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LEKTOR I KLINISK PSYKOLOGI

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# Digitale interventioner til forebyggelse af tilbagefald

- ▶ Alle alkoholfokuserede psykologiske interventioners formål er at forebygge tilbagefald → digitale psykologiske interventioner (mobiltelefoner, tablets, computere)
- ▶ Massiv eksponering for alkohol i DK → forebyggelse af tilbagefald med fokus på massiv eksponering
- ▶ Automaticerede og ubevidste kognitive processer vigtige i tilbagefaldsforebyggelse
- ▶ Præsentation af to mobile psykologiske interventioner som add-on konventionel alkoholbehandling
  - 1.) Eksponeringsterapi (cue exposure therapy)
  - 2.) Opmærksomhedstræning (attentional bias training)

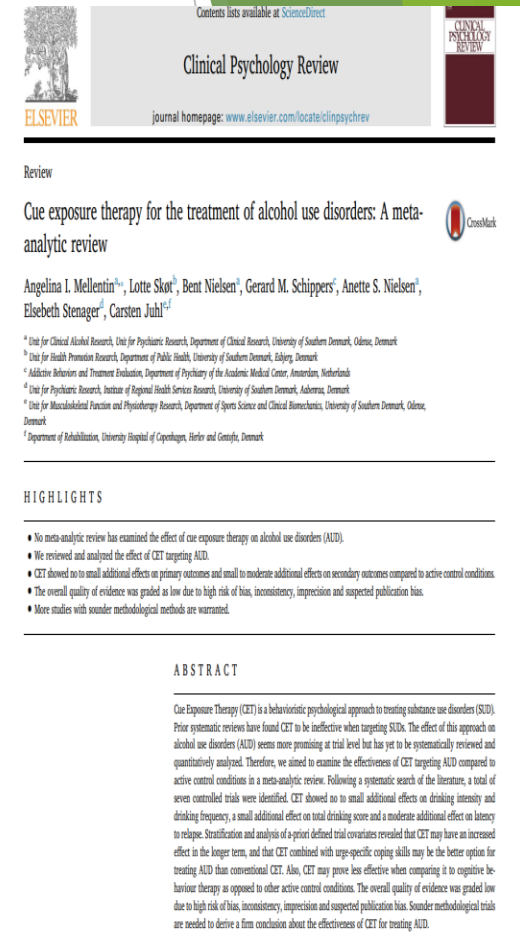
# Cue exposure/eksponeringsterapi

- ▶ **Hvad er eksponeringsterapi/cue exposure therapy (CET)?**
- ▶ **Eksponeringsterapi er ofte en del af manualiseret kognitiv adfærdsterapi.**
- ▶ **Dette er ikke tilfælde med misbrug af alkohol og andre stoffer -**
- ▶ **Resultaterne fra kontrollerede studier af eksponeringsterapi ved alkohol- og andre misbrugsdiagnoser har været yders inkonsistente.**
- ▶ **Eksponeringsterapi anvendes dog ofte i klinikken ved alcohol- og andre misbrugsdiagnoser**



