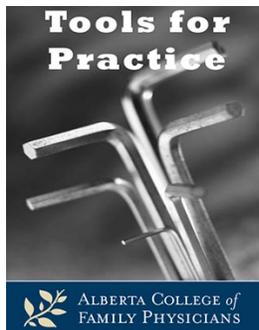


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## Getting patients to drink less—Are words mightier than drink?

**Clinical Question: Is brief intervention (BI) in primary care effective in reducing alcohol consumption in adults with excessive alcohol intake?**

**Bottom-Line: Brief intervention reduces drinking to lower risk levels over 12 months for one in 10 adults with excessive alcohol intake. There is no evidence of corresponding improvement in alcohol related morbidity and mortality. This could take up to ~40 hours per year for the average-sized practice.**

### Evidence:

- Two systematic reviews [23<sup>1</sup> and 22<sup>2</sup> randomized controlled trials (RCTs)] BI in adults (versus control): Decreased alcohol by 2.7-3.6 drinks per week over 12 months.<sup>1,2</sup>
  - Number Needed to Treat (NNT)=10 to obtain drinking within recommended limits.<sup>1</sup>
  - No difference: Mortality (four RCTs), quality of life (three RCTs).<sup>1</sup>
  - Insufficient evidence: Effect on accidents, injuries, liver.<sup>1</sup>
  - Conflicting evidence: Healthcare utilization.<sup>1</sup>
  - Additional time needed to perform perhaps main barrier (range five to 120 minutes/person).<sup>1</sup>
  - Subgroup analysis: Brief (10-15 minutes) multi-contact intervention most effective.<sup>1</sup>
    - No significant benefit with longer interventions or women.<sup>2</sup>
  - Limitations: Majority excluded those with alcohol use disorders<sup>1</sup> and trials heterogeneous (e.g. populations, screening instruments, interventions).<sup>2</sup>
- RCT not in above reviews (3,562 patients):
  - No significant difference between three different intensity interventions (e.g. feedback and information leaflet, five minutes of counseling or 20 minutes).<sup>3</sup>

### Context

- J-curve association with alcohol intake and mortality. Mortality risk increases at ~3 drinks/day in women and four drinks/day in men.<sup>4</sup>
- Approximately 15% of Canadian adults engage in problem drinking (alcohol consumption in excess of low risk drinking guidelines).<sup>5</sup>

- Though BI is based on motivational interviewing, the optimal type or length of BI is not clear.
  - Estimated time required is 15 minutes per patient x 15% average patient panel (1,000)=38 hours per year.<sup>1,5</sup> This could be performed by a multidisciplinary team member.<sup>6</sup>
- Patients diagnosed with an alcohol use disorder are unlikely to benefit from BI alone and require more intensive supports.<sup>7</sup>
- While there are many, one example of BI can be found at <http://www.sbir-diba.ca>.

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