

Interpreting outcomes data for
the purpose of implementing
research in practice

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Three levels of implementation

- Systematic reviews and metaanalyses
- Guidelines
- Laws and regulations



Implementing research in practice in Sweden

- Treatment of drug and alcohol abuse -
An evidence-based review, 2001
- National guidelines for treatment of substance
use disorders, 2007
- The Commission on treatment of substance use
disorders, 2011

English version of the Swedish SBU report

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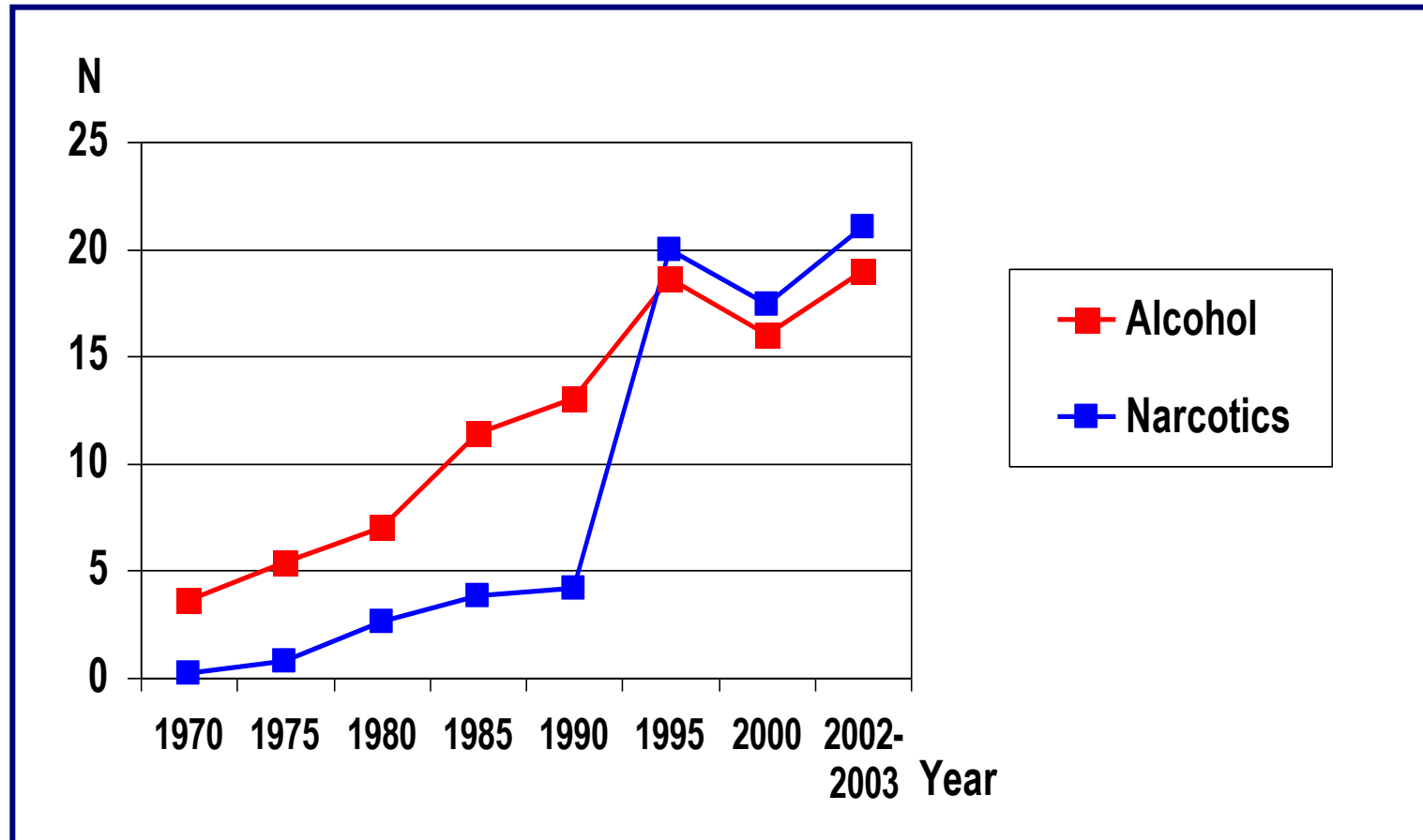
 WILEY-VCH

