

Introduktion til digitale behandlingsmetoder og effekten heraf i et forskningsperspektiv

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Hvor giver det mening at bruge digitale løsninger i behandling for alkoholafhængighed?

- Til synliggørelse af behandlingsmuligheder
- Til øgning af opmærksom på egne, uhensigtsmæssige alkoholvaner
- Til nem adgang til behandling
- Til at skabe et fleksibelt behandlingsforløb
- Som element i behandlingen
- Til brug for (genop-) træning
- Som bibliotek og ekstern hukommelse

Synliggørelse af behandlingsmuligheder

The screenshot displays the Jellinek website interface. At the top, there are two browser tabs: one for 'https://alkoholsamfund.dk/' and another for 'https://www.jellinek.nl/english/'. The main header features the 'RING TIL OS' logo on the left, the 'Alkohol Samfund' logo in the center, and the 'Jellinek' logo on the right. A search bar labeled 'Trefwoord' is positioned in the top right corner. Below the header is a red navigation bar with the following menu items: 'Alcohol- & drugsinfo', 'Voorlichting & training', 'Behandeling', 'Naasten', 'Verwijzers', and 'Over Jellinek'. The main content area is dominated by a large blue circular graphic with the text 'Met mijn verslaving ga ik naar Jellinek'. To the right of this graphic is a 'Afspraak maken' (Make an appointment) button with a sub-button 'Meld je aan voor een intake' (Sign up for an intake). Below this are two more buttons: 'Welke behandeling past bij me?' (Which treatment suits me?) and 'Nieuws coronavirus' (Coronavirus news). A grid of portraits of diverse individuals is visible in the background. Below the main banner, a blue bar reads 'Home » Jellinek, your expert on alcohol, drugs and addiction'. On the right side, there is a 'Deel jouw ervaring' (Share your experience) button. The main content area includes a section for 'Information for tourists' with sub-links for 'Drugs', 'Am I addicted?', 'Drugs in the brain', 'Families and parenting', and 'Drugs in the body'. A news article titled 'Nyt borgerforsl årsgrense for s' (New proposal for annual limit for s) is dated 12. november 2020. The article text reads: 'Danske unge er europ borgerforslag til Folke indføres en 18-årsgre alkohol. Alkohol & Sar'. At the bottom, a cookie consent banner states: 'We gebruiken cookies om er zeker van te zijn dat je onze website zo goed mogelijk beleeft. Als je deze website blijft gebruiken gaan we ervan uit dat je dat goed vindt.' with 'Oké' and 'Lees meer' buttons.

Øgning af opmærksom på egne, uhensigtsmæssige alkoholvaner

→ ↻ alkologsamfund.dk/alkolinjen/alkoholraadgivning-paa-telefon-og-online/tag-vores-alkoholtest



RING TIL OS



CHAT MED OS



TAG ALKOTESTEN



STØT OS

tjekdine alkoholvaner

Introduktion

Dette er en fortrolig og anonym hjemmeside med oplysninger og råd om alkohol og sundhed. Du kan tjekke, hvor meget du drikker for at se, om du er, hvad angår alkoholindtagelse, og hvad det betyder for dit helbred.

Du kan også holde styr på, hvor meget du drikker over tid og tjekke dit generelle helbred.

Tjekdinealkoholvaner giver dig en udførlig og personlig oversigt over, hvor meget du drikker, og giver dig desuden masse oplysninger om alkohol. Alt, hvad du fortæller her, er fortroligt og anonymt og ingen personlige oplysninger bliver nogensinde videregivet til andre.

[Alkolinjen](#) » [Alkoholrådgivning på telefon og online](#)

Tag vores alkoholtest

Testen bruges af læger og alkoholbehandlere i hele verden, fordi den giver et nuanceret billede af både dit forbrug og drikkevaner. Testen er udviklet af WHO, og den er anbefalet af Sundhedsstyrelsen.

Svar på 12 spørgsmål herunder og få dine resultater, samt konkrete råd til dine drikkevaner.

