EFFECTIVE AND EFFICIENT RECRUITMENT AND TREATMENT OF ALCOHOL USE DISORDERS

Copenhagen, January 2017

Den Nationale Alkoholkonference 2017

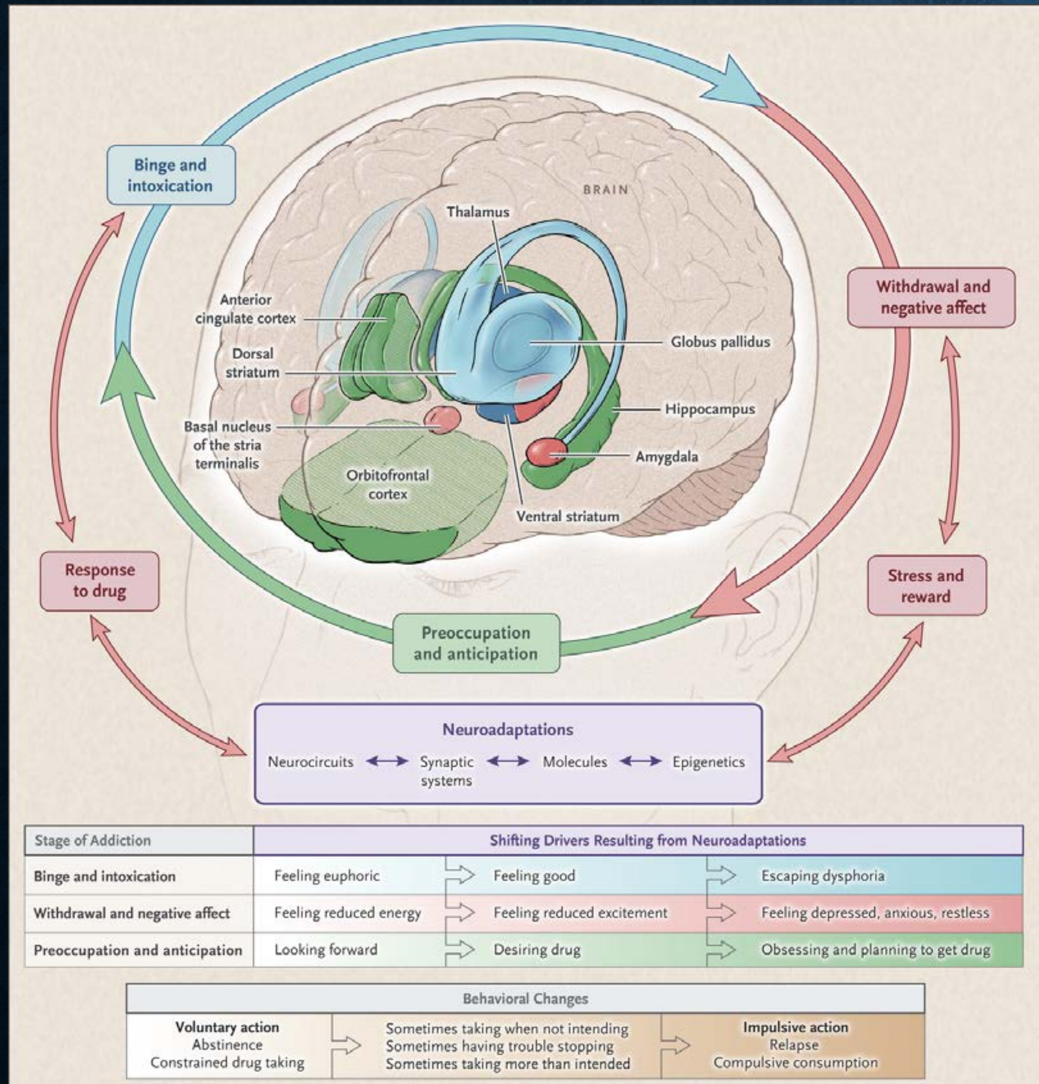
GERARD M. SCHIPPERS

Academic Medical Center
University of Amsterdam

TOPICS

1. Neurobiological model of addiction
2. Evidence based alcohol treatment
3. Recruitment in treatment
4. Recovery movement
5. Staging and profiling

ALCOHOL PROBLEMS AS CAUSED BY ADDICTION AS A BRAIN DISEASE



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REVIEW ARTICLE

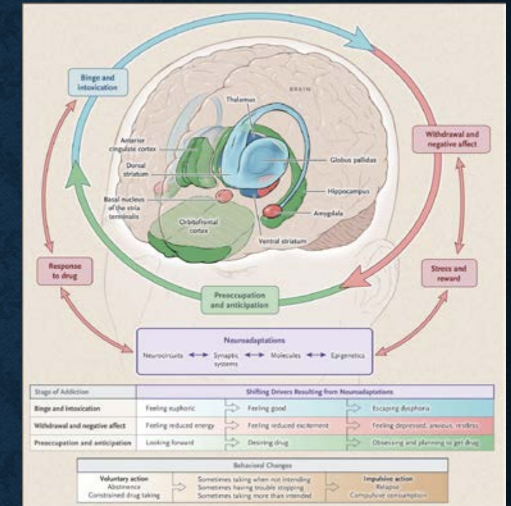
Dan L. Longo, M.D., Editor

Neurobiologic Advances from the Brain Disease Model of Addiction

Nora D. Volkow, M.D., George F. Koob, Ph.D., and A. Thomas McLellan, Ph.D.

N Engl J Med 2016; 374:363-371 | January 28, 2016 | DOI: 10.1056/NEJMra1511480

Repeated use of alcohol leads to neuroadaptations



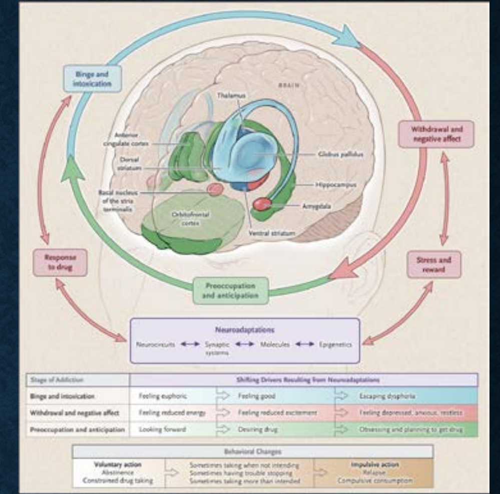
TWO SYSTEMS INVOLVED

Cortex: decisions and considerations; reflective system

Mid brain: pain and pleasure – motivation, emotion: impulsive system

DUAL PROCESS MODEL OF ADDICTION

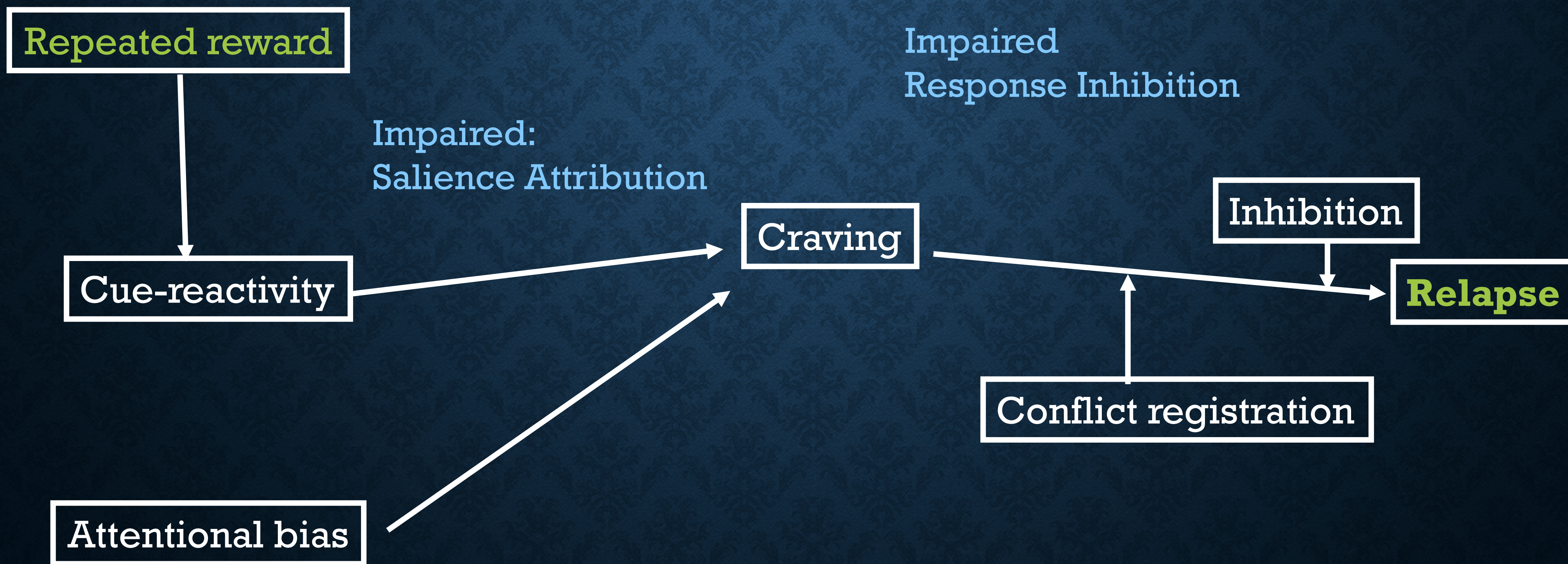
IMPAIRED: RESPONSE INHIBITION AND SALIENCE ATTRIBUTION



1) Lessened ability to decide (larger disinhibition and disturbed conflict registration) **UNABLE TO STOP**