# Systematisk litteraturgennemgang

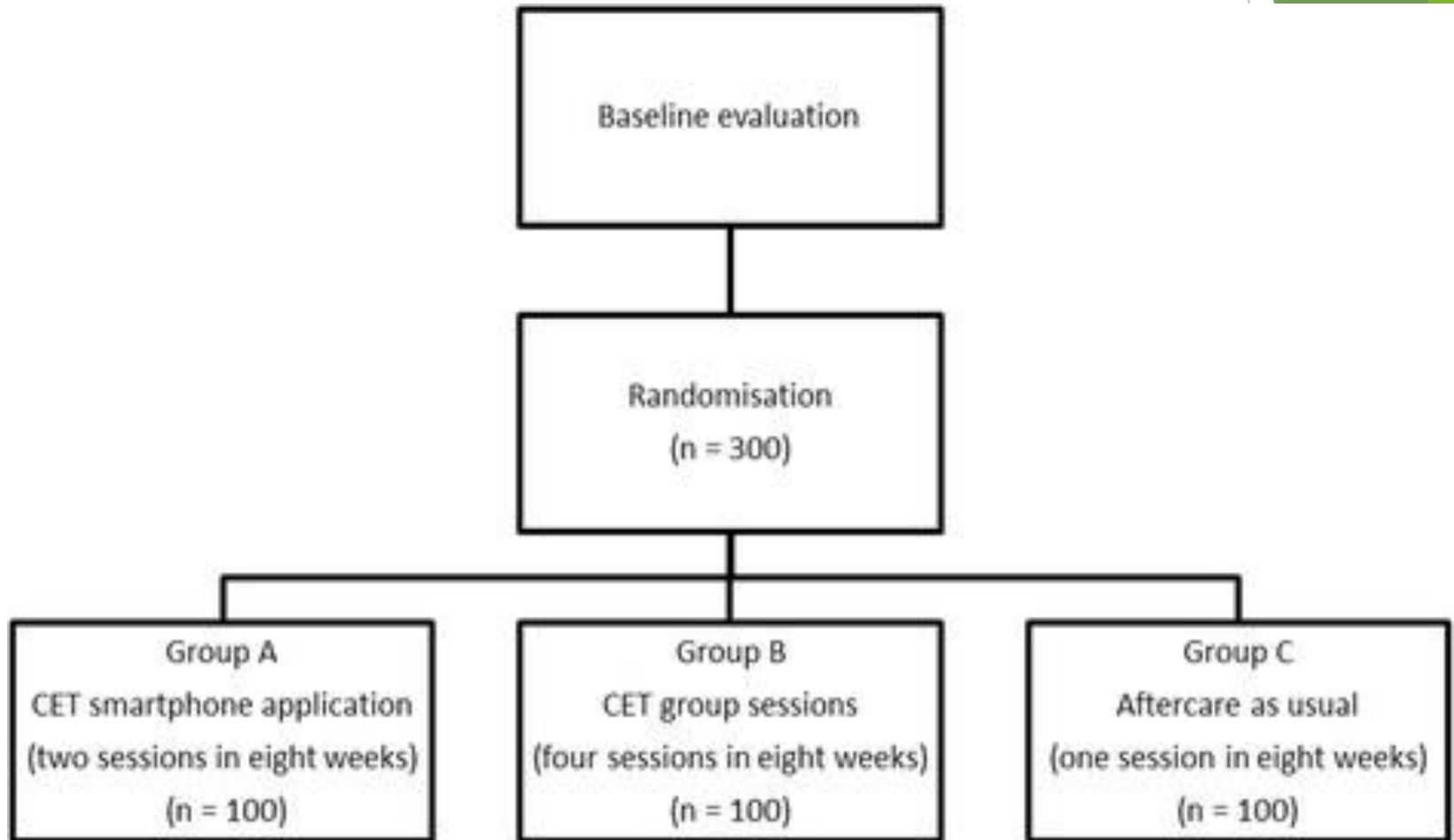
- Effekten af eksponeringsterapi potentielt bedre alkoholmisbrug end andre misbrugsdiagnoser
- Den mest effektive metode er at kombinere eksponeringen med specifikke coping-strategier ved trang
- De mest effektive coping-strategier når trangen peker er:
  - 1) Afvente at trangen passere som kognitiv strategi;
  - 2) Forestille sig negative konsekvenser ved alkoholindtag;
  - 3) forestille sig positive gevinster ved afholdenhed; og
  - 4) Indtage alternative fødevarer