Treating Alcohol and Drug Abuse

An Evidence Based Review



Number of RCT:s annually by 5 year period and type of drug



Conclusion - Effective treatments

	Effect	Matching	Psychiatric comorbidity
Hazardous alcohol consumption	X		
Alcohol dependence			
Withdrawal	X		
Psychosocial	X	X	X
Medication	X		X
Opioid dependence			
Detox	X		
Psychosocial	X		
Maintenance	X		
Cocaine dependence			
Psychosocial	X		
Medication	(X)		

Medication for alcohol dependence

RCT

N = 120

Effective drugs

- Disulfiram with supervision
- Acamprosate
- Naltrexone

Psychosocial treatment for alcohol problems

RCT N = 125

Which treatment is most effective?

All types of well structured treatments

Cognitive behaviour therapy, community reinforcement approach, 12-step treatment program, motivational enhancement

Modern therapy based on psychodynamic reference frameworks, partner therapy, family interventions

Effect sizes in different types of treatment by type of abused drug

	Alcohol	Opioids
Psychosocial treatment		
■ Brief intervention (non-treatm. seeking)	(0.3-0.4)	-
■ Treatment v. no treatment	0.37	-
■ Specific treatment v. treatment as usual	0.52	0.22 (+MMT)
Psychopharmacological treatment		
■ Acamprosate	0.26	-
■ Naltrexone (+CBT)	0.28	-
■ Aversive/blocking		
Only drug	0	0.17
Supervision/reinforcement	0.53	0.52
■ Maintenance	0.92 (GHB 1 study)	0.65 (Methadone)

Randomized studies

Disulfiram v. Acamprosate/Naltrexone

De Sousa & De Sousa, 2005 (N=100)

- Disulfiram v. Acamprosate (Open)
Abstinence rate DSF v. ACP 88% v. 46%

De Sousa & De Sousa, 2004 (N=100)

- Disulfiram v. Naltrexone (Open)
Abstinence rate DSF v. NAL 86% v. 44%

Randomized studies

Disulfiram v. Acamprosate/Naltrexone

Laaksonen et al. 2007 (N=243)

- Supervised medication (12 w.)
Disulfiram better than Acamprosate or Naltrexone
- Targeted medication (52 w.)
Disulfiram better (only abstinence) than
Acamprosate or Naltrexone

Leone et al. 2010 (Cochrane review)

	Abstinence	
	RR	95% CI
GHB v. Naltrexone (N=3)	2.59	(1.35, 4.98)
GHB v. Disulfiram (N=1)	1.66	(0.99, 2,80)




Naltrexone implants compared to methadone: outcomes six months after prison release

Lobmaier et al. 2010

Outcome:

Naltrexone implants = Methadone



Clinical guidelines (in addition to evidence)

- Decision options
- Algorithms
- Balance costs versus medical parameters
- Standardize medical care
- Improve quality of care
- Reduce risks

Classification

■ Social system

- Classification based on social consequences
- Use of Addiction Severity Assessment, ASI

■ Medical system

- Diagnostic system (ICD-10)

