

Behandlingsmål – hvad er der dokumentation for?

Professor Anette Søgaard Nielsen, Enheden for Klinisk Alkoholforskning, SDU

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Jeg vil komme ind på:

- Lidt om historien
- Effekt-mål af behandling, når man laver forskning
- Alternative effektmål af behandling
- Perspektiverne i alternativer til afholdenhed
- Mål, når man taler om mål for behandling

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HISTORIEN



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Der var engang....

- Diskussionen i forskningsverdenen
- Det allerførste Vingstedmøde
- Antabus' rolle
- Konflikten mellem Minnesotabehandling og fx Kognitiv adfærdsterapi

tems that naturally led to a consideration of goals other than abstinence. Neither Lazarus nor Bandura seems to have been affected by Davies's work. Rather, they were simply applying a learning theory paradigm to the explanation of behavior. Their writings had a very substantial influence on our research.

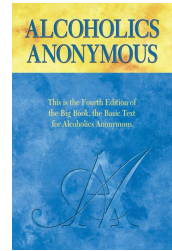
In summary, Davies's 1962 study, while important, was just one of several key factors that at the time combined to suggest that research on alternatives to abstinence should be conducted.

MARK B. SOBELL & LINDA C. SOBELL
*Clinical Research and Treatment Institute,
 Addiction Research Foundation,
 33 Russell Street,
 Toronto, Ontario, Canada, M5S 2S1*

References

- BANDURA, A. (1969) *Principles of behavior modification* (New York, Holt, Rinehart & Winston).
 DAVIES, D. L. (1962) Normal drinking in recovered alcohol addicts, *Quarterly Journal of Studies on Alcohol*, 23, pp. 94–104.

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**Kontrolleret forbrug er anti-tesen
af det første trin i AA:
“Vi erkendte, at vi er magtesløse
overfor alkohol”**

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**EFFEKT-MÅL AF BEHANDLING, NÅR MAN
LAVER FORSKNING**

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De officielle anbefalinger

For mennesker med alkoholafhængighed (ICD10: F10.2) er komplet afholdenhed det primære mål. For mennesker, der ikke er i stand til eller ønsker komplet afholdenhed, er målet at reducere alkoholbrugen (tid, kvantitet, hyppighed).

Strength of Recommendation: A
LoE: 1a
References: e.g. NICE (2011);
Consensus: 100%



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Hvor effektiv er behandling i det hele taget?

How Effective Is Alcoholism Treatment in the United States?*

WILLIAM R. MILLER, PH.D., SCOTT T. WALTERS, M.A., AND MELANIE E. BENNETT, PH.D.

Department of Psychology, University of New Mexico, Albuquerque, New Mexico, 87131-1161

ABSTRACT. *Objective:* Following in the footsteps of several prior attempts, this review seeks a meaningful and data-based answer to the common question of how people fare, on average, after being treated for alcoholism (broadly defined as alcohol use disorders). *Method:* Findings from seven large multisite studies were combined to derive estimates of the average effectiveness of alcoholism treatment. To provide

problems. During this period, mortality averaged less than 2%. The remaining clients, as a group, showed substantial improvement, abstaining on 3 days out of 4 and reducing their overall alcohol consumption by 87%, on average. Alcohol-related problems also decreased by 60%. *Conclusions:* About one third of clients remain asymptomatic during the year following a single treatment event. The remaining two thirds show

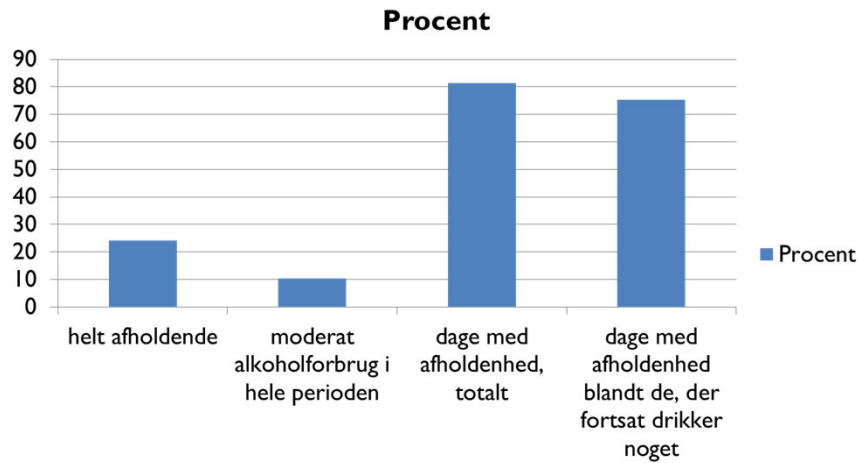
J. Stud. Alcohol **62**: 211-220, 2001)