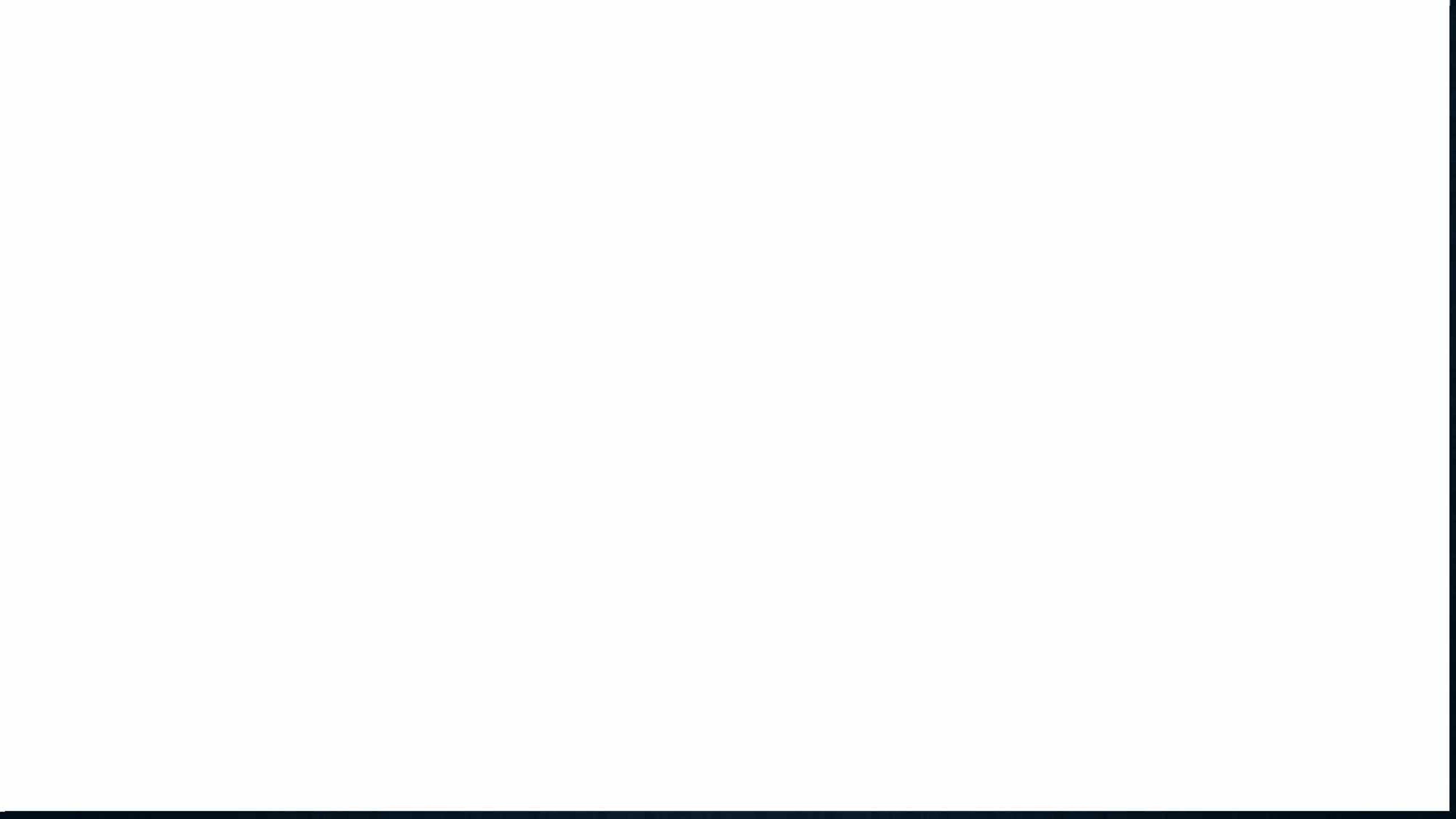
2) Enhanced salience (attentional bias and cue reactivity - craving) **EXPECTING STRONG INCENTIVES**

NEUROBIOLOGICAL MODEL



CUE REACTIVITY

ATTENTIONAL BIAS



IMPAIRED: RESPONSE INHIBITION AND SALIENCE ATTRIBUTION

I-RISA

ABOUT TREATMENT OF PEOPLE WITH ALCOHOL USE DISORDERS

QUESTIONS TO THE AUDIENCE

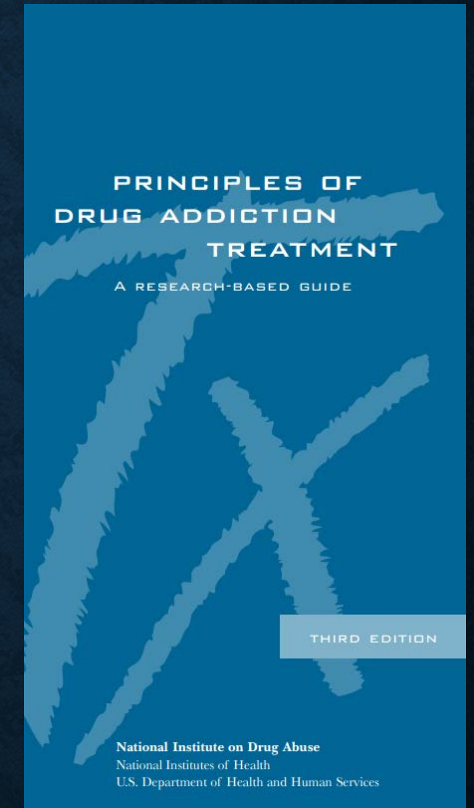
- Who of you is treatment professional in the addictions?
- Good treatment is evidence base treatment
- Good treatment is manualized and protocolized
- Who of you is working evidence-based most of the time?
- How many articles do you read each week on evidence based treatment?
- What is the evidence on the treatment of alcohol problems?

SOME POSSIBLE ANSWERS

- We already do that!
- That may work for others, but not for our patients
- How do you know what we are doing is not working?
- Treatment is ART, not SCIENCE
- Evidence based – is just a fad

PRINCIPLES OF EFFECTIVE TREATMENT

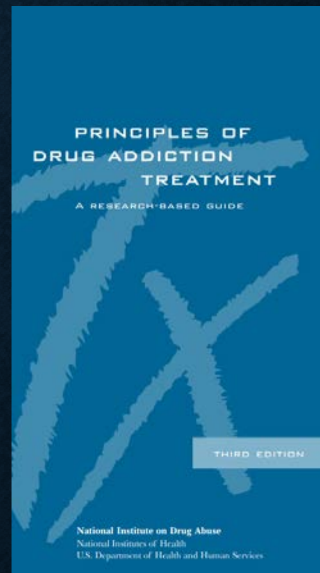
1. Addiction is a complex but treatable disease that affects brain function and behavior
2. No single treatment is appropriate for all
3. Treatment needs to be readily available
4. Effective treatment attends to the multiple needs of the individual, not just his or her alcohol or drug abuse.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness
6. Behavioral therapies—including individual, family, or group counseling— are the most commonly used forms of alcohol and drug abuse treatment



NIDA 2008

PRINCIPLES OF EFFECTIVE TREATMENT

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Many alcohol- and drug-addicted individuals also have other mental disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment does not need to be voluntary to be effective.
12. Alcohol and drug use during treatment must be monitored continuously, as lapses during treatment do occur.



