

# Session 8. Kort intervention - hvad nu?

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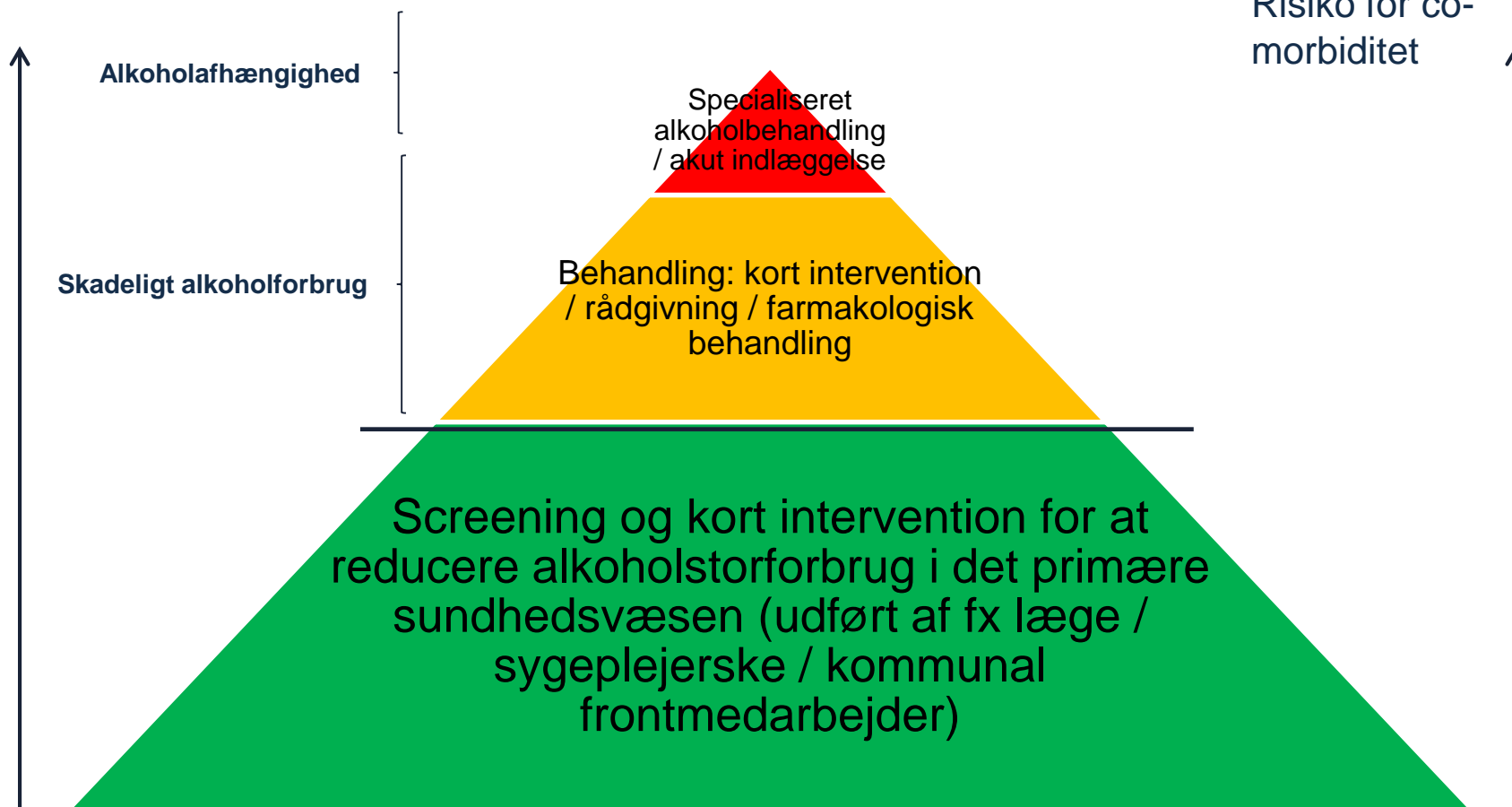
# Agenda

- Konceptet ”kort alkohol intervention”, hvad er det? (Anders H.)
- Hvad er status på kort intervention i dag? (Anders H.)
- Evidensen for kort intervention (Anders H)
- Alkohol og hospitaler (Ulrik Becker)
- Elektronisk screening og kort intervention (Ulrik Becker)
- Diskussion (fælles)