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12 måneder efter behandlingsstart



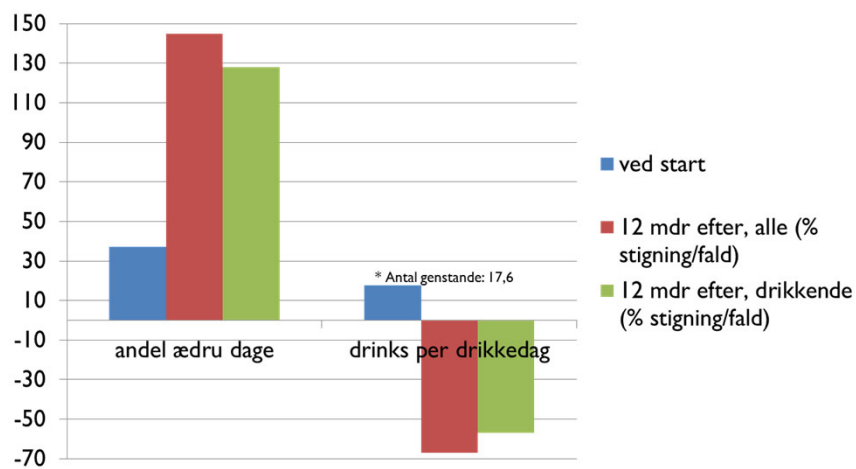
J. Stud. Alcohol 62: 211-220, 2001)

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Ændring fra før behandling til 12 måneder senere



J. Stud. Alcohol 62: 211-220, 2001)

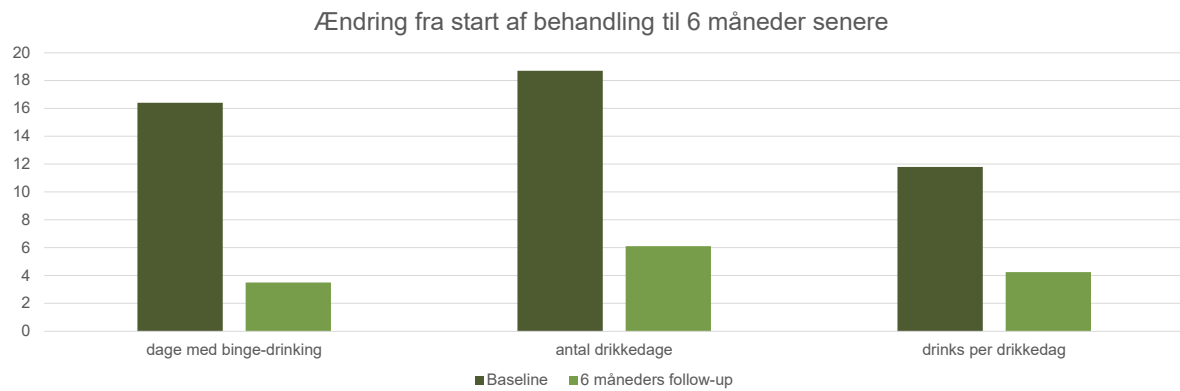
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Data fra Self-Match-studiet

(inkluderet: 402 konsekutive patienter)



Hell, Miller, Nielsen, Mejdal, Søgaard Nielsen.
[Drug and Alcohol Dependence 221 \(2021\) 108587](#)



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ADDICTION

SSA SOCIETY FOR THE
STUDY OF
ADDICTION

REVIEW

doi:10.1111/add.15329

Controlled drinking—non-abstinent versus abstinent treatment goals in alcohol use disorder: a systematic review, meta-analysis and meta-regression

Jonathan Hensler^{1,2}, Martin Müller^{3,4}, Helena Carreira⁵, Tom Bschor⁶, Andreas Heinz² & Christopher Baethge¹

Department of Psychiatry and Psychotherapy, University of Cologne Medical School, Cologne, Germany,¹ Department of Psychiatry and Psychotherapy, Charité Campus Mitte, Charité Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin, Humboldt-Universität zu Berlin and Berlin Institute of Health, Berlin, Germany,² Department of Emergency Medicine, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland,³ Institute of Health Economics and Clinical Epidemiology, University Hospital of Cologne, Cologne, Germany,⁴ Department of Non-Communicable Disease Epidemiology, Faculty of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, London, UK⁵ and Department of Psychiatry and Psychotherapy, Technical University Dresden, Dresden, Germany⁶