AUDIT

Instrument for evaluation of severity of alcohol problems

≥ 8 intervention

≥ 15 intervention + monitoring

≥ 20 treatment

Room et al. 2005



Swedish Medical Product Agency

Medication for alcohol dependence

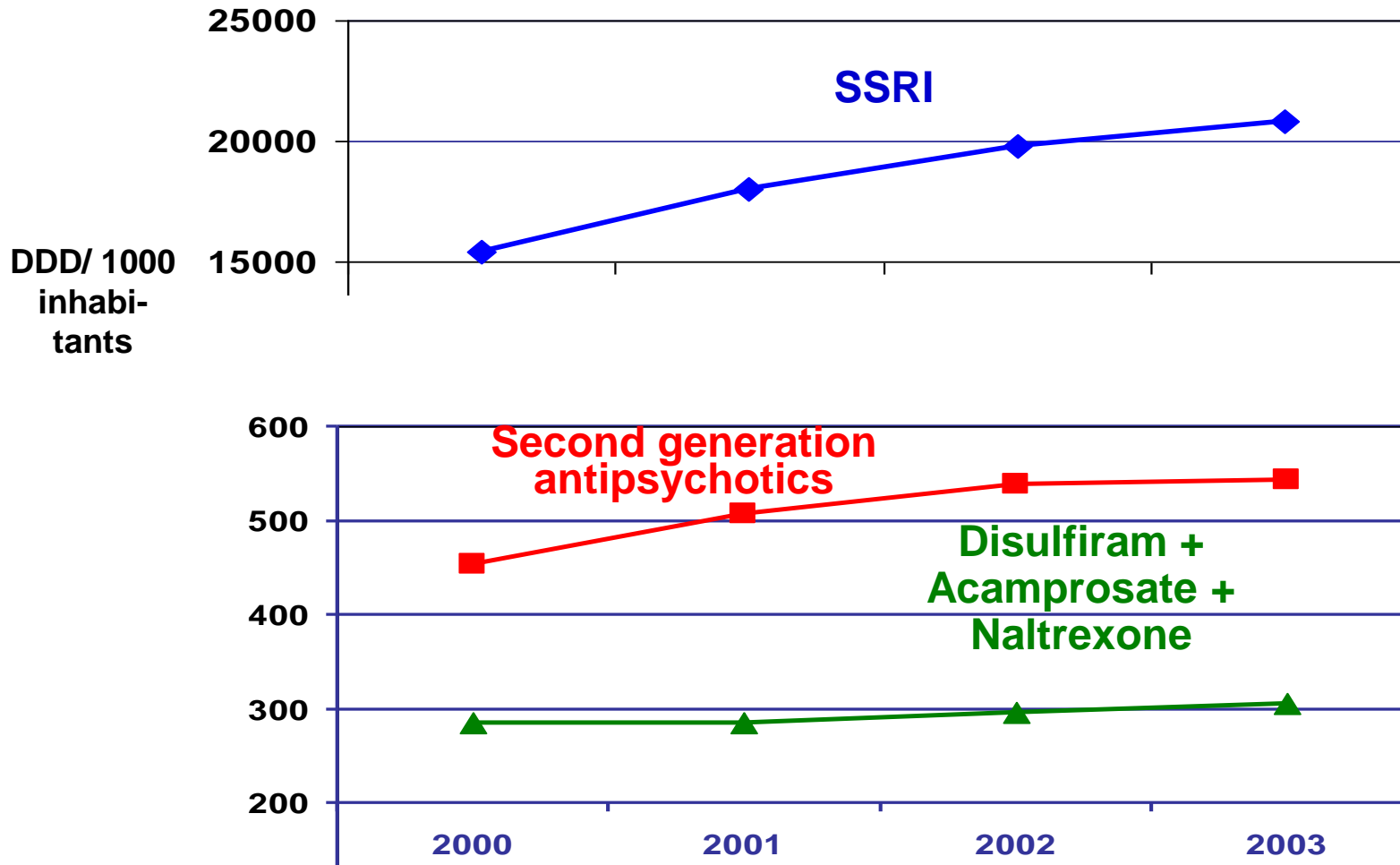
- Update of systematic review/meta-analyses 2007
- Update of treatment recommendations 2007



Medication for alcohol dependence

- Disulfiram
- Acamprosate
- Naltrexone

Prescription of drugs 2000-2003 in Sweden



Doctor's consultation

- Patient-centred consultation
The basic concept
- If alcohol-related health problems are present
Motivational intervention
- If alcohol dependence is diagnosed
Medication could be motivated in the GP-setting

Specific effects

- Different specific therapies give similar results
- Large variance in effect by different sites
- More training/experience does not increase effectiveness
- Analysis of process does not support the theoretical mechanisms