WHAT DOES RESEARCH TELL US ON THE EFFECTIVENESS OF TREATMENT OF PROBLEMATIC ALCOHOL DRINKING?

Based on reviews and meta-analyses

National Treatment Guidelines

Edited by
M. Berglund, S. Thelander, E. Jonsson

WILEY-VCH

Treating Alcohol and Drug Abuse

An Evidence Based Review

included

ALCOHOL-USE DISORDERS

THE NICE GUIDELINE ON DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF HARMFUL DRINKING AND ALCOHOL DEPENDENCE

October 2014: The wording of the final bullet in recommendation 5.31.1.5 (and 8.3.4.5) has been corrected to make it clear that inpatient or residential assisted withdrawal should be considered for people who regularly drink between 15 and 30 units (not between 15 and 20 units) of alcohol per day, if they also have the additional complicating features mentioned in the recommendation.

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Sundhedsstyrelsen

ALKOHOLBEHANDLING

- en medicinsk teknologivurdering

2006

Medicinsk Teknologivurdering 2006; 8 (2)

“Most of the treatment listed by the US NIDA, the British Association of Psychopharmacology and the Swedish Council of Health Care Technology Assessment were developed by psychologists based on psychological theories”

(Gifford & Humphreys, 2007)

Nowadays some more effective medications available

ALCOHOL TREATMENT: NON EFFECTIVE INTERVENTIONS

- Antidepressant, non-SSRI
- Milieu therapy (TC's)
- Alcoholic anonymous
- Relaxation training
- Confrontational counseling
- Psychotherapy
- General alcoholism counseling
- Educational lectures, films, groups

Research Report

European Addiction Research

Eur Addict Res 2012;18:1–11
DOI: 10.1159/000331007

Received: March 28, 2011
Accepted: July 19, 2011
Published online: October 13, 2011

Effectiveness of Therapeutic Communities: A Systematic Review

Marion Malivert[a, b] Mélina Fatséas[a, b] Cécile Denis[a, b] Emmanuel Langlois[c]
Marc Auriacombe[a, b]

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[b]Département d'Addictologie, CH Charles Perrens et CHU de Bordeaux, and [c]Centre Émile Durkheim – Science politique et sociologie comparatives (UMR 5116), Université Bordeaux Segalen, Bordeaux, France

On average, subjects stayed in TC a third of the planned time.
All studies showed that substance use decreased during TC, but relapse was frequent after TC.
Treatment completion (9 to 56%) was the most predictive factor of abstinence at follow-up.
Surprisingly, psychiatric comorbidities did not appear associated with relapse or with dropout.
Conclusions: There was a drop in consumption after TC, but long-lasting benefits were uncertain.

ALCOHOL: EFFECTIVE INTERVENTIONS

- Brief intervention
- Motivational enhancement
- GABA agonist
- Opiate antagonist
- Social skills training
- Community reinforcement approach (CRA)
- 12-Step Facilitation Therapy
- Behavioral marital therapy
- Case management
- Self-monitoring

CORE BUSINESS OF ALCOHOL TREATMENT AS CHANGING DRINKING BEHAVIOR

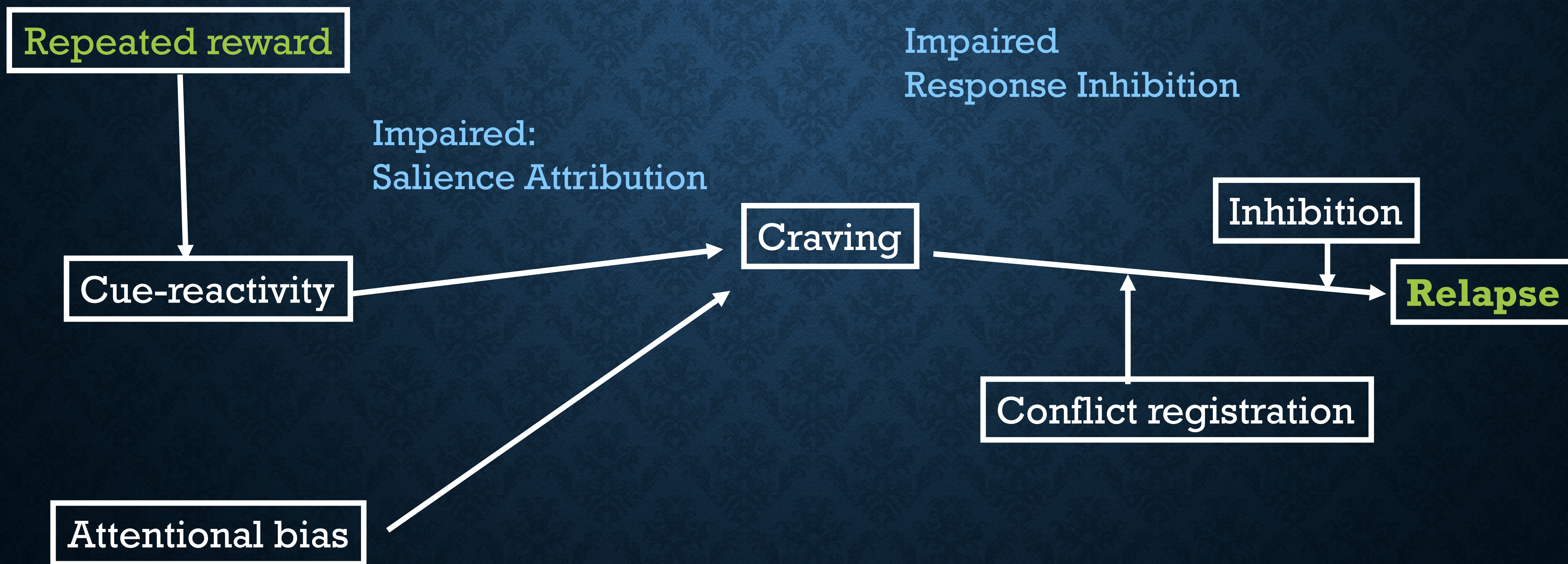
– **motivating**
  Influencing readiness to change

– **self control training**
  changing addictive behavior

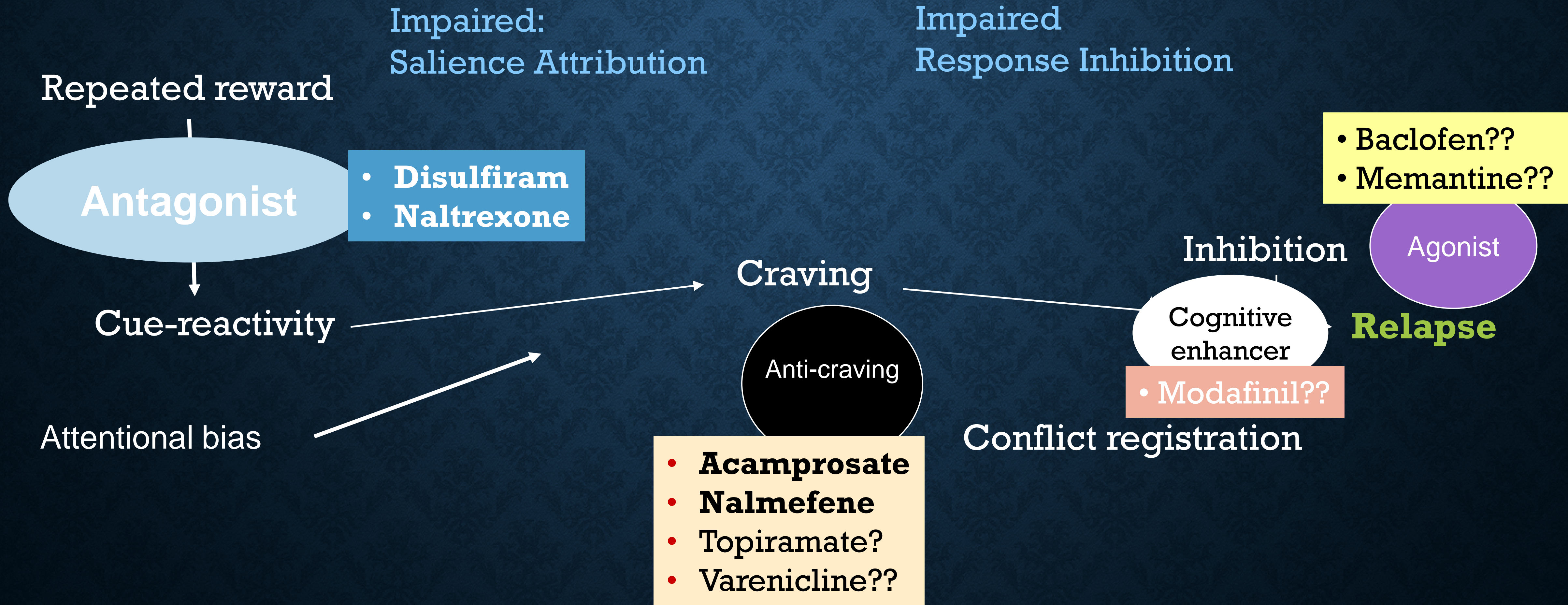
– **relapse prevention**
  social and affective skills training