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Per group analyses

| | AB oriented group | | CD oriented group | | In favor of | NNT | n studies |
|--|-------------------|-------------|-------------------|-------------|-------------|-----|-----------|
| | Success rate | 95%-CI | Success rate | 95% CI | | | |
| Worst case analysis | 44.1% | 30.3%–58.9% | 34.0% | 25.7%–43.3% | AB | 9 | 13 |
| CD goal within low-risk limits, goal-specific treatment intervention | 39.9% | 24.7%–57.2% | 36.1% | 28.5%–44.4% | AB | 16 | 9 |
| Goal-specific treatment intervention, low risk of bias (non-RCT) | 37.6% | 13.0%–70.9% | 39.2% | 33.8%–44.9% | CD | 63 | 4 |

RCT = randomized controlled trial; OR = odds ratio; CI = confidence interval; NNT = number needed to treat; AB = abstinence; CD = controlled drinking.



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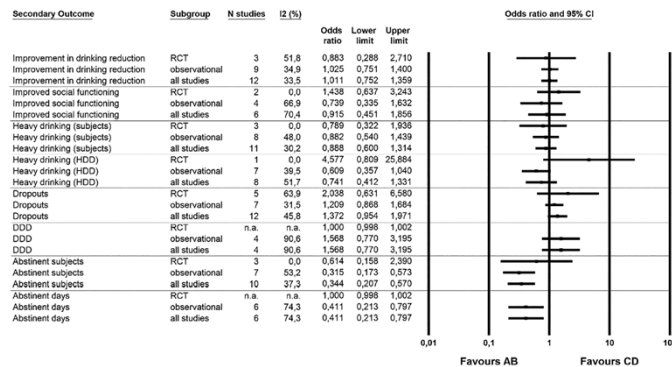


Figure 3 Secondary outcomes (separate document)



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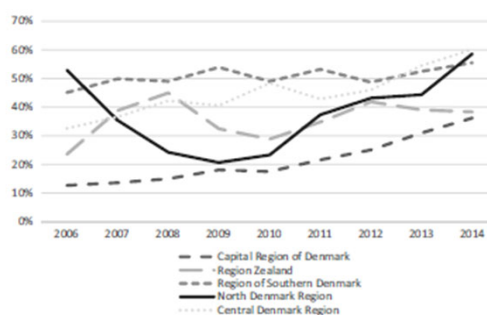
ALTERNATIVE EFFEKT MÅL AF BEHANDLING

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Planlagt udskrivning fra behandling – i enighed mellem behandler og patient

Fig. 4 Percentage of successful discharges from a alcohol treatment centers



Schwarz, Nielsen & Søgaard Nielsen. Journal of Public Health 2017

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Ændringer i WHO-risiko niveauer

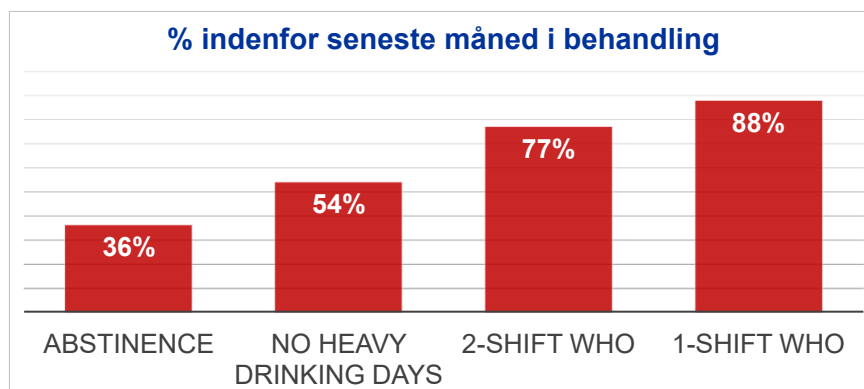
2-trin ned i risiko-niveau
Skift til lavrisiko-niveau

| Forbrug, kategorier | TAK (g/day) men | TAK (g/day) women |
|----------------------------|-----------------|-------------------|
| Very high-risk consumption | >100 g | >60 g |
| High-risk consumption | 60–100 g | 40–60 g |
| Medium-risk consumption | 40–60 g | 20–40 g |
| Low-risk consumption | 1–40 g | 1–20 g |