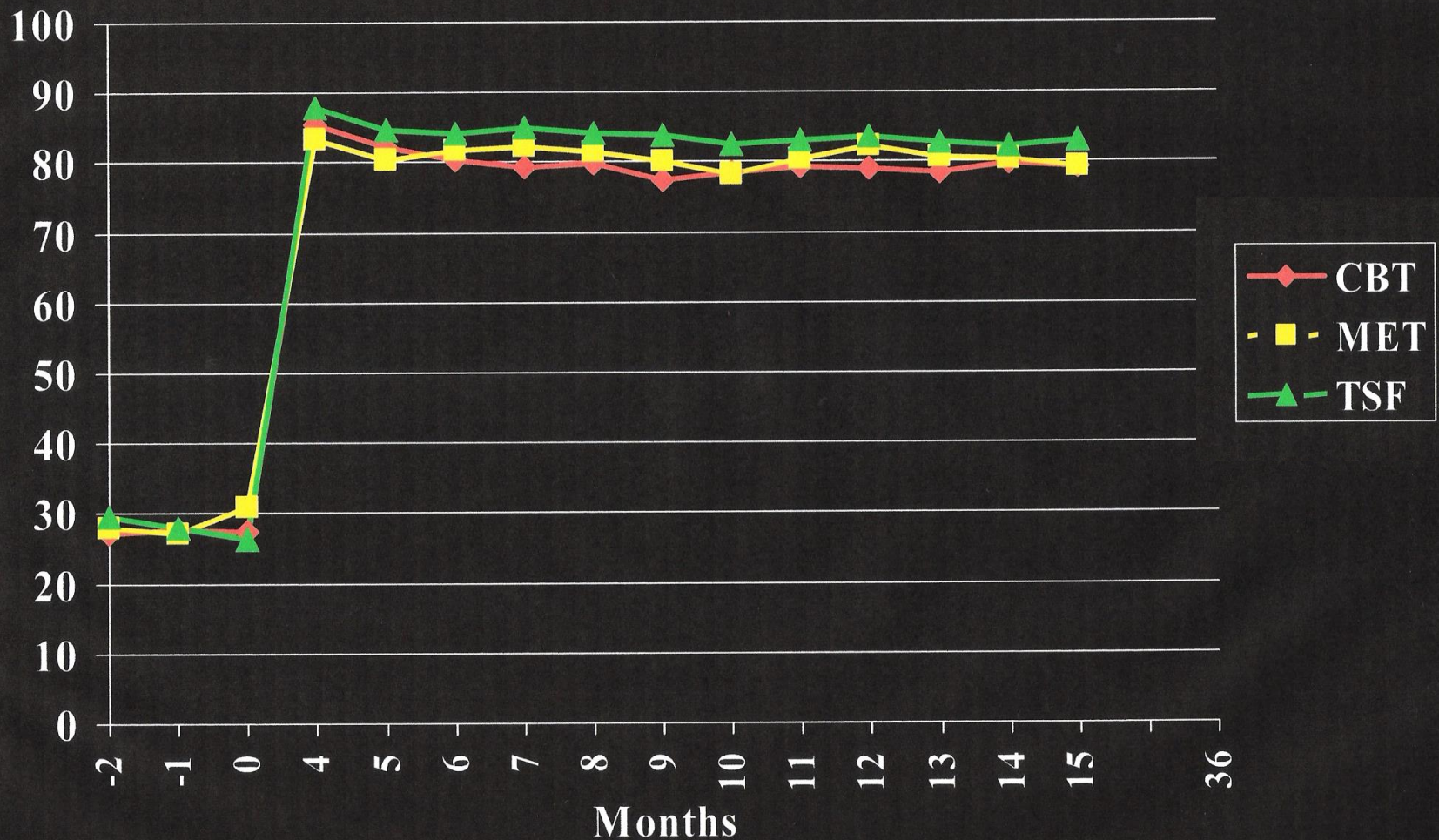
Project MATCH

Project MATCH

1726 clients randomized to three distinct, manual-driven, theoretically-based treatments