= Cognitive Behavior Therapy

NEUROBIOLOGICAL MODEL



PHARMACOTHERAPY
(ALWAYS COMBINED WITH BEHAVIORAL TREATMENT)



NEW INTERVENTIONS
'TEST AND SANCTION'

- Contingency management (mainly tested in drug treatment research)
- Test and sanction
  - Court and probation management (alcohol and drug courts)
  - 'Sobriety anklet tag' (transdermal)
  - Alcohol slot (DWI)

NEW INTERVENTIONS
RECOVERY MANAGEMENT CHECKUP

Recovery Management is keeping in contact regularly with the client after treatment, regardless the outcome. Monitoring the current situation, boosting advices and measures, and motivating to re-enter treatment when needed.

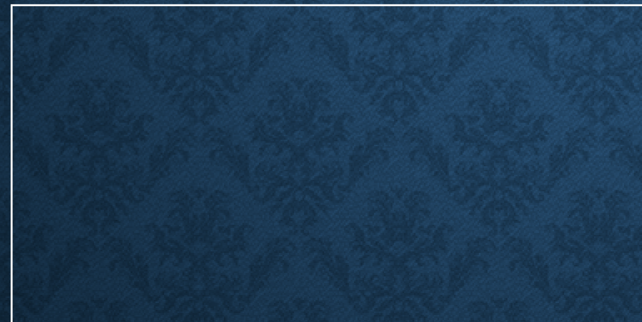
"RMC, which provided ongoing monitoring and linkage, is feasible to conduct and is effective for adults with chronic substance dependence. "

Scott, C.K., & Dennis, M.L. (2009). Results from two randomized clinical trials evaluating the impact of quarterly recovery management checkups with adult chronic substance users. Addiction. 2009 Jun;104(6):959-71

NEW INTERVENTIONS NEUROMODULATION TECHNIQUES

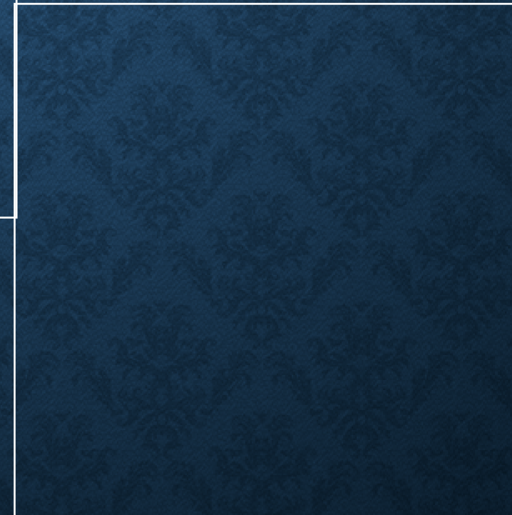
Implicite Cognition Retraining

Attentional bias
working memory



EEG NeuroFeedback

fMRI NeuroFeedback



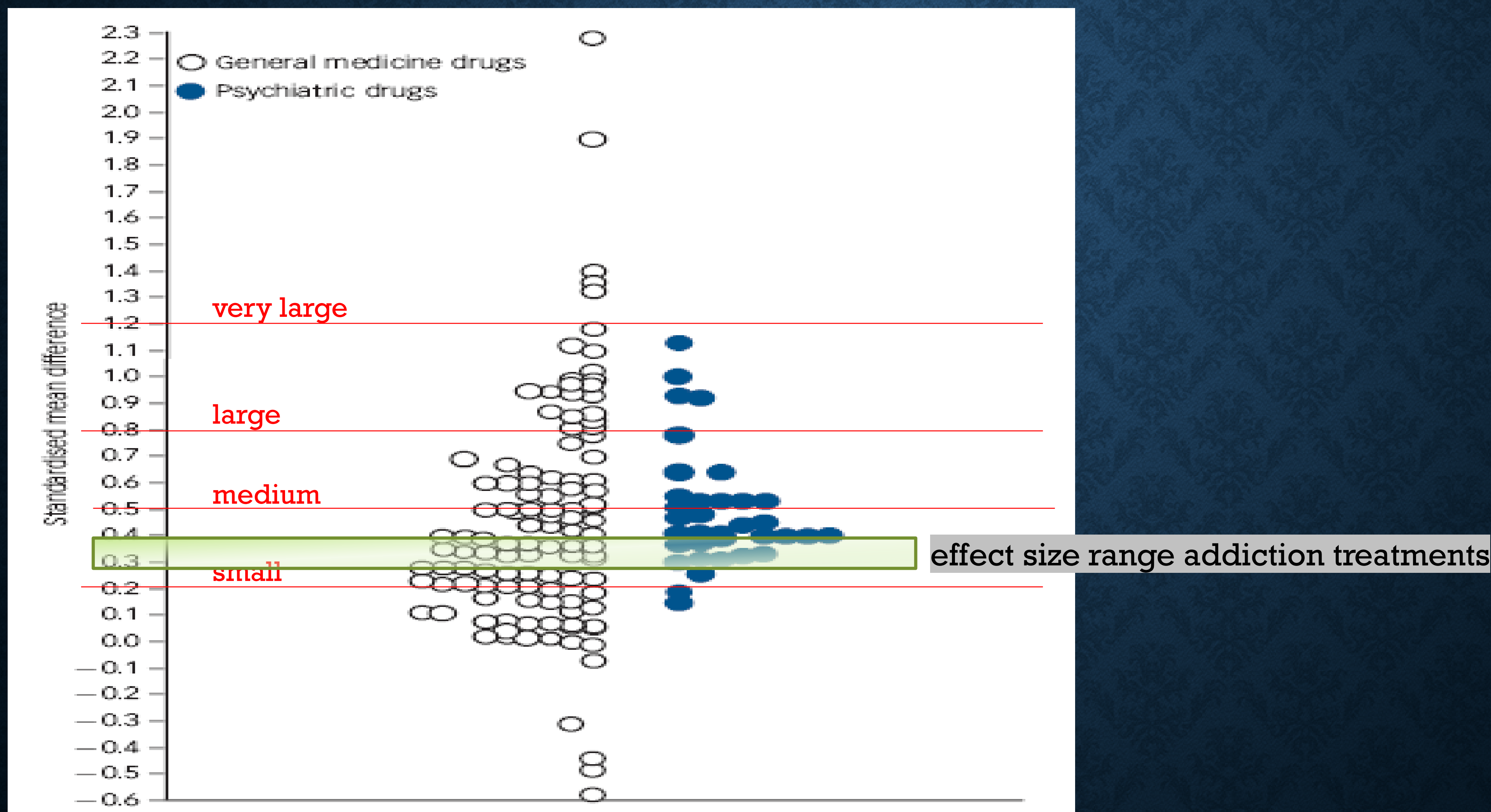
Transcranial Magnetic Stimulation

Deep Brain Stimulation

WHAT ABOUT EFFICACY?

The effects of alcohol treatment are not large.
About one third of the patients who have been treated repeatedly will never recover.
The immediate effects are modest.