# Konceptet "kort intervention"

Alkoholforbrug

Risiko for co-morbiditet



# Forskellige slags korte interventioner

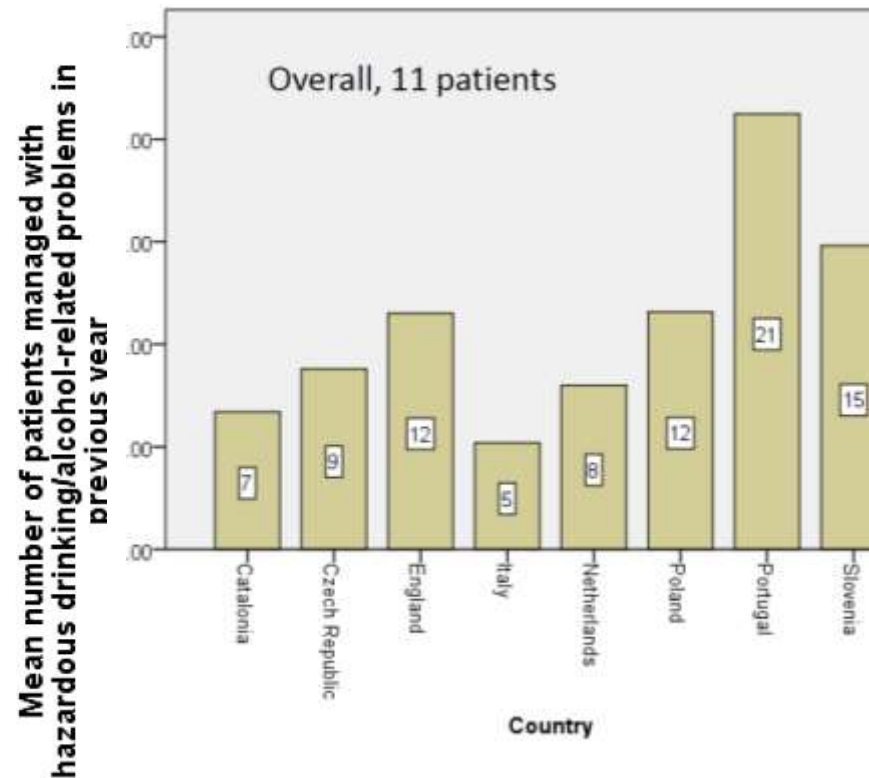
- Forskel i længde (den enkelte session / antallet af sessioner)
- Kort rådgivning (5-10 min. tilbagemelding, information og rådgivning + skriftligt selvhjælpsmateriale, FRAMES)
- Korte former af den motiverende samtale (varighed ca. 20-40 minutter, inkluderende opfølgende sessioner, kræver uddannet personale)

# Hvad er status på kort intervention i dag?

- Implementering anbefales (EU, WHO, SST, US Preventive Services Task Force)
- Implementeret i Finland, Sverige og Skotland
- Lav grad af implementering (<1 ud af 10 storforbrugere får kort intervention)
- Ved implementering kan der ikke ses effekt på patienternes alkoholforbrug
- Ingen / svag evidens for at kort intervention medfører øget henvisning til alkoholbehandling (jf. SBIRT)

## Store implementeringsvanskeligheder: ODHIN-projektet

- 746 læger, sygeplejersker, m.fl. in 120 almene praksiser (5 EU-lande) accepterede at deltage i et forsøg om implementering af kort intervention
- Kun **5%** ud af 180.000 patienter blev screenet
- Over 4 uger: udført screening og kort intervention i **1,4%** af 900.000 konsultationer
- Det gennemsnitlige antal personer behandlet/givet kort intervention var indenfor det sidste år **11**