TAK=total alkohol konsumtion;
WHO = World Health Organisation

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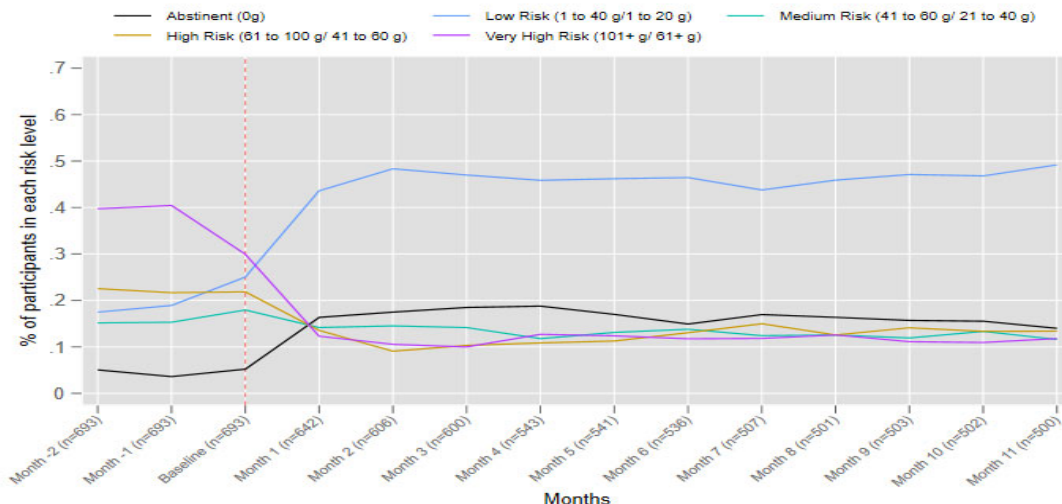
Flere patienter opnår 1- and 2- reduction i WHO-risikoniveauer end andre 'endepunkter' for behandling



Witkiewitz K et al., ACER 2018

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Ændring i WHO Risk levels over tid

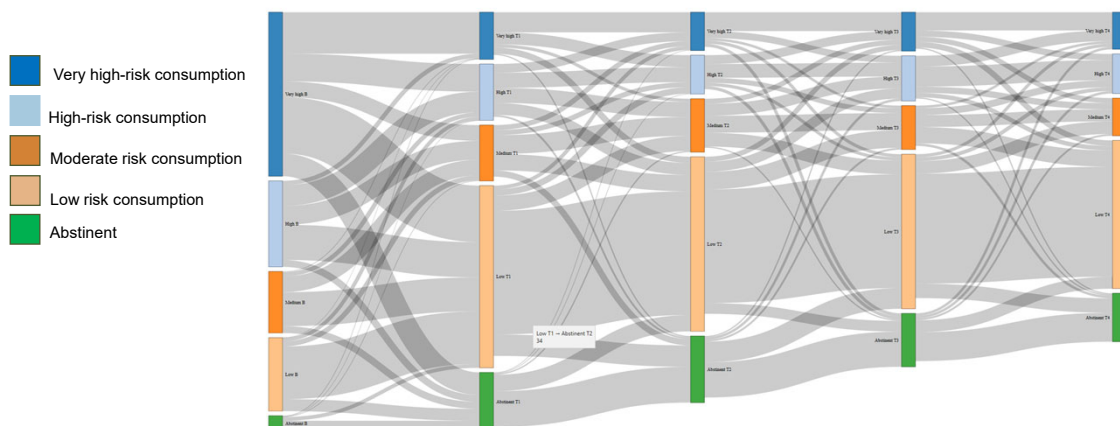


Mejldal A, Andersen K, Behrendt S, Bilberg R, Bogenschütz M, Braun B, Bühringer G, Nielsen AS. Treatment of seniors suffering from alcohol use disorders: WHO Drinking Risk Levels Reductions following treatment and their relation to quality of health and DSM-5 symptoms. Alcoholism: Clinical and Experimental Research. 2021; 45:3:638-649. DOI: 10.1111/acer.14562



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Patienterne flow gennem risiko-niveauerne



Mejldal A, Andersen K, Behrendt S, Bilberg R, Bogenschütz M, Braun B, Bühringer G, Nielsen AS. Treatment of seniors suffering from alcohol use disorders: WHO Drinking Risk Levels Reductions following treatment and their relation to quality of health and DSM-5 symptoms. Alcoholism: Clinical and Experimental Research. 2021; 45:3:638-649. DOI: 10.1111/acer.14562