THE EFFICACY OF PSYCHIATRIC AND GENERAL MEDICINE MEDICATION INTO PERSPECTIVE: REVIEW OF META-ANALYSES



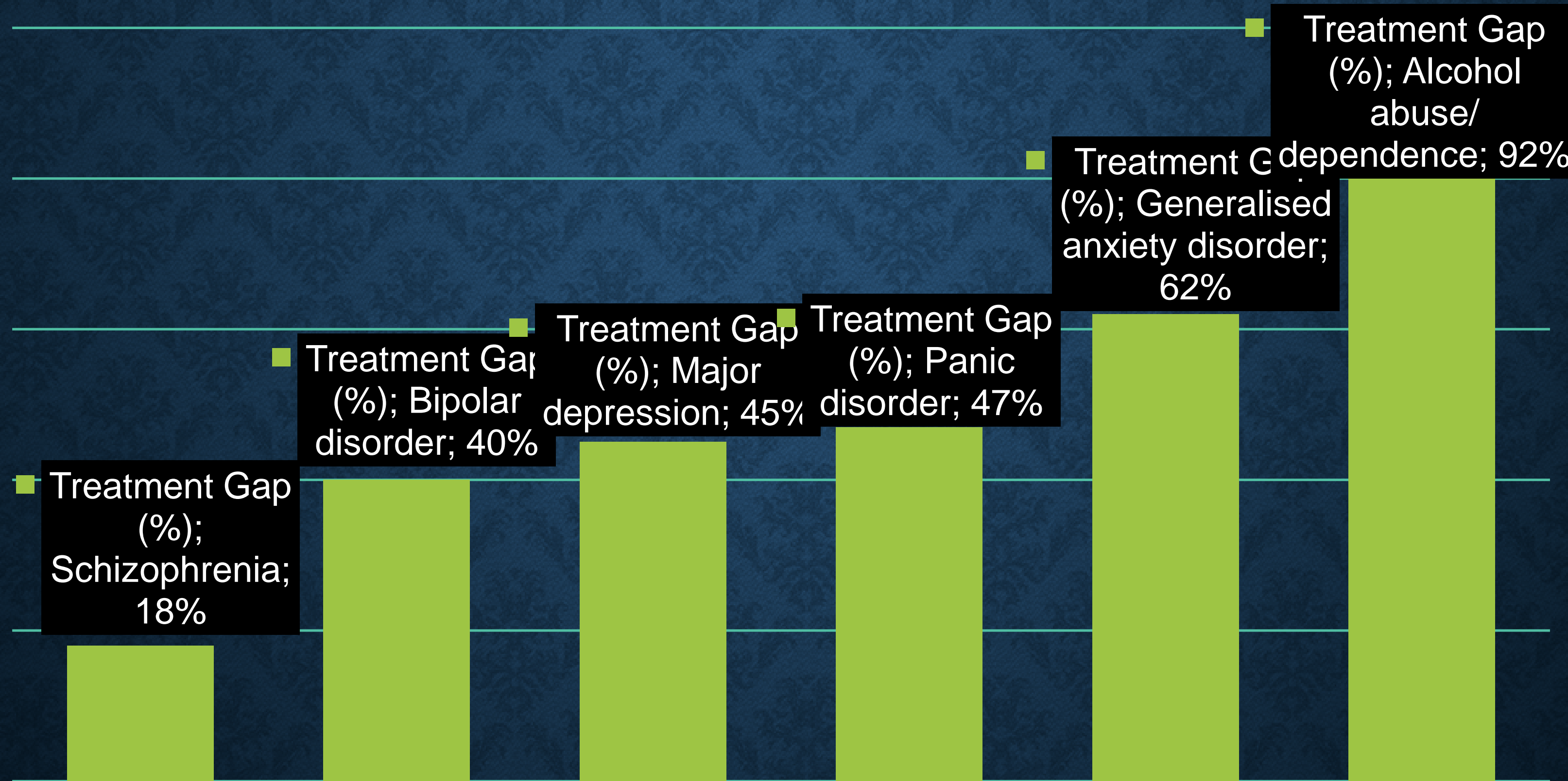
Leucht et al., British Journal of Psychiatry (2012) 200, 97–106.

HOW TO ENHANCE RECRUITMENT?

RECRUITMENT OF PATIENTS TO TREATMENT

- Treatment gap, but not as high as perceived → High level of spontaneous recovery
- Self reported reasons and the need for individualized treatment and treatment goals
- Limited reach of SBI
- E-health interventions

TREATMENT GAP IN ALCOHOL DEPENDENCE



* Treatment gap= difference between number needing Tx and number receiving Tx

Alcohol abuse and dependence have the widest treatment gap among all mental disorders – less than 10% of European patients with alcohol abuse and dependence are treated

Kohn et al. Bull World Health Organ 2004;82:858–866

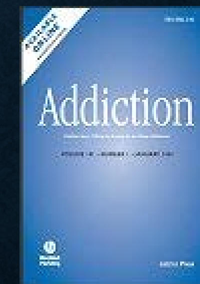
RECOVERY ALCOHOL DISORDERS IN GENERAL POPULATION

- Large Dutch (n=7076) representative survey with 1 and 3 year follow-up.
- Alcohol abuse has a favourable course 81% after 1 year and 85% after 3 year NO abuse anymore
- Alcohol dependency somewhat less favourable course: 67% after 1 year 69% after 3 jaar NO dependency anymore
- Only 4-12% of the abusers and only 0-14% of those recovered after 1 year relapsed (at 3 year)

CONCLUSION: large 'spontaneous' recovery

Do professionals may be have a clinical bias?

De Bruijn, Van den Brink, De Graaf, & Volleberg (2005). The three year course of alcohol use disorders in the general population. *Addiction*.



NEVERTHELESS THERE IS A 'TREATMENT GAP ' IN ALCOHOL DISORDERS

MORE PEOPLE COULD PROFIT

WHY DON'T THEY?

SHAME?

IN ADDICTION: THE MORAL MODEL

- Beer and wine consumption from all times, highly valued, commonplace and deeply culturally rooted – drunkenness and ‘high’ very embedded
- But since in the 17th century (when the production of spirits was mastered) the advancement of civilisation and the industrialization required more self-control
- From this tension the moral model emerged and banned ‘alcoholism’
- The general negative attitude towards alcohol misuse is dominant in our approach and responsible for the national and regional alcohol policies and in the appreciation and organisation of alcohol treatment.

- But is it really the reason for undertreatment?

NIH Public Access
Author Manuscript
Drug Alcohol Depend. Author manuscript; available in PMC 2014 January 01.

Published in final edited form as:
Drug Alcohol Depend. 2013 January 1; 127(1-3): 59–64. doi:10.1016/j.drugalcdep.2012.06.012.

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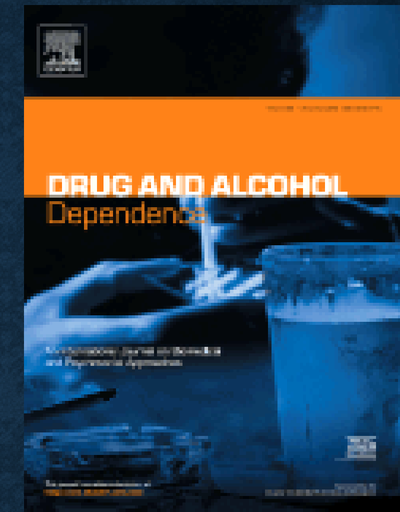
Perceived Unmet Need for Alcohol and Drug Use Treatments and Future Use of Services: Results from a Longitudinal Study*

Ramin Mojtabai[1] and **Rosa M. Crum**[1,2]

[1]Johns Hopkins University Department of Mental Health, Bloomberg School of Public Health and Department of Psychiatry and Behavioral Sciences, School of Medicine

[2]Johns Hopkins University Department of Epidemiology



What does the general public thinks?

Let’s look at the abstract

BACKGROUND—This study assessed the association of perceived need for treatment of and perceived barriers to treatments for substance use disorder (SUD) with subsequent use of these treatments in community settings.

METHODS—Drawing on data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), we examined the association of perceived need and barriers to SUD treatments in waves 1 of NESARC (2001-2002; n=43,093) with the subsequent use of these treatments in the follow-up wave 2 (2004-2005; n=34,625).

RESULTS—Only 8.5% (n=195) of the 2,333 NESARC participants with an untreated 12-month SUD in wave 1 perceived a need for SUD treatment. Participants who reported a perceived need were more likely to use these services in follow-up than those who did not report such a need (14.8% vs. 4.9%, adjusted odds ratio [aOR]=3.16, 95% confidence intervals [CI]=1.70-5.90, $P<0.001$). Among participants who perceived a need, those who reported pessimistic attitudes towards treatments as a barrier were less likely than others to use services in follow-up (aOR=0.08, 95% CI=0.01-0.73, P=0.027). Other barriers, including financial barriers and stigma were not significantly associated with treatment seeking.