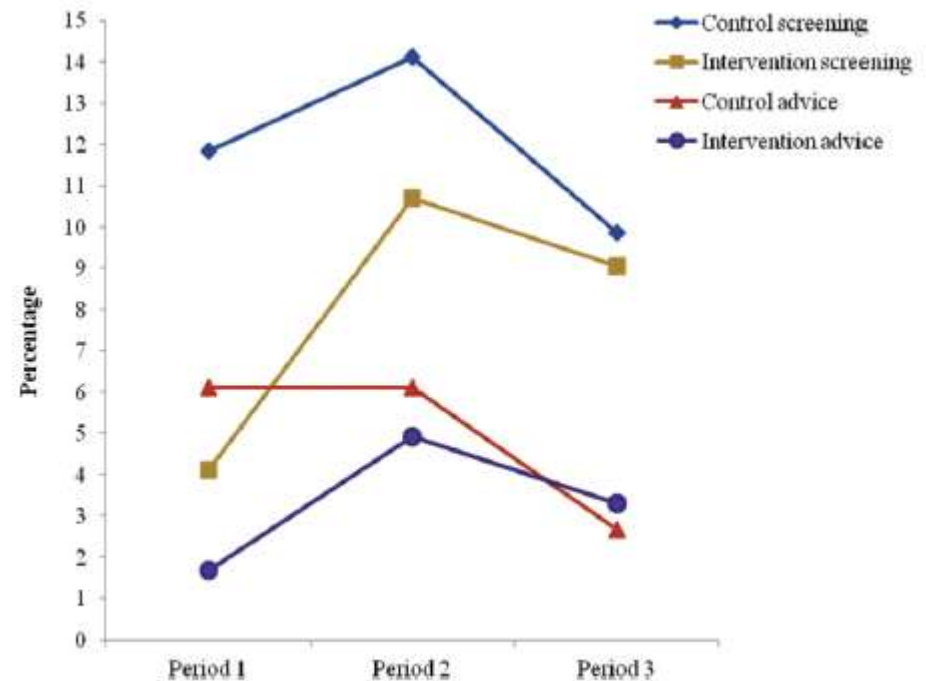


# Implementering af kort intervention: et eksempel

- RCT studie af en intensiv indsats for at implementere screening og kort intervention i 82 hollandske lægepraksisser
- Ingen signifikante forskelle mellem interventions- og kontrolgruppe (hverken på screeningsrater eller forbrug)

## Intervention:

- Guideline provided
- Reminder card on desk
- 2-3 hr. evening training with dinner
- Feedback re: their own patients screened
- Facilitated linkage to local addiction treatment programs
- Outreach by trained facilitator
- Provision of self-help materials for distribution
- Waiting room poster



# Evidensen for kort intervention

## Metaanalyser af RCT (+ 26)

- Unge (11 – 18) + unge voksne (19 – 30)  
185 studier → ca. 1 dags mindre alkoholforbrug/måned (Tanner-Smith 2015)
- Unge (college studerende, én session): 73 studier → 0,37 færre genstande/uge (Samson et al. 2015)
- Almen praksis (18 – 64), 20 studier, n=8226 → 2,5 færre genstande/uge (Elzerbi et al. 2015)
- Ældre (65 +) 2 studier → 1,7 færre genstande/uge (Jonas 2012)
- Flere sessioner er bedre end enkeltstående (Jonas 2012)
- Alkoholafhængige i almen praksis → manglende evidens (Saitz 2010)
- Mangelfuld evidens for andre udfald end nedsættelse af ugentlig alkoholforbrug (Jonas 2012)
- Sundhedscentre, apoteker → ingen evidens (Dhital 2015)



# Om evidensen – effekt i RCT vs. effekt i den virkelige verden

- Kan det virke? (efficacy) vs. Vil det virke? (effectiveness)
- Efficacy (effekt under ideelle omstændigheder)
- Effectiveness (effekt under dagligdagsforhold)
- Fra forskning til praksis



# Interpreting null findings from trials of alcohol brief interventions

Nick Heather\*

Department of Psychology, Faculty of Health and Life Sciences, Northumbria University, Newcastle

Heather *Addiction Science & Clinical Practice* 2014, **9**:13  
<http://www.ascpjournal.org/content/9/1/13>

## Trials

BioMed

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Commentary

### Against pragmatism: on efficacy, effectiveness and the real world

\* and Georgios Kitsios



ADDICTION SCIENCE &  
CLINICAL PRACTICE

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REVIEW

Open Access

## The efficacy-effectiveness distinction in trials of alcohol brief intervention

Nick Heather

EDITORIAL

Open Access

The best evidence for alcohol screening and brief intervention in primary care supports efficacy, at best, not effectiveness: *You say tomāto, I say tomăto? That's not all it's about*

Richard Saitz<sup>1,2</sup>

STATISTICS IN MEDICINE

## Pragmatic Trials — Guides to Better Patient Care?

James H. Ware, Ph.D., and Mary Beth Hamel, M.D., M.P.H.