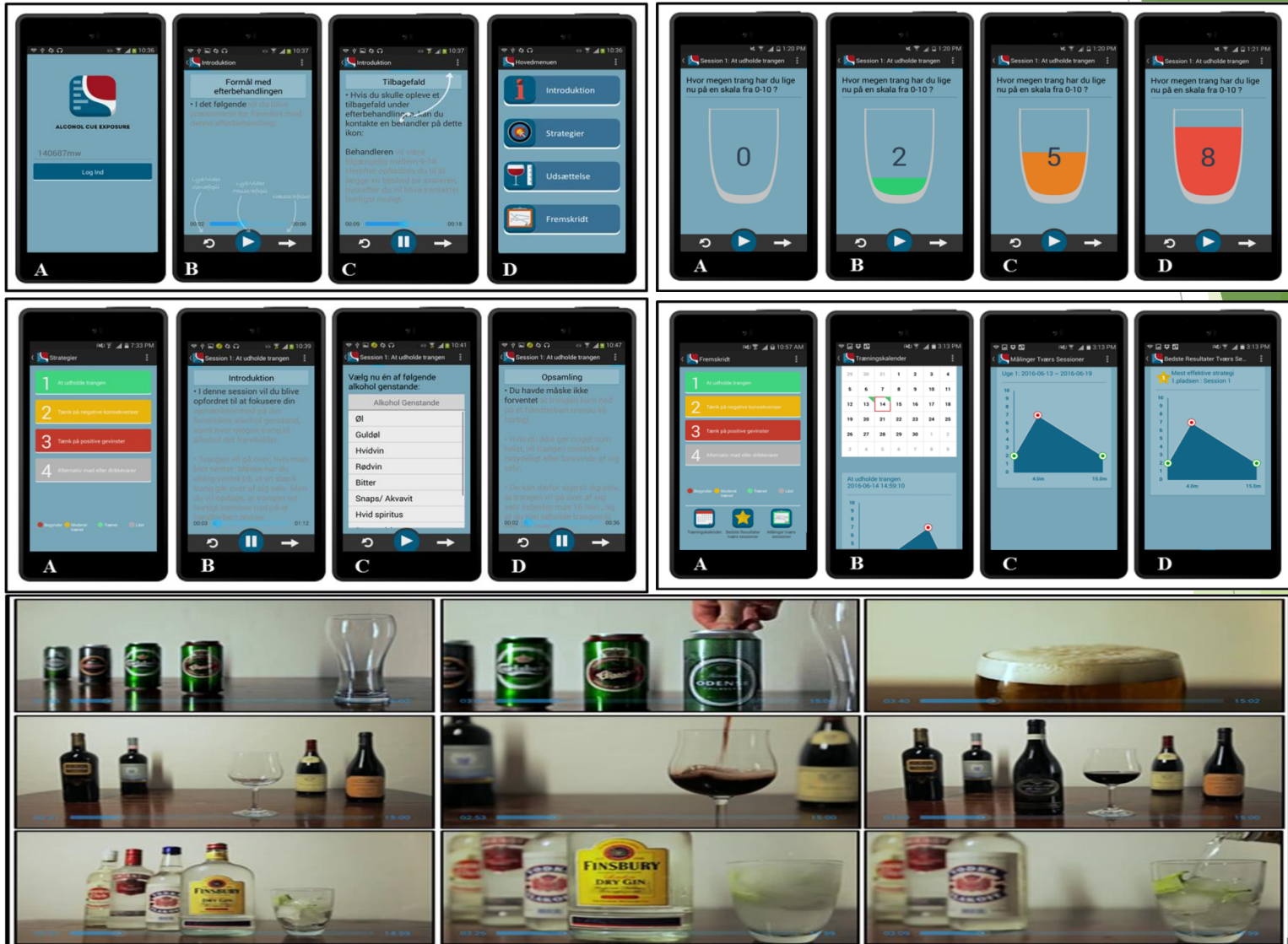
# A randomized controlled trial of exposure-based aftercare therapy for patients with alcohol dependence

- ▶ **Formål: at undersøge effekten af eksponeringsbaseret efterbehandling med mestrings-strategier (CET with urge-specific coping skills) i en manual-baseret version.**
  
- ▶ **Forsningsspørgsmål:**
  1. **Kan CET øge effekten af den primære behandling**
  2. **Kan CET leveres via en smartphone application med samme effect som konventionel CET.**

# Project cue exposure



# Project cue exposure



# Project cue exposure: effektmål

## Primære effektmål: alkoholindtag

- Sensible drinking
- Abstinens
- Dage med forbrug
- Dage med overforbrug

## Sekundære mål

- Trang
- Anvendelse og effektivitet af coping-strategierne



# Socio-demografiske karakteristika

- **Inklusion: baseline = 164; post-treatment = 153; and 6-måneders opfølgning = 153 (93%)**
- **Køn:** 77% mænd
- **Alder:** 46 gennemsnit (SD:13), spændvidde 18-80 år
- **Uddannelse:**
  - 69% erhversuddannelse
  - 8% højere videregående
  - 9% studerende/revalidering
  - 14% ufaglærte.
- **Indkomst:**
  - 50% arbejde
  - 35% pension
  - 25% midlertidigt udenfor arbejdsmarkedet
  - 10% SU eller revalidering

# Hvor velbehandlede var patienterne, når de startede i efterbehandlingen?

- **Alkoholforbrug:**
- 80% sensible drinking
- 72 % abstinens
  
- Median= 0(IQR: 0.17) antal dage med forbrug
- Median= 0 (IQR: 1) antal dage med overforbrug
  