Hvilket køn er du?

A Mand

B Kvinde

Spørgsmål 1 af 12



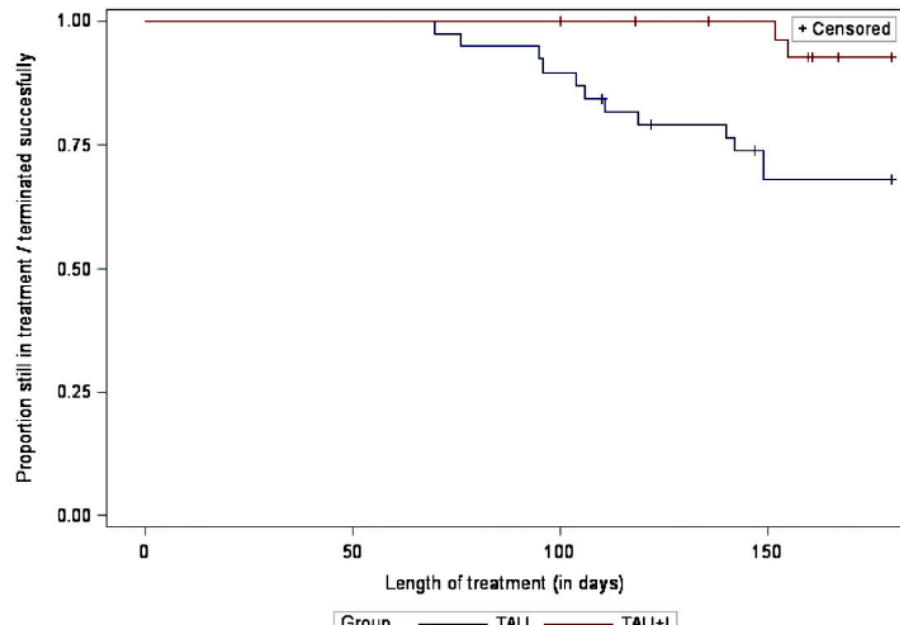
Blend-A

The screenshot shows a web application interface for 'Region Syddanmark' focused on 'Internetbaseret alkoholbehandling Kolding'. The top navigation bar includes 'Admin', 'Klienter' (with a notification badge), 'Bibliotek', and 'Beskeder'. A search bar for clients is present. Below the navigation, the breadcrumb path is 'Internetbaseret alkoholbehandling Kolding > Bibliotek'. A sidebar on the left lists content types: 'Alle elementer', 'Hyperlink', 'YouTube-video', 'Dokument', 'Billede', 'Audio', and 'Video'. The main content area is titled 'Mest populære' and features a search bar for library elements. Six resource cards are displayed: 'Afslapningsøvelser' (relaxation exercises), 'Følelser og ubehag' (feelings and discomfort), 'Selvhjælpsgrupper' (self-help groups), 'Viden om alkohol' (knowledge about alcohol), 'Patientoplevelser' (patient experiences), and 'Rådgivning' (counseling).

Skabe et fleksibelt behandlingsforløb

Videokonferenz

Figure 2. Primary outcome: premature dropout; survival curves ($P=.008$; successful terminations censored), by randomization group ($N=71$; treatment as usual [TAU] group: $n=39$; treatment as usual with add-on intervention [TAU+I] group: $n=32$).



