Brief advice reduced drinking in nondependent problem drinkers


Objective
To determine the effectiveness of brief advice given by primary care physicians to problem drinkers.

Design
1-year randomized controlled trial (Trial for Early Alcohol Treatment [TREAT]).

Setting
17 community clinics in Wisconsin, USA, comprising primary care practices of 64 general internists and family physicians.

Patients
Of 17,695 patients screened, 2925 had a drinking problem and 1705 were interviewed by a researcher to determine eligibility. Screening yielded 774 patients who were 18 to 65 years of age (62% men) and drank >14 alcoholic drinks/wk (11 drinks/wk for women). Exclusion criteria were pregnancy, alcohol treatment in the previous year, symptoms of alcohol withdrawal in the past 12 months, receipt of physician advice to change alcohol use in the past 3 months, consumption of >50 drinks/wk, or reported symptoms of suicide. 12-month follow-up was 93%.

Intervention
Patients were allocated to a brief physician advice intervention group (n = 392) or to a control group (n = 382). Patients allocated to the intervention group had two 15-minute sessions with their physician 1 month apart, during which they received feedback about their current health behaviors, a review of the prevalence of problem drinking and adverse effects, a list of drinking cues, a drinking agreement, and drinking diary cards. A follow-up telephone call from the clinic nurse was made 2 weeks after each visit. Patients in the control group received a booklet on general health issues.

Main outcome measures
Changes in alcohol use (previous 7-d use, binge drinking, and excessive drinking), health care utilization, and changes in health status measures (smoking status, depression, motor vehicle accidents, and unintentional injuries) at 6 and 12 months.

Main results
Reductions in alcohol use were greater in patients who received the intervention than in patients in the control group. At 12 months, the mean number of drinks in the previous week was 11.48 in patients who received the intervention compared with 15.46 in patients in the control group (P < 0.001). The number of binge-drinking episodes in the previous month also decreased to a greater extent in the intervention group (46% reduction) than in the control group (21% reduction). Patients who received the intervention reported fewer days of hospitalization (91 vs 146 d, P < 0.001). Changes in health status did not differ between groups.

Conclusions
An intervention program involving brief physician advice to nondependent problem drinkers reduced alcohol use. The reduction was maintained at 12 months.

References
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doi: 10.1136/ebm.1997.2.183

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