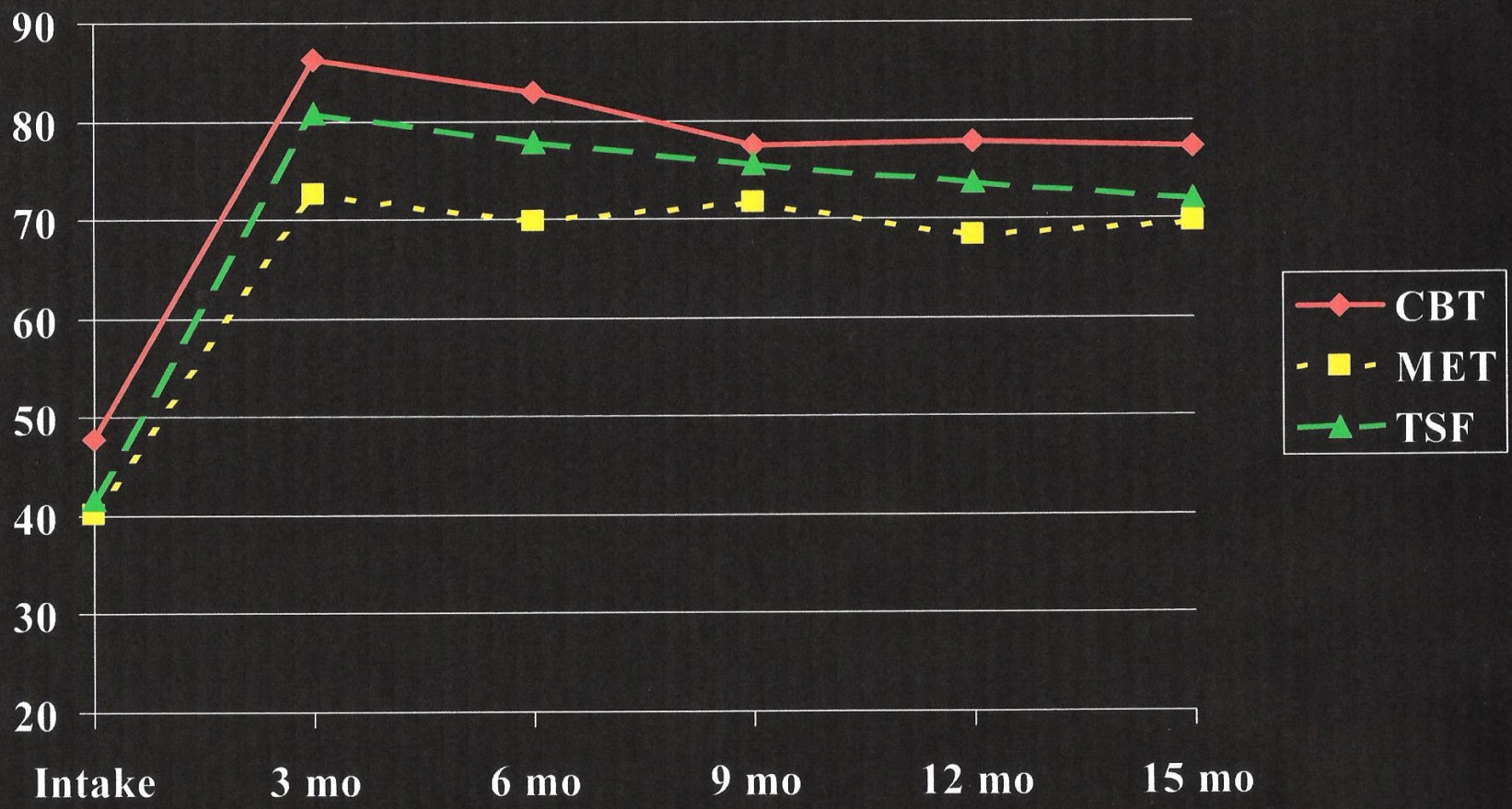
- Cognitive-Behavioral Treatment (CBT)
- 12 Step Facilitation (TSF)
- Motivational Enhancement Therapy (MET)

Mean Percent Days Abstinent (Outpatients)