CONCLUSIONS—The findings suggest the need for a two-pronged approach to improving treatment seeking for SUD in community settings: one focusing on enhancing recognition of these disorders, the other focusing on educating potential consumers regarding the benefits of SUD treatments.

HOW DO WE CONVINCE PEOPLE TO GO IN TREATMENT?

RECRUITMENT THROUGH GENERAL HEALTH CARE

SCREENING, BRIEF INTERVENTIONS, AND REFERRAL (SBIRT)

- Varying from one 5 minute session, to a few longer sessions
- Well tested protocols available
- Applied in primary practice, emergency care, specialised general health wards, psychiatric consultations
- Recommended by the WHO and almost all National Alcohol Treatment Guidelines

AIMS OF BRIEF INTERVENTIONS

5 A's

- **A**sk – put alcohol on the agenda
- **A**ssess the need and motivation for change
- **A**dvise to reduce their alcohol consumption
- **A**gree on goals and means
- **A**ssist in acquiring the motivations, enhancing self-help skills, by prescribing medication, or referral for other supports needed for change

Do we need it all?

EFFECTIVENESS OF BRIEF ALCOHOL INTERVENTIONS IN PRIMARY CARE POPULATIONS

- 29 controlled trials in general practice or an emergency setting
- Over 7,000 participants (mean over 30 standard drinks; mean age of 43 years), were randomised to a brief intervention or a control intervention, including assessment only
- At one year, people who received the brief intervention drank 2–5 glasses less alcohol than people in the control group
- The benefit was not clear for women
- Longer counselling had little additional benefit

Conclusion: in primary care and emergency setting clear positive effects

THE COCHRANE LIBRARY

Independent high-quality evidence for health care decision making

Kaner et al. Cochrane Database Syst Rev 2007;2:CD004148

FAILURE OF SCREENING AND BRIEF INTERVENTION IN ROUTINE HEALTH CARE? UK SIPS TRIAL (2009)

The SIPS trials were the largest real-world trials of brief interventions yet conducted in the UK. Focusing on the general practitioner, emergency departments and probation.
In all the trials the expected extra impacts of more extensive advice and counselling did not materialise, even in primary care practices incentivised with per patient payments, throughput seemed low and especially in the emergency departments, implementation required aid from research staff. The trials seem to justify merely offering written information and a warning about the patient's risky drinking, but more was or might have been involved. However, in probation offices the longer interventions apparently helped reduce reoffending.

FAILURE OF SCREENING AND BRIEF INTERVENTION IN ROUTINE HEALTH CARE?

Alcohol & Alcoholism Vol. 42, No. 6, pp. 593–603, 2007
Advance Access publication 11 September 2007
doi:10.1093/alcalc/agm063

SCREENING AND BRIEF INTERVENTION TARGETING RISKY DRINKERS IN DANISH GENERAL PRACTICE—A PRAGMATIC CONTROLLED TRIAL

ANDERS BEICH[1]*, DORTE GANNIK[1], HENRIK SAELAN[2] and THORKIL THORSEN[1]

[1]Research Unit and Department for General Practice, Centre for Health and Community, University of Copenhagen,
[2]Medical Office of Health, City of Copenhagen, Denmark

(*Received* 4 *October* 2006; *in revised form* 20 *May* 2007; *accepted* 18 *July* 2007;
advance access publication 11 *September* 2007)

Conclusions: The results of brief interventions in everyday general practice performed on the basis of systematic questionnaire screening may fall short of theoretical expectations.

E-HEALTH AN ALTERNATIVE?

OPEN ACCESS Freely available online

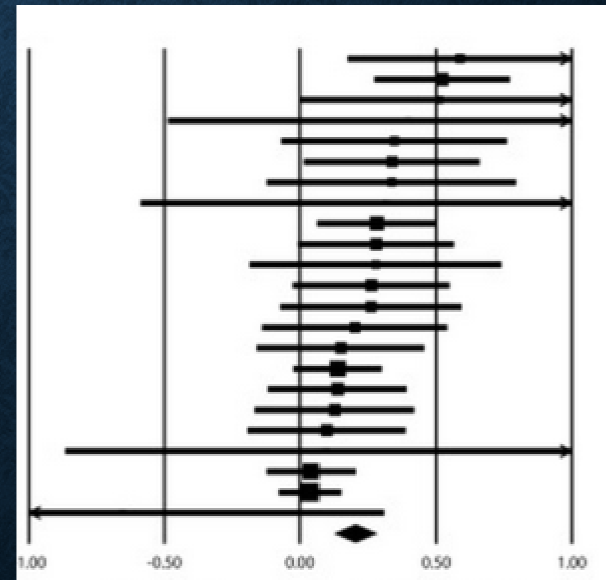
PLOS | ONE

Effectiveness of Guided and Unguided Low-Intensity Internet Interventions for Adult Alcohol Misuse: A Meta-Analysis

Heleen Riper[1,2]*, Matthijs Blankers[3,4,5], Hana Hadiwijaya[1,11], John Cunningham[6,7], Stella Clarke[8], Reinout Wiers[9], David Ebert[2,10], Pim Cuijpers[1,2]

Conclusions: Internet interventions are effective in reducing adult alcohol consumption and inducing alcohol users to adhere to guidelines for low-risk drinking. This effect is small but from a public health point of view this may warrant large scale implementation at low cost of Internet interventions for adult alcohol misuse. Moderator analyses with sufficient

16 RCT's 2014



ISSUES IN RECRUITMENT OF PATIENTS TO TREATMENT

- Through primary care – is system change required?
  - Financing
  - Dutch system: adding low-treshold/low budget mental health services in primary care
  - Blended internet services
- Public awareness campaigns
- Policy measures with the largest evidence on diminshing the alcohol problem: limiting availability (price, selling points, age limits)
- May be professional treatment is not attractive enough

PATIENTS ADVOCACY

- Be taken more seriously, not be seen as just patients and treatment consumers
- Want more focus on personal and functional recovery
- Want to be involved in treatment decisions
- Want the involvement of ex-addict counsellors

WHAT IS RECOVERY?

- Recovery has two components:
  - Recovery is a life long dynamic process ('character change')
  - Recovery has more aims than symptom reduction and getting rid of an illness; it is also improved functioning (activities and participation) and enhanced quality of life.
- Unique personal process to learn living with a mental disorder and its consequences – a developmental perspective
- Patient is in the lead – professionals are salutary
- Dominant paradigm in treatment system (in the USA, the UK and in the Netherlands), due to active patient advocacy

THREE AIMS OF RECOVERY TREATMENT

- Clinical or symptomatic – cure (behaviour change)
- Recovery of functioning
- Enhanced Quality of Life ('Personal Recovery')

PERSONAL RECOVERY: FIVE ASPECTS

- Connectedness
- Hope and optimism about the future
- Identity
- Meaning in life
- Empowerment

Acronym CHIME

BJPsych The British Journal of Psychiatry (2011)
199, 445–452. doi: 10.1192/bjp.bp.110.083733

Review article

Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis

Mary Leamy,* Victoria Bird,* Clair Le Boutillier, Julie Williams and Mike Slade

THERE IS ANOTHER REASON TO REFOCUS GOALS OF TREATMENT

… FROM A HEALTH ECONOMY PERSPECTIVE THERE IS A NEED TO HAVE MORE POSITIVE OUTCOMES – AND TO SHOW THEM

MAY BE THERE IS MORE TO GAIN IN IMPROVING FUNCTIONING AND LIFE CONDITIONS OF PATIENTS, THAN IN CURING THEIR DISEASE

BJPsych
The British Journal of Psychiatry (2013)
202, 319–320. doi: 10.1192/bjp.bp.112.116905