- Median = 3(IQR: 4) antal dage med forbrug
- Median= 1.5 (IQR: 2) antal dage med overforbrug

## Trang til alkoholforbrug

Eksempel:

Visual analogue scale (skala fra 0 -10)

- ▶ Max trang: Median= of 3(IQR: 7)
- ▶ Gennemsnitlig trang: Median= 2 (IQR: 4)

# Project cue exposure: Alkoholforbrug

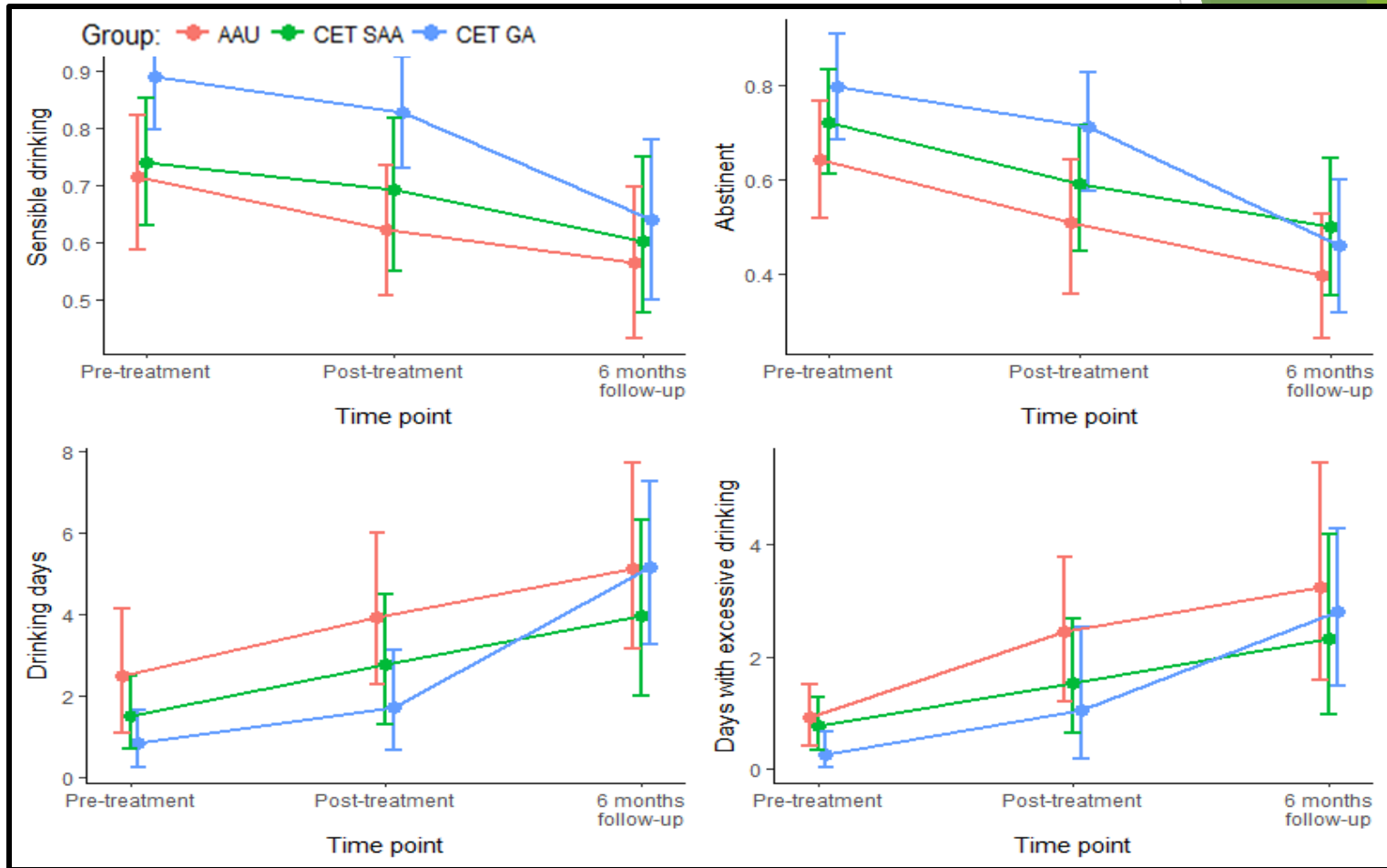


Figure 2. legend: primary outcomes by group allocation over time.