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Blend-A velkomstmodul

 Velkommen til Blend-A
Rådighed

 På vej mod en ny start
Rådighed

 Støtte fra dit sociale netværk
Rådighed

 Test din viden om alkohol
Rådighed

 Spørgsmål og kontakt
Rådighed



UDFYLD

Behandlingsfase 2 alkohol

Forberedelse til forandring
Trin 1

Rådighed

Mål og teknikker til selv-kontrol
Trin 2

Rådighed

Liste over risikosituationer for alkoholforbrug
Trin 3

Rådighed

Funktionsanalyse og nødplan
Trin 4

Rådighed

Håndtere trang
Trin 5

Rådighed

Ændring af tanker
Trin 6

Rådighed

Afslå tilbud om alkohol
Trin 7

Rådighed

Afslå tilbud om alkohol og evaluering
Trin 8

Rådighed

Midtvejsevaluering og bestemme udvalgte temaer
Trin 9

Rådighed

Karify Support



Skrivebord Bibliotek

Mine kontakter

 Johan Rasmussen

Oversigt Valgfrit tema alkohol

Valgfrit tema alkohol

-  Sociale færdigheder: Small talk
Rådighed
-  Sociale færdigheder: Håndtering af kritik
Rådighed
-  Sociale færdigheder: Give kritik
Rådighed
-  Håndtere et dystert og nedtrykt humør
Rådighed
-  Håndtere stress
Rådighed
-  Løse problemer effektivt
Rådighed
-  Håndtere tilbagefald
Rådighed

Karify Support

Element til understøttelse af behandling

Aplan - Ny app som supplement til alkoholbehandling

Novavis app bruges primært som supplement til vores gratis alkoholbehandling. Den kan findes i Apple store og google play.



Cue Exposure therapy

JMIR MHEALTH AND UHEALTH

Mellentin et al

Original Paper

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

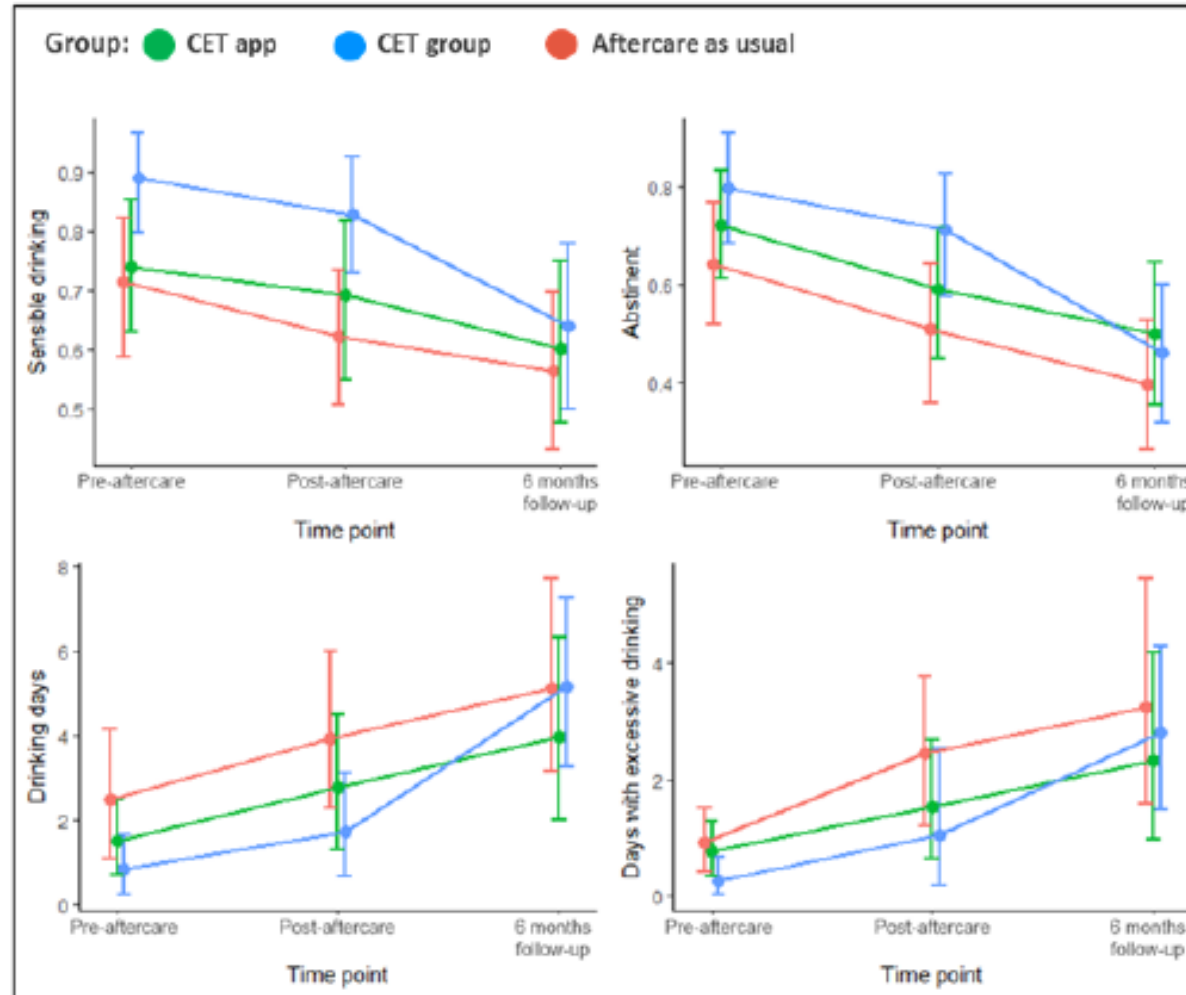
Angelina Isabella Mellentin^{1,2,3}, PhD; Bent Nielsen¹, MD, PhD; Anette Søgaard Nielsen^{1,2}, PhD; Fei Yu⁴, PhD; Anna Mejdal¹, MSc; Dorthe Grüner Nielsen¹, MD; Elsebeth Stenager^{2,3}, MD, PhD