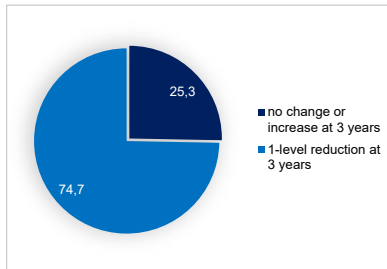


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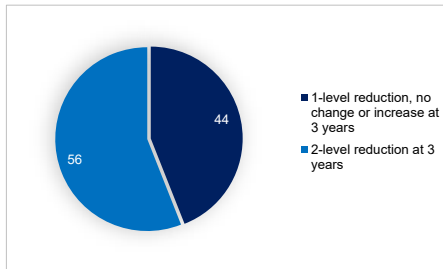
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Stability of WHO risk level reductions up to 3 years post-treatment (Match)

Achieved 1-level reduction at end of treatment (80,5%)



Achieved 2-level reduction at end of treatment (62,6%)



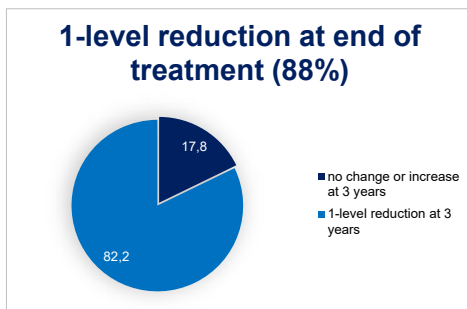
Witkiewitz et al., J Gen Intern Med, 36(2):404–12, 2020



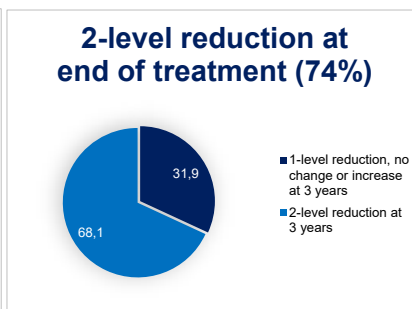
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Stability of WHO Risk Level Reductions up to 3 Years Post-Treatment (COMBINE)

1-level reduction at end of treatment (88%)



2-level reduction at end of treatment (74%)

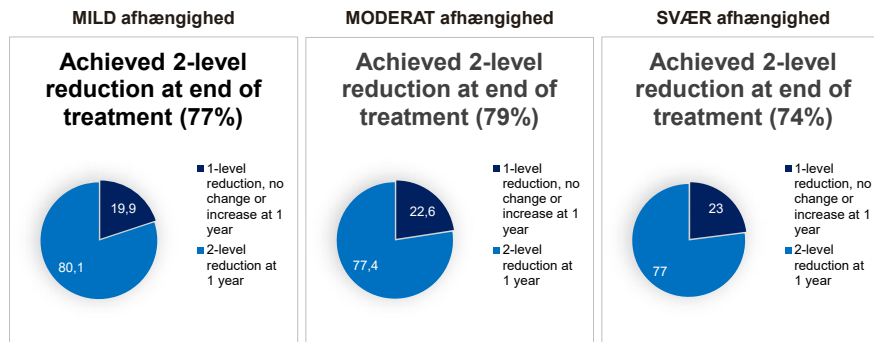


Witkiewitz et al., J Gen Intern Med, 36(2):404–12, 2020



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Stabilitet i reduktion af WHO risikoniveau ét år efter afsluttet behandling i forhold til grad af afhængighed (COMBINE)



Witkiewitz K et al., *Addiction* 2020



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Ændringer i WHO-risiko niveauer

1- og 2-niveaurs reduktion er forbundet med ...

- Reduceret dødelighed (*Hasin et al., 2017, Lancet*)
- Reduceret risiko for angst og depression (*Knox et al., 2018b, ACER*)
- Reduceret risiko for alkoholproblemer og leversygdom (*Knox et al., 2018, ACER*)
- Reduceret risiko for stofafhængighed (*Knox et al., 2019, Drug & Alcohol Dep*)
- Reduceret risiko for hjerte-karsygdom (*Knox et al., 2020*)
- Forbedret socialt funktionsniveau (*Witkiewitz et al, J Gen Intern Med, 2020*)
- Forbedret livskvalitet (*Witkiewitz et al, J Gen Intern Med, 2020*)