Editorial

The future of academic psychiatry may be social

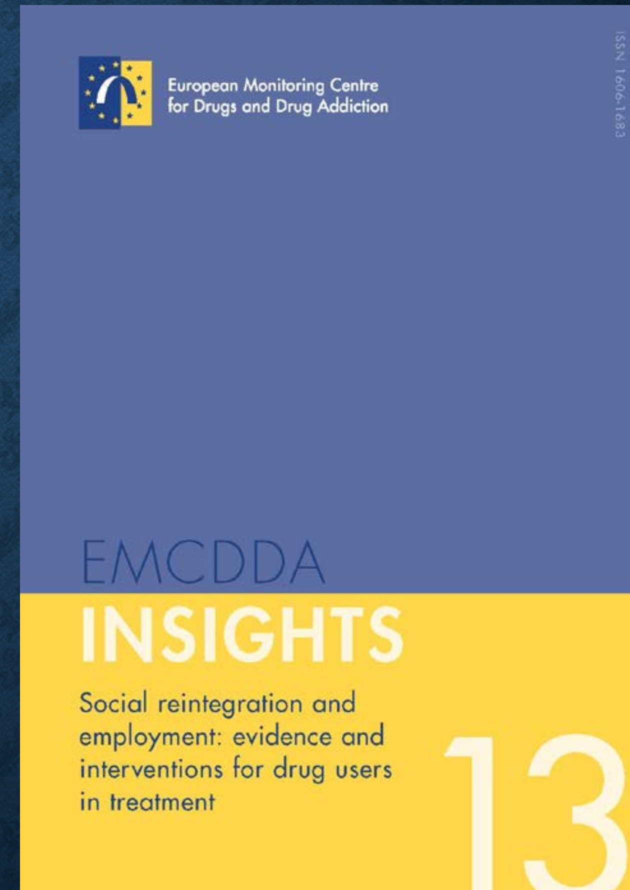
Stefan Priebe, Tom Burns and Tom K. J. Craig

Summary
The past 30 years have produced no discoveries leading to major changes in psychiatric practice. The rules regulating research and a dominant neurobiological paradigm may both have stifled creativity. Embracing a social paradigm could generate real progress and, simultaneously, make the profession more attractive.

Declaration of interest
None.

NEED FOR SOCIAL REINTEGRATION

Report for the EU identifies an urgent need to increase access to social reintegration interventions for problem alcohol and drug users. Though unable to pin down the best approaches, it stresses that reintegration measures should be embedded into alcohol and drug treatment at an early stage.



SOCIETY IS GOING TO REQUIRE 'PAYMENT BY RESULTS' – AND IN PSYCHIATRY RESULTS ARE ACQUIRED MORE IN CARE (IMPROVING FUNCTIONING AND ENHANCED QUALITY OF LIFE) THAN IN GETTING CURED.

DIAGNOSES OF ILLNESS ALONE ARE NOT ENOUGH FOR ADEQUATE AND COST-EFFECTIVE ALLOCATION OF TREATMENT - FUNCTIONING AND LIFE CONDITIONS ARE ESSENTIAL AS WELL.

HEALTH CARE AND PUBLIC SERVICE USE AND COSTS BEFORE AND AFTER PROVISION OF HOUSING FOR CHRONICALLY HOMELESS PERSONS WITH SEVERE ALCOHOL PROBLEMS

Mary E. Larimer, PhDDaniel K. Malone, MPHMichelle D. Garner, MSW, PhDDavid C. Atkins, PhDBonnie Burlingham, MPHHeather S. Lonczak, PhDKenneth Tanzer, BAJoshua Ginzler, PhDSeema L. Clifasefi, PhDWilliam G. Hobson, MAG. Alan Marlatt, PhD

JAMA. 2009;301(13):1349-1357

"In this population of chronically homeless individuals with high service use and costs, a Housing First program was associated with a relative decrease in costs after 6 months. These benefits increased to the extent that participants were retained in housing longer."

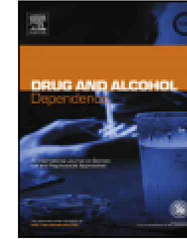
HOUSING FIRST

Drug and Alcohol Dependence 146 (2015) 24–29

Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



The impact of a Housing First randomized controlled trial on substance use problems among homeless individuals with mental illness

Maritt Kirst[a,b,*], Suzanne Zerger[a], Vachan Misir[a], Stephen Hwang[a,c], Vicky Stergiopoulos[a,d]

Housing first interventions are associated with improvements in housing stability and quality of life among homeless people with mental illness and substance use problems. It first contributed to reductions in drinking problems over time, but did not have an impact on drug use problems.

Systematically assessing and responding functioning needs is the key initial step for improving recovery, one greatly enhanced by simple systems linking assessments to resources

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NIH Public Access
Author Manuscript
Drug Alcohol Depend. Author manuscript; available in PMC 2009 December 18.

Published in final edited form as:
Drug Alcohol Depend. 2005 November 1; 80(2): 177–189. doi:10.1016/j.drugalcdep.2005.03.024.

Getting patients the services they need using a computer-assisted system for patient assessment and referral—CASPAR

Deni Carise*, **Ozge Gűrel**, **A. Thomas McLellan**, **Karen Dugosh**, and **Connie Kendig**
Treatment Research Institute and the University of Pennsylvania, 600 Public Ledger Building, 150 South Independence Mall West, Philadelphia, PA 19106-3475, USA

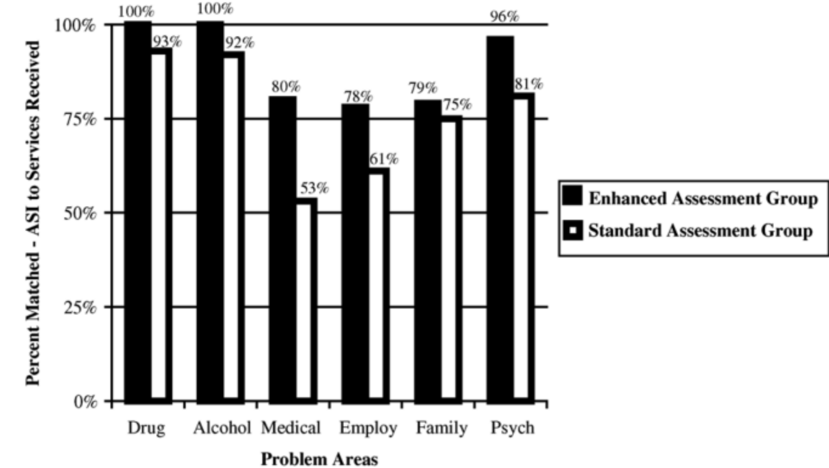

Fig. 2.
Shows percent of patients who received services that match the problems identified at admission assessment by treatment group (SA—standard assessment vs. EA—enhanced assessment). EA group received more services in the drug, alcohol, medical and psychiatric areas ($p < 0.01$). Note: unadjusted rates.

MONITORING FUNCTIONING

Examples of 'functioning'

- Creating and maintaining relationships
- Acquiring and maintaining a place to live
- Economic self-sufficiency
- Household tasks
- Self-care
- Ensuring one's physical comfort
- Managing diet and fitness
- Seeking and following advices and treatment by healthcare
- Carrying out daily routine

Preferred label: activities and participation

REDUCED DRINKING AS A VIABLE TREATMENT GOAL

Review

Journal of Psychopharmacology
27(11) 987–997
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Reduced-risk drinking as a viable treatment goal in problematic alcohol use and alcohol dependence

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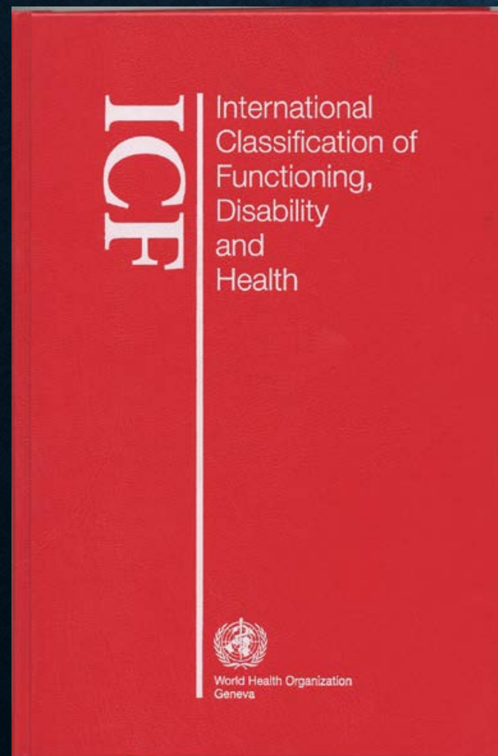
Abstract

This review describes and discusses studies related to reduced-risk drinking as an additional treatment option for patients with problematic alcohol use and alcohol dependence. The review provides some empirical support for the following statements: (a) reduced-risk drinking is a viable option for at least some problem and dependent drinkers; (b) abstinence and non-abstinence-based treatments appear to be equally effective; (c) allowing patients to choose their treatment goal increases the success rate. The relatively short follow-up period (1–2 years) of the studies hampers a proper evaluation of the added value of the reduced-risk drinking approach.