¹Unit for Clinical Alcohol Research, Unit for Psychiatric Research, Department of Clinical Research, University of Southern Denmark, Odense Center, Denmark

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³Unit for Psychiatric Research, Institute of Regional Health Services Research, University of Southern Denmark, Aabenraa, Denmark

Figure 2 . Primary outcomes by group allocation over time among individuals receiving cue exposure therapy (CET) as group aftercare or as a mobile phone app, or aftercare as usual.



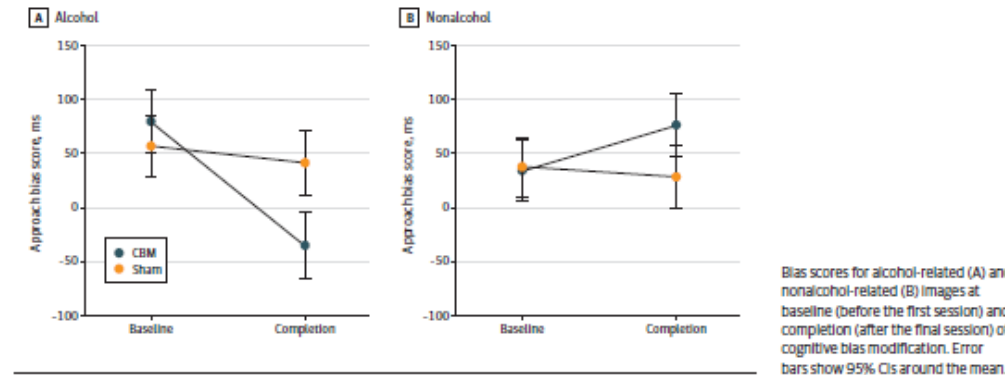
(Genop-) træning



Effect of Cognitive Bias Modification on Eas Undergoing Inpatient Alcohol Withdrawal A Randomized Clinical Trial

Victoria Manning, PhD; Joshua B. B. Garfield, PhD; Petra K. Stalger, PhD; Dan I. Lubmar Jarrad A. G. Lum, PhD; John Reynolds, PhD; Kate Hall, DPsych (Clin); Yvonne Bonomo, Martyn Lloyd-Jones, FACHAM; Reinout W. Wiers, PhD; Hugh Piercy, BA; David Jacka, FACHAM; Antonio Verdejo-Garcia, PhD

Figure 2. Mean Approach Bias Scores for Alcohol-Related and Nonalcohol-Related Images



Bias scores for alcohol-related (A) and nonalcohol-related (B) images at baseline (before the first session) and completion (after the final session) of cognitive bias modification. Error bars show 95% CIs around the mean.

abstinence. Group was again a significant predictor (OR, 1.938; 95% CI, 1.130-3.322; $P = .02$) but not approach bias change score (OR, 1.000; 95% CI, 0.999-1.001; $P = .78$). Thus, we did not proceed to path analysis comparing the mediating path (group to change score to abstinence) to the direct path (group to abstinence).