# Project cue exposure: Trang og coping-strategier

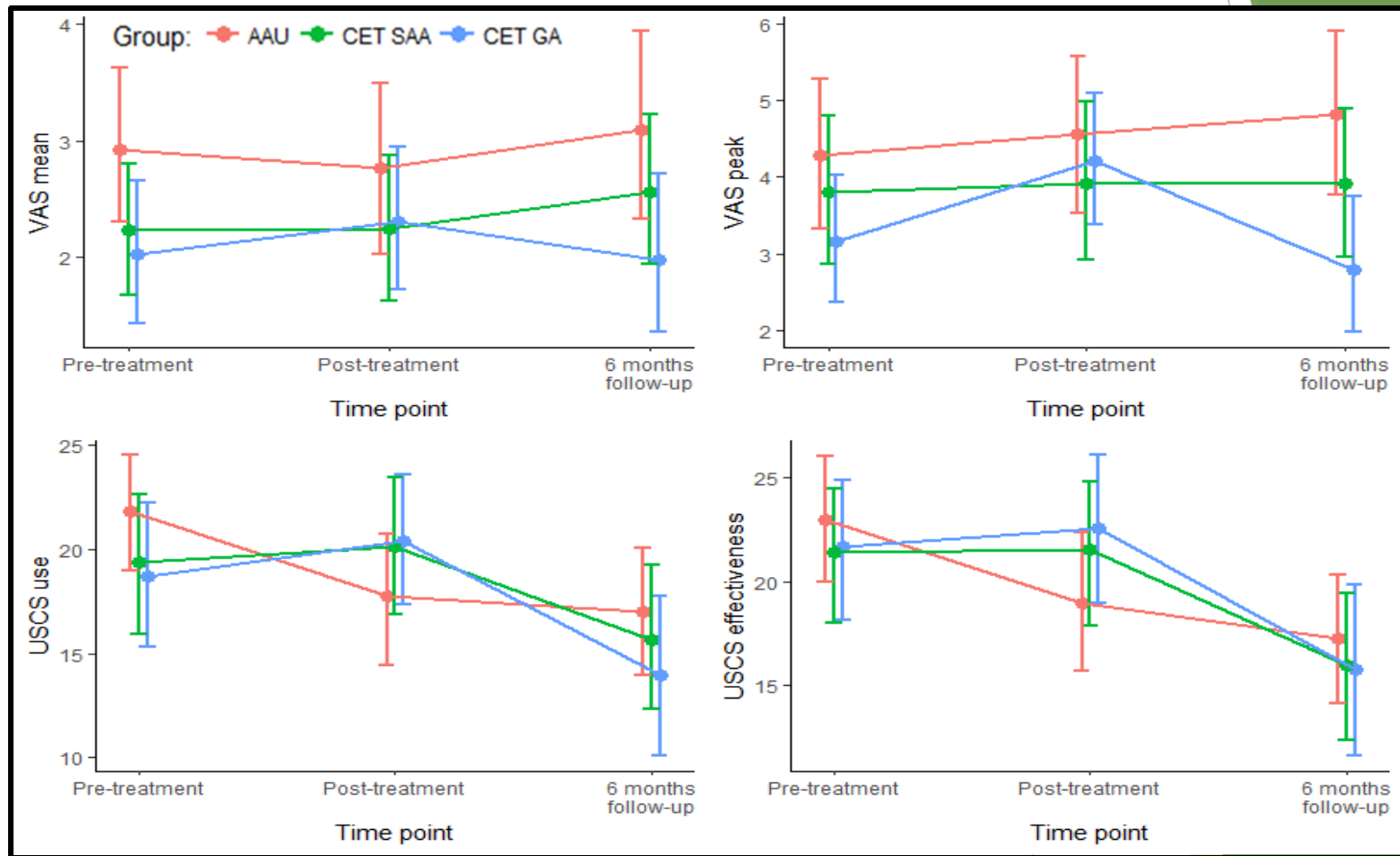


Figure 3 legend: trajectories of the primary outcomes by group allocation over time

# Hovedstudiets konklusion

- ▶ *“CET with USCS delivered as aftercare either via group sessions or a mobile phone app did not increase the effectiveness of primary treatment. This suggests that CET with USCS may not be an effective psychological approach for the aftercare of individuals treated for AUD.”*

Original Paper

## A Mobile Phone App Featuring Cue Exposure Therapy As Aftercare for Alcohol Use Disorders: An Investigator-Blinded Randomized Controlled Trial

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**Abstract**

**Background:** Cue exposure therapy (CET) is a psychological approach developed to prepare individuals with alcohol use disorder (AUD) for confronting alcohol and associated stimuli in real life. CET has shown promise when treating AUD in group sessions, but it is unknown whether progressing from group sessions to using a mobile phone app is an effective delivery pathway.