N ENGL J MED 364:18 NEJM.ORG MAY 5, 2011

## Improving the reporting of pragmatic trials: an extension of the CONSORT statement

Merrick Zwarenstein,<sup>1,2,3</sup> Shaun Treweek,<sup>4,5</sup> Joel J Gagnier,<sup>5,6</sup> Douglas G Altman,<sup>7</sup> Sean Tunis,<sup>8,9,10</sup> Brian Haynes,<sup>11</sup> Andrew D Oxman,<sup>5</sup> David Moher,<sup>12,13</sup> for the CONSORT and Pragmatic Trials in Healthcare (Practihc) groups

Pragmatic trials are designed to inform decisions about practice, but poor reporting can reduce their usefulness. The **CONSORT and Practihc groups** describe modifications to the CONSORT

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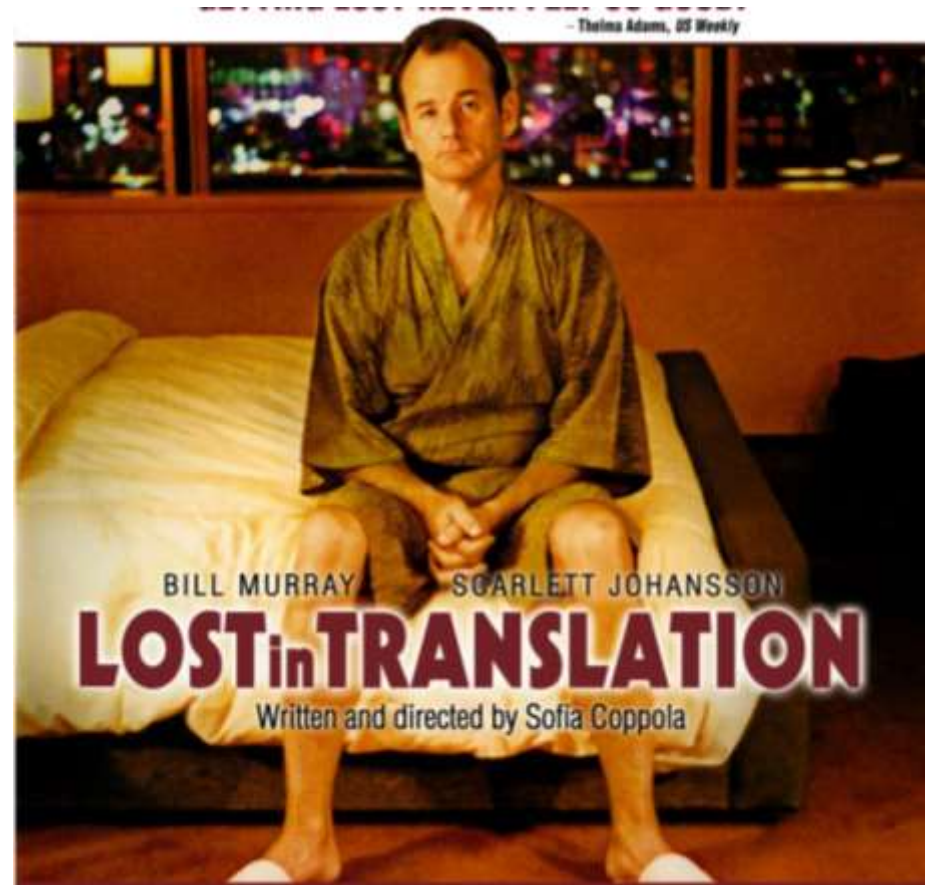
International Journal of Epidemiology  
doi:10.1093/ije/dyn100

## How to assess the external validity of therapeutic trials: a conceptual approach

O M Dekkers,<sup>1,2\*</sup> E von Elm,<sup>3,4</sup> A Algra,<sup>1,5,6</sup> J A Romijn<sup>2</sup> and J P Vandenbroucke<sup>1</sup>

# Lost in translation?

- Uenighed i litteraturen om fortolkning af effekten for kort intervention
- Effekt i *efficacy* studier er veletableret
- Mangel på evidens der viser effekt i *effectiveness* studier (Williams EC, et al. 2014, Dhital R 2015, Kaner et al. 2013)
- “...efficacy of brief intervention is lost in clinical practice, even under the best of circumstances.” (Saitz R 2013)



# Konklusion

- "However, while there is some evidence that these procedures [Brief intervention] are effective in reducing drinking levels, they are rarely applied in clinical practice in primary health care, and no interventions are initiated, even if the primary care physician had detected problems or AUD [Alcohol Use Disorders]"

Rehm et al. 2015

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