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Konklusioner

- WHO 1 og 2 niveaues reduktion er associeret med store, signifikante forbedringer i:
 - Konsekvenser af alkoholbrug, systolisk blodtryk, levertal, psykisk helbred, funktionsniveau og livskvalitet blandt i kliniske grupper
- WHO 1 og 2 niveaues reduktion er stabile over tid (op til 3 år) og sammenlignelige med afholdenhed, når man sammenligner en stribe funktionsniveauer og fysiske effekter
- Fundene er ikke drevet af andelen af afholdende, - og konsistente over sværhedsgrader af afhængighed

Konklusion: reduktion i WHO risikoniveauer giver god klinisk gevinst af behandling



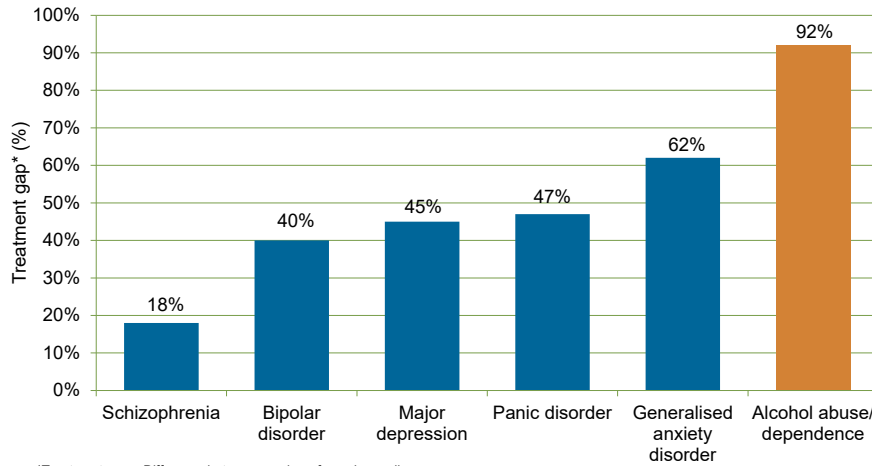
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PERSPEKTIVERNE I AT INKLUDERE ALTERNATIVER TIL AFHOLDENHED



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Behandlingsgab indenfor psykiatriske lidelser (Europa)



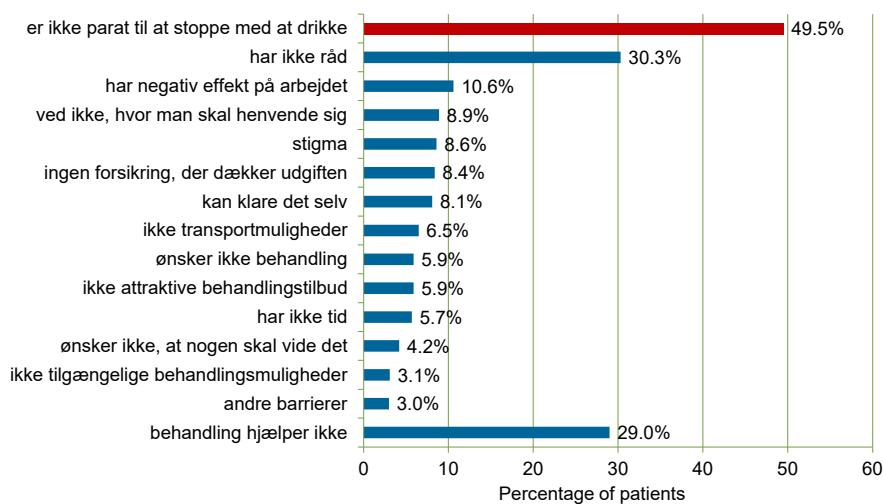
*Treatment gap = Difference between number of people needing treatment for mental illness and number of people receiving treatment

Kohn et al. Bull World Health Organ 2004; Grant et al. 2015



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Hvorfor har folk ikke søgt behandling det seneste år? (fordelt på personer over 12 år, som har behov for behandling eller oplever at have behov for det: 2009 to 2012)



SAMHSA, 2013, Results from the 2012 National Survey on Drug Use and Health



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Folk påbegynder behandling med varierende grad af parathed til afholdenhed:

Ikke parat til at blive afholdende

Parat, villig og i stand til at blive afholdende

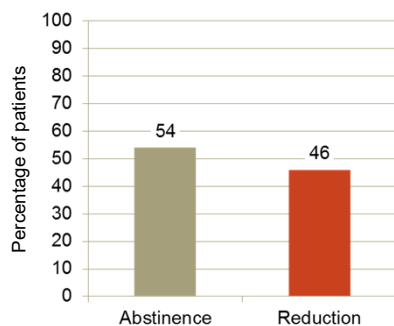
Ikke i stand til at blive afholdende, selv ikke ved hjælp af 'afrusning'