**Objective:** The objectives of this study were to investigate (1) whether CET as aftercare would increase the effectiveness of primary treatment with cognitive behavior therapy, and (2) whether CET delivered through a mobile phone app would be similarly effective to CET via group sessions.

**Methods:** A total of 164 individuals with AUD were randomized to one of three groups: CET as group aftercare (CET group), CET as fully automated mobile phone app aftercare (CET app), or aftercare as usual. Study outcomes were assessed face-to-face at preaftercare, postaftercare, and again at 6 months after aftercare treatment. Generalized mixed models were used to compare the trajectories of the groups over time on drinking, cravings, and use of urge-specific coping skills (USCS).

**Results:** In all, 153 of 164 individuals (93%) completed assessments both at posttreatment and 6-month follow-up assessments. No differences in the trajectories of predicted means were found between the experimental groups (CET group and app) compared with aftercare as usual on drinking and craving outcomes over time. Both CET group (predicted mean difference 5.99, SE 2.59,  $z=2.31$ ,  $P=.02$ ) and the CET app (predicted mean difference 4.90, SE 2.26,  $z=2.31$ ,  $P=.02$ ) showed increased use of USCS compared to aftercare as usual at posttreatment, but this effect was reduced at the 6-month follow-up. No differences were detected between the two experimental CET groups on any outcomes.

**Conclusions:** CET with USCS delivered as aftercare either via group sessions or a mobile phone app did not increase the effectiveness of primary treatment. This suggests that CET with USCS may not be an effective psychological approach for the aftercare of individuals treated for AUD.

**Trial Registration:** ClinicalTrials.gov NCT02298751; <https://clinicaltrials.gov/ct2/show/NCT02298751>

(JMIR Mhealth Uhealth 2019;7(8):e13793) doi: [10.2196/13793](https://doi.org/10.2196/13793)

**KEYWORDS**

alcohol use disorder; aftercare; cue exposure therapy; cognitive behavior therapy; randomized controlled trial; mobile phone app

# Lessons learned

- ▶ Det er vanskeligt at rekruttere deltagere til efterbehandling
- ▶ Der er brug for en meget stor stikprøve eller effekt for at detektere en sådan i en velbehandlet sample
- ▶ Effekt?
- ▶ Sub-analyser af data (patienter med trang, svær afhængighed, anvendelsen af medicin etc..)
- ▶ Behov for at augmentere effekten af eksisterende behandling og implementere (visse) digitale løsninger som add-on behandling

# Hyper opmærksom vs. hypo opmærksom på alkohol?

- ▶ Automaticerede og ubevidste kognitive processer + tilbagefald
- ▶ Eksponeringsterapi vs. Opmærksomhedstræning (attentional bias træning/attentional control training)



# Project attention control: a randomized controlled trial of gamified attentional control training for treating alcohol use disorder

## Nye studier baseret på digitale løsninger

- Double-blinded RCT, der vil undersøge effekten af at reducere automatisk opmærksomheds bias som supplement til konventionel behandling.
- Gamificeret version af træningsprogrammet - mere "engaging" end traditionelle computerbaserede versioner, og dermed formentlig større effekt.
- 317 patienter rekrutteres og randomiseret til: A) gamified ACT smartphone application + treatment as usual (TAU); B) gamified ACT sham-control application + TAU; eller C: only TAU.
- Gruppe A og B gennemfører mindst syv sessioner af 10-15 minutters varighed.
- Patienterne vil blive udredt for alkoholindtag, trang, attentional, action-tendency and inhibition bias etc.. før behandling, efter behandling samt fulgt op 3- and 6-måneder efter behandling.
- Hypotesen er at gruppe A vil opnå bedre behandlingsudfald end gruppe B og C.





# Tak for jeres opmærksomhed!

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