BLI GRAVID, FERTILITETEN, HOS BÅDE KVINNOR OCH MÄN, MINSKAR VID HÖG ALKOHOLKONSUMTION OCH DET FINNS INTE NÅGON SÄKER GRÄNS FÖR ALKOHOLKONSUMTION UNDER GRAVIDITET.

Må bättre med mindre alkohol

Begränsad behandling effektiv



- Självhjälpsmaterial
- Provtagning med feedback och rådgivning
- 3-4 samtal (15 min) med motivationsinriktning

GUIDE
TILL BÄTTRE
ALKOHOLVANOR

För den tyngre gruppen

- CRA

- Case managers

- Farmakabehandling

Huvudsakliga inslag

- Funktionell analys
Tillfredsskalan - behandlingsplan
- Testa drogfrihet
- Färdighetsträning
 - kommunikationsträning
 - problemlösning
 - tacka nej till alkohol
- Återfallsprevention
- Sysselsättning
- Fritid
- Parterapi/närstående

Sammanfattning

- För flertalet är alkoholberoende ett tidsbegränsat tillstånd som man kommer in i men också kommer ut ur
 - Antingen genom att sluta dricka helt
 - ➔ Det säkraste alternativet
 - Eller genom att reducera sin konsumtion
 - ➔ Med ökad risk för förnyade problemperioder
- För en mindre grupp blir tillståndet kroniskt
- Flertalet förbättras utan behandling
- HYPOTES: Men behandling kan korta ner riskperioden
- Problemet: behandling inte tilltalande för flertalet
- Behöver ompröva hur beroendevård bedrivs