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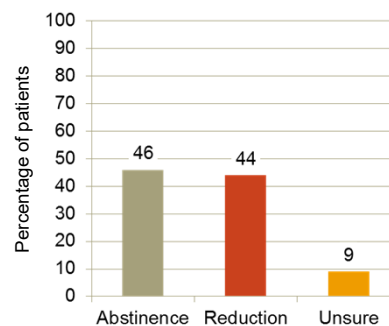
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Hvad ønsker folk?

UKATT: 742 patients seeking help for alcohol problems¹



Canada: 106 patients with chronic alcoholism²



1. Heather et al. Alcohol Alcohol 2010;45(2):128–135;
2. Hodgins et al. Addict Behav 1997;22(2):247–255

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Hvordan ser det ud i Danmark?

Table 1. Demographics and baseline data.

| | Participants with onset before age 60 (n = 205) | Participants with late-onset equal to or older than 60 years (n = 56) | Significance level |
|---|---|---|--------------------|
| Demographics | | | |
| Male | 63% | 55% | p = 0.272 |
| Current age Mean (SD) | 64.3 (3.6) | 68.5 (4.5) | p < 0.001* |
| Currently married or living together with a partner | 42.4% | 46.4% | p = 0.593 |
| Married ≥ 25 years ² | 47.1% ^a | 70.8% ^b | p = 0.004* |
| Annual income Mean (SD) | 416,295 (889,787) ^c | 338,666 (169,914) ^b | p = 0.549 |
| Annual income under 300,000 crowns ¹ | 50% | 60.4% ^b | p = 0.198 |
| Retired | 57.1% | 87.5% | p < 0.001* |
| High education level (> Bachelor-degree) | 13.8% ^d | 11.1% ^e | p = 0.605 |
| Treatment related to AUD | | | |
| Previous treatment history | 71.2% | 42.9% | p < 0.001* |
| Age indicated for onset of AUD Mean (SD) | 40.6 (12.0) | 64.1 (4.5) | p < 0.001* |
| Goal for treatment | | | |
| 1) Controlled use of alcohol ^f | 50.5% ^b | 57.1% | p = 0.380 |
| 2) Be totally abstinent from all alcohol use and make a new decision ^g | 18.2% ^b | 32.1% | p = 0.024* |
| 3) Total abstinence ^h | 31.3% ^b | 10.7% | p = 0.002* |
| Motivation for changeⁱ | | | |
| 1) Important to change Mean (SD) | 8.8 (2.2) | 9.0 (1.8) | p = 0.854 |
| 2) Confident to make changes Mean (SD) | 7.5 (2.3)* | 7.6 (2.0) | p = 0.387 |
| 3) Readiness to make changes Mean (SD) | 9.0 (1.8)* | 9.0 (1.8) | p = 0.484 |
| Use of alcohol | | | |
| DDD Mean (SD) | 10.9(5.6) | 9.6(5.0) | p = 0.486 |
| PDD | 63.1% | 62.2% | p = 0.378 |

DDD = drinks per drinking days; PDD = per cent drinking days in the last 90 days before baseline.

¹The median for annual income is 300,000 crowns, and solely as a distribution point in annual income ≤ 300,000 crowns.

²The median for currently married or living together with a partner is 25 years, and it is used as a distribution point in married ≥ 25 years.

³Score from 0–10, and 10 identified a high motivation for changes.

⁴Including questions number 2 and 4 from the Thoughts about alcohol abstinence scale.

⁵Including questions number 3 from the Thoughts about alcohol abstinence scale.

⁶Including question number 5 and 6 from the Thoughts about alcohol abstinence scale.

⁷reaches significance at $\alpha = .05$.

⁸N = 46 missing, ⁹N = 7 missing, ¹⁰N = 21 missing, ¹¹N = 2 missing, ¹²N = 1 missing.