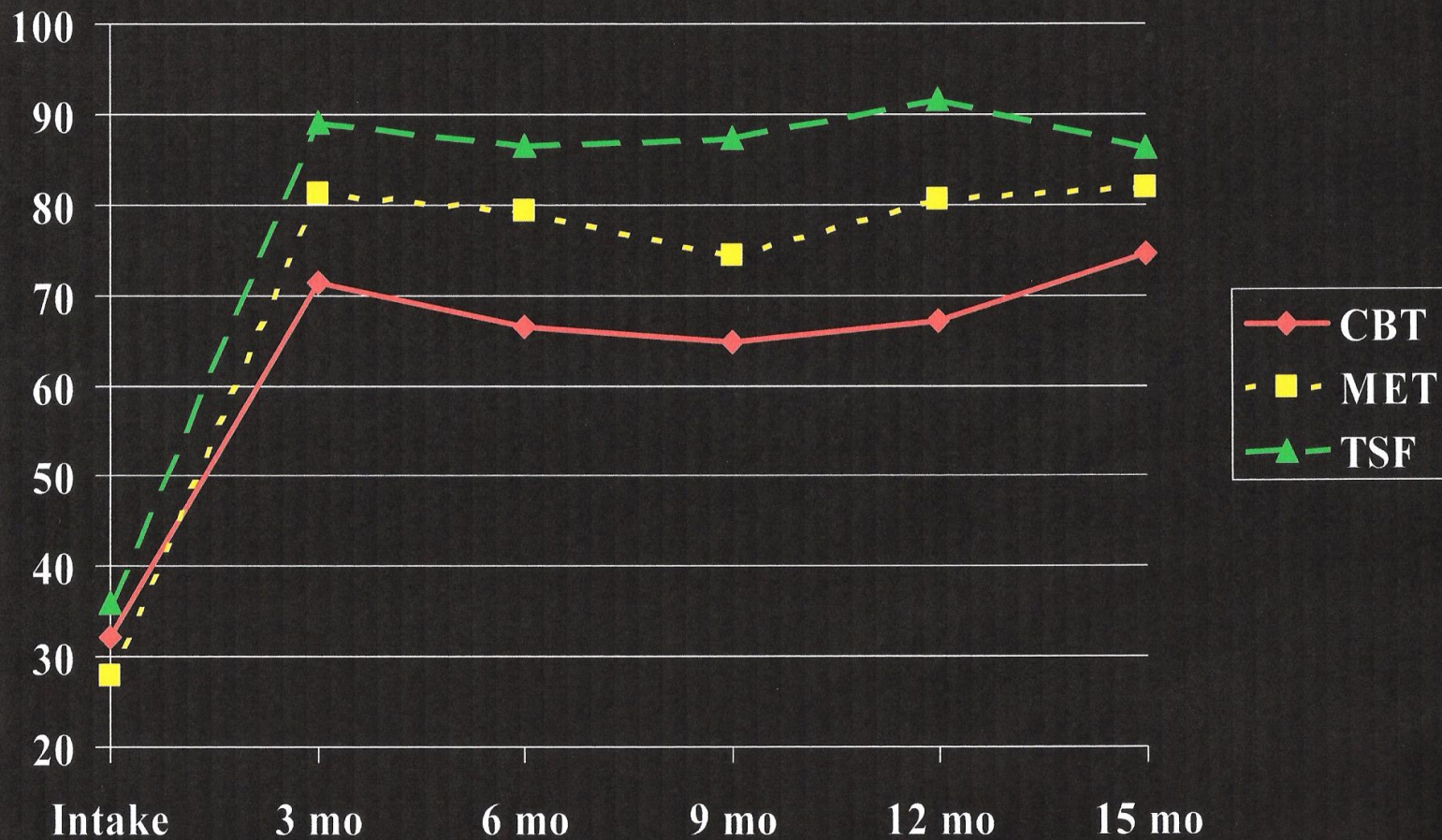


Milwaukee (OPT)





West Haven (OPT)



Treatment effects

Several active components

- The method
- The patient
Problems, severity, life situation
- The therapist
Competence
- The therapeutic alliance

Cooperation for dual diagnoses between Social services and Medical services

- **Social services**
If signs indicate psychiatric disorders direct contact with medical services for assessment
- **Primary or psychiatric care**
Assessment after 1-4 weeks of abstinence
- **Medical services**
Identification of risky consumption and dependence



Laws and regulations (in addition to guidelines)

- The individual and his access to treatment
- Competence and quality
- Responsible organization
(municipality, county, state)
- Coercive treatment



The individual and his access to treatment

- To strengthen the position of the individual
- A guarantee for treatment (fixed time limit)
- A special law (if necessary) regulating the rights for the individual to receive treatment for the addictions



Competence and quality (Initiative from the state)

- "Knowledge for practice "
(implementation of the national guidelines)
- Audit for treatment requirements and participation of the individual



Responsible organization

- Municipality
Social care and psychosocial treatment
- County
Medical treatment (withdrawal, medication)
- State
Coercive care (outside the mental health system)



Addictive disorders included

- Alcohol (including risky drinking)
- Illegal drugs
- Prescribed drugs
- Anabolic steroids



Addictive disorders not included

- Nicotin
- Pathological gambling

Critical issues

- **Psychosocial treatment**
Social system (municipality) or health care system (county)
- **Coercive care**
State system or integrated in mental health system (county)



One-man state investigation (interaction with group)

- Civil service departments
- Researchers
- Treatment personnel
- Patients
- International agencies



One-man state investigation

- Political process
- Administration reviews
- Research reports

Final report planned to be in November 2010 (after the election)

The situation with a minority government in Sweden has delayed the political process

At the present time

- There is no definite decision about state coercive treatment or not
- Neither if psychosocial treatment will be given in the social or medical system