ICF

International classification of functioning



MONITORING FUNCTIONING CAN BE IMPORTANT FOR TREATMENT PLANNING AND TREATMENT EVALUATION

PERSONALIZING AND INDIVIDUALIZING TREATMENT

STAGING AND PROFILING

- The group of SUD patients treated is very heterogeneous
- Only a minority can be helped with effect
- Diagnostic info (DSM-V!) is of little help
- Different treatment in different stages needed
- Possibly *staging* and *profiling* can be helpful
- Whether a disorder can be usefully 'staged' is to be revealed yet
- Has been (and still is) is very useful in medical disciplines (cancer!)

A STAGING MODEL MIGHT BE FEASIBLE BASED ON

- severity of the addiction
- psychiatric and physical co-morbid disorders
- social problems
- motivation
- acceptance of the patient role.

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A Simple Risk Scoring System for Prediction of Relapse after Inpatient Alcohol Treatment

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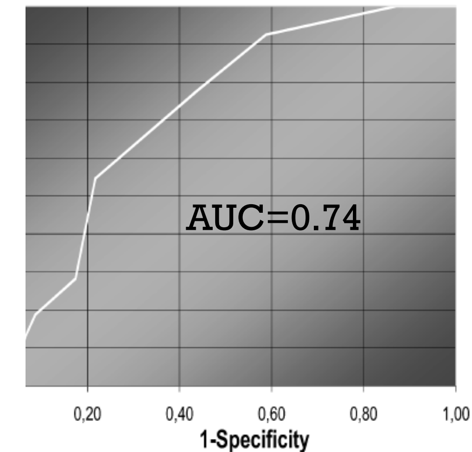
TABLE 2. Variables Included in the RARS = Risk of Alcohol Relapse Scale

	Code	Value in the original construction sample Mean or percentage (relapsers)	Mean or percentage (abstainers)	Probability*
Standard units of alcohol per day during intensive periods	One if >20	23.0	17.2	0.003
Economic problems (EuropASI Composite Score)	One if >0	0.66	0.54	0.04
Treatment on the initiative of the clients, their families or workplace	One if false	58%	75%	0.001
Treatment paid by the client and/or the clients family	One if false	18%	31%	0.02
Treated for alcohol problems before	One if true	74%	62%	0.047
Prescribed psychopharmacological medicine	One if true	44%	30%	0.04
Contemplated suicide	One if true	29%	16%	0.03
Attempted suicide	One if true	8%	2%	0.048
Troubled with social problems/conflicts	One if>2	1.42	0.92	0.03
Need for help physical problems	One if>2	1.40	0.96	0.04

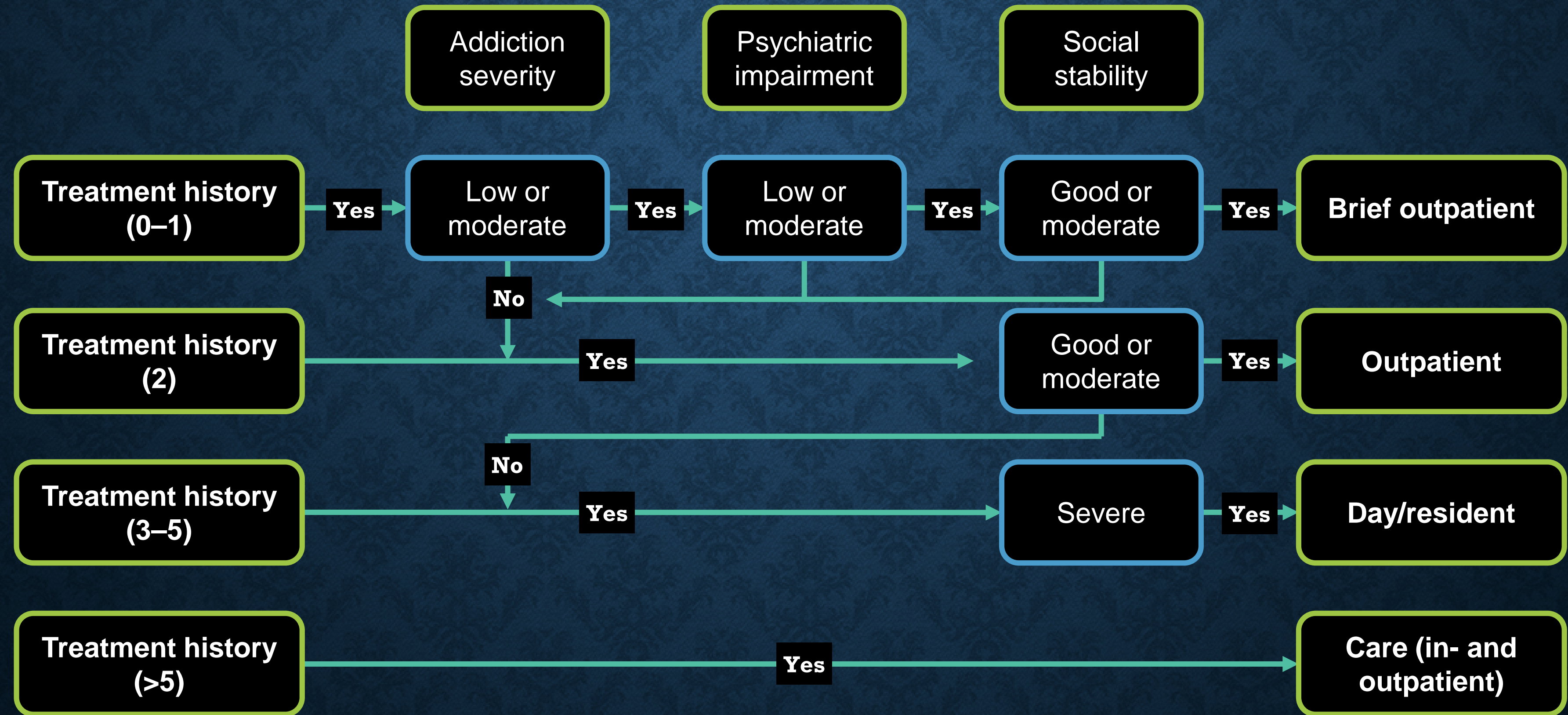


Receiver operating characteristics curve for valida-
1 (RARS as a predictor of uncontrolled drinking during
llow-up).

Predictors outcome:

* severity (alcohol consumption)
* social problems (money, conflicts)
* psychiatric comorbidity
* somatic problems
* motivation for treatment
* treated before

ALGORITHM FOR ALLOCATION TO LEVEL OF CARE (TREATMENT INTENSITY)



Merkx et al. Addiction 2007;102(3):466–474

SOME EVIDENCE FOR ALGORITHM MATCHING TO TREATMENT INTENSITY

Guidelines for allocating outpatient alcohol abusers to levels of care: Predictive validity

Maarten J.M. Merkx [a,*], Gerard M. Schippers [a], Maarten W.J. Koeter [a], Pieter Jelle Vuijk [a], Suzan C.C. Oudejans [a,b], Ragna K. Stam [c], Wim van den Brink [a]

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2011

Predictive validity of treatment allocation guidelines on drinking outcome in alcohol-dependent patients

Maarten J.M. Merkx [a,*], Gerard M. Schippers [a], Maarten W.J. Koeter [a], Pieter Jelle Vuijk [a], Mariana Poch [b], Hans Kronemeijer [c], Wim van den Brink [a]

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2013

Using routine monitored outcome data

Merkx et al. Addict Behav 2011;36(6):570–575;
Merkx et al. Addict Behav 2013;38(3):1691–1698

www.mateinfo.eu

Measurement in the Addictions for Triage and Evaluation

Uniform, structured assessment of patient characteristics at the entrance of addiction treatment can be of great help for staging and profiling, and for gaining knowledge!

The MATE, now available in Danish, might be the right tool.

manual
og
protokol

manual og protokol for
evaluering,
scoring og anvendelsen af
MATE 2.1

gerard schippers
theo broekman
angela buchholz

dansk udgave
morten hell
kjeld andersen
angelina mellentin
anette nielsen

bêta boeken

CONCLUSIONS

- Alcohol dependence is a (stigmatized) brain disease
- There are many effective and cost-effective psychological and some pharmacological treatments
- There is a large treatment gap, but not as large as often thought
- It is questionable whether recruitment through general health care is effective
- Narrowing treatment gap only possible when patient preference is taking into account, staging an profiling is introduced, and treatment effect can be enlarged
- Adopting the concept of recovery in professional treatment can be helpful