Analysis of single-item craving ratings taken before and after each training session are presented in the eResults in Supplement 2. We found that CBM did not acutely increase craving and slightly reduced craving between pre-session and post-session ratings relative to sham training (eTable 2 in Supplement 2). Analyses of participants' subjective ratings of how interesting the training task was and whether they felt it affected their craving and attention showed similar ratings between groups (eFigure in Supplement 2). Exploratory analyses testing whether treatment site ($P = .47$), sex ($P = .84$), age ($P = .97$), or SADQ score ($P = .14$) moderated the effect of CBM on the primary outcome are provided in the eResults in Supplement 2.

Discussion

To our knowledge, this was the first fully powered randomized clinical trial of CBM during inpatient alcohol withdrawal. Consistent with our feasibility pilot study findings, CBM significantly increased the likelihood of abstinence in the first 2 weeks following discharge relative to a sham-training control condition. The rate of abstinence was increased by 11.9% in the intention-to-treat analysis or by 17.0% if all 4 sessions were completed. Our replication of the pilot trial's findings regarding efficacy⁶ is particularly important in light of the current replicability crisis, whereby many published findings fail to replicate owing to low statistical power and a lack of open science practices (eg, registration of protocols).²¹ This finding adds further weight to the growing body of evidence supporting the clinical efficacy of CBM as an adjunctive treatment for AUD.^{6,12-14}

Until now, the efficacy of CBM has been established only during postwithdrawal rehabilitation treatment,¹²⁻¹⁴ yet most

patients undergoing withdrawal do not proceed to longer-term residential rehabilitation.²² This trial shows that, when delivered during withdrawal, CBM can prevent relapse during the highly vulnerable postdischarge phase, as patients transition from a protective inpatient environment to the community where they are bombarded with visual, auditory, and olfactory alcohol cues that trigger craving. The finding that more than half of the control group relapsed during the 2-week follow-up period illustrates the need to examine short-term effects of postwithdrawal relapse prevention interventions. It is necessary to prevent early relapse so that patients are more likely to engage in and reap greater benefit from ongoing psychosocial treatment and aftercare. This factor is particularly important because relapse often necessitates subsequent inpatient withdrawal treatment episodes, which are not only costly but potentially harmful in terms of exacerbating cognitive impairment.²³⁻²⁵

In line with previous trials,^{12,14} we also observed a significantly greater reduction in alcohol approach bias (ie, the targeted mechanism) in the CBM group relative to controls. Cognitive bias modification, but not sham training, shifted the approach bias to an avoidance bias. However, pretraining approach bias did not moderate the effect of CBM on abstinence, nor did reduction in alcohol approach bias mediate the effect. Only 1 of the 3 large-scale alcohol CBM studies¹²⁻¹⁴ has demonstrated moderation and mediation.¹² The question therefore remains as to whether change in approach bias is actually the mechanism by which CBM leads to abstinence. The low internal consistency of the approach bias measure may have impeded detection of mediation, and use of more reliable measures is recommended for future mediation tests. Regardless, the absence of mediation should not preclude the adoption and implementation of CBM given its demonstrated efficacy. There are numerous examples in which effective treatments are routinely provided despite their mechanisms of action not being fully understood (eg, lithium,²⁶ electroconvulsive therapy,²⁷ and acamprosate⁸).

Another observation that could inform the design of future CBM programs was the significant increase in approach bias toward nonalcohol-related cues among the CBM group,

Gamificerede tiltag...

Bibliotek og ekstern hukommelse

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Tak til:

TrygFonden

Psykiatrien i
Region Syddanmark