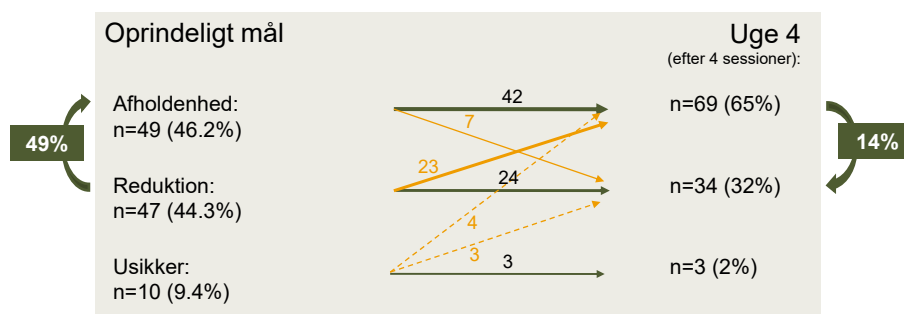
Emilussen J, Andersen K, Nielsen AS, Braun B, Bilberg R. What do elderly problem drinkers aim for? Choice of goal for treatment among elderly treatment seeking alcohol dependent patients.

Nordic Journal on Alcohol and Drugs, 2019, <https://doi.org/10.1177/1455072519852852>.



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Mål i starten og ændring efter 4 uer

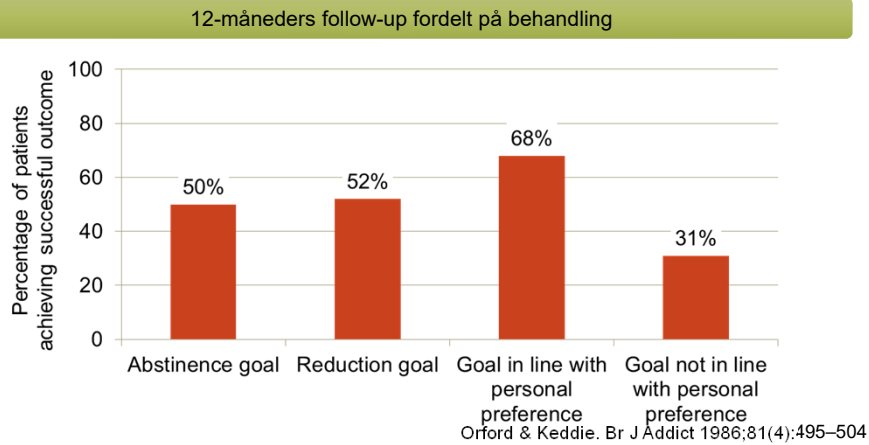


Hodgins et al. Addict Behav 1997;22(2):247–255



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Patientinvolvering i målsætning



Når patienter kan sætte deres egne mål, er det mere sandsynligt, at udbyttet af behandling er succesfuldt

MÅL, NÅR MAN TALER OM MÅL FOR BEHANDLING

To typer mål i en behandlingsplan:

Overordnede mål:

Skal være så vigtigt for borgeren, at han/hun også med forhindringer undervejs kan holde det for øje – værdibaserede personlige mål

Handler ikke nødvendigvis om alkohol – indkredses ved spørgsmål som, "Hvad vil du gerne nå med ...?", "Hvorfor er det vigtigt for dig....?"

Både effekt her-og-nu og på lang sigt.

Specifikke mål:

Skridtene på vejen til målet. De specifikke mål skal være konkrete, overkommelige og realiserbare for borgeren

Handler oftest om alkohol – og kan være afholdenhed eller reduktion



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Planen..

Beskrivelse af mål på lang sigt – værdibaserede og attraktive mål

Beskrivelse af mål på kort sigt – specifikke mål

Elementer i planen:

1. Aftaler og hvem, der er ansvarlig
2. Indsatser
3. Tidshorisont
4. Løbende status, evaluering og revidering af både plan og mål

Overordnet fokus:

De ædru perioder skal være mere attraktive end drikkende perioder



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Konklusion: Hvad er der dokumentation for?

Afholdenhed er (trods alt) det sikreste og det sundeste – hvis man kan magte det og hvis det ædru liv er mere attraktivt end livet med reduceret alkoholforbrug.

Det er bedre at acceptere reduktion som mål, end at forsøge at presse borgeren til et mål om afholdenhed, som han ikke kan identificere sig med

Det langsigtede mål tages sjældent fra starten, men besluttes over tid

Reduktion af drikkeriet er rimeligt stabilt over tid og efter endt behandling, selv for svært afhængige

Rent praktisk:

Alkoholmål kan deles op i bidder

Alkoholmål bør evalueres på undervejs

Det ædru liv skal være mere attraktivt end det drikkende liv



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TAK FOR OPMÆRKSOMHEDEN..



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