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Interventions for Increasing Alcohol Treatment Utilization Among Patients with Alcohol Use Disorders from Emergency Departments: A Systematic Review☆,☆☆,★

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ABSTRACT

Aim: Alcohol use disorders (AUDs) are characterized by low treatment coverage. Emergency departments (EDs) have great potential to increase alcohol treatment coverage. While ED-based brief interventions (BIs) are rarely effective for reducing alcohol use and related consequences in people with AUDs, utilization of formal alcohol treatment has been demonstrated to be useful. Thus we conducted a systematic review to determine efficacious interventions for increasing subsequent alcohol treatment from EDs.
Methods: A systematic search of the literature up to 31 December 2013 was undertaken in three electronic databases: PubMed, PsycINFO and The Cochrane Library. Only randomized controlled trials (RCTs), controlled clinical trials (CCTs) and non-randomized controlled trials (NRCTs) were included. A meta-analysis was judged inappropriate because of substantial discrepancies in term of interventions' characteristics across studies.
Results: From the 2182 identified records, 7 studies (4RCTs, 2 CCTs, 1NRCT) met inclusion criteria. Onsite brief advice (BA) was found efficacious in comparison to no active control condition, but no evidence of efficacy was found when compared to active control conditions. Referral to post-discharge BIs was not found efficacious either used alone or in addition to onsite BA. There is evidence, albeit limited, suggesting that more intensive interventions, such as referral to extended post-discharge interventions and onsite extended BI, might be useful.
Conclusions: Based on the available evidence, onsite BA with leaflets appears to be the minimum level of intervention since it enables to actively intervene while fitting in the time concerns experienced in EDs. Further research is needed to confirm these findings given the limited quantity and quality of existing data and to determine whether more intensive interventions could actually be useful.

1. Introduction

Alcohol use disorders (AUDs) refer to alcohol dependence and alcohol abuse (APA, 2000) or harmful use (WHO, 1993). AUDs are the most severe stages of excessive alcohol consumption (NICE, 2010; SAMHSA, 2013), which is defined as drinking above the lower risk limits (NICE, 2010; SAMHSA, 2013). AUDs affect approximately 6% of the adult population in western countries (Rehm et al., 2009; WHO, 2014). In the long term, AUDs often have serious consequences for personal health, financial situations (Rehm et al., 2009) and mortality (Roerecke & Rehm, 2013). Because fewer than 20% of all people with AUDs will ever receive treatment for alcohol problems in their lives (Oleski, Mota, Cox, & Sareen, 2010), increasing treatment rates has been identified as an important issue for public health strategies on alcohol (Rehm, Shield, Gmel, Rehm, & Frick, 2013).

Emergency departments (EDs) have excellent potential to increase alcohol treatment coverage (Cherpitel, 2006; Havard, Shakeshaft, & Sanson-Fisher, 2008) because the prevalence of excessive alcohol consumption and AUDs is higher among ED patients than in the general population (Cherpitel & Ye, 2008; Grant et al., 2004; Rubinsky, Dawson, Williams, Kivlahan, & Bradley, 2013). In addition, EDs are accessed by a large number of patients with drinking problems (Borges, Cherpitel, Medina-Mora, Mondragón, & Casanova, 1998; Cornwell et al., 1998; McDonald, Wang, & Camargo, 2004) who are not necessarily in contact with primary (Bernstein, Bernstein, & Levenson, 1997) or tertiary care (Blow et al., 2006) but whose motivation to change their drinking patterns may be enhanced by their ED admission, particularly when the admission is alcohol related (Barnett et al., 2002; Longabaugh et al., 1995).

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Table 1
Description and results of included studies.

1st Author, Year:	Chafetz et al., 1962 [A]	Country:	USA	Study design:	CCT
Sample size:	n = 200	Follow-up rate:	89%		
Sample characteristics (sex, age, AUD severity):	100% Male; mean age ≈ 48; 100% of patients with alcohol dependence				
Inclusion criteria:	Adult patients diagnosed as alcoholic by the chief medical officer of the ED				
Alcohol-related exclusion criteria:	Being treated in the hospital's alcohol clinic < 60 days prior to ED admission				
Intervention:	Onsite Extended brief intervention [by: a psychiatrist and a social worker, duration: unknown]				
Control:	Usual emergency-ward care/no special treatment				
"Treatment Utilization Outcome(s)"" criteria:	a) Having made a self-initiated visit to the clinic during the 12-month follow-up b) Attendance to ≥ 5 self-initiated visits during the 12-month follow-up				
"Treatment Utilization" assessment:	Center database				
Results:	a) Self-initiated visit:	65% (/100) in the Intervention group 5.4% (/93) in the control group		p < 0.001 OR = 32.7 $ (95%, CI = 12.1–88)	
	b) ≥ 5 self-initiated visits:	42% (/100) in the intervention group 1.1% (/93) in the control group		p < 0.001 OR = 66.6 $ (95%, CI = 8.9–497)	
1st Author, Year:	Chafetz et al., 1964	Country:	USA	Study design:	CCT
Sample size:	n = 100	Follow-up rate:	Not mentioned		
Sample characteristics (sex, age, AUD severity):	100% Male; mean age not mentioned; 100% of patients with alcohol dependence				
Inclusion criteria:	Adult patients diagnosed as alcoholic by the chief medical officer of the ED				
Alcohol-related exclusion criteria:	Being treated in the hospital's alcohol clinic < 60 days prior to ED admission				
Intervention:	Onsite extended brief intervention [by: a psychiatrist and a social worker, duration: unknown]				
Control:	Usual emergency-ward care/no special treatment				
"Treatment Utilization Outcome(s)"" criteria:	a) Having made a self-initiated visit to the clinic during the 12-month follow-up b) Attendance to ≥ 5 self-initiated visits during the 12-month follow-up				
"Treatment Utilization" assessment:	Center database				
Results:	a) Self-initiated visit:	78% (/50) in the intervention group 6% (/50) in the control group		p < 0.0001 OR = 55.5 $ (95%, CI = 14.5–213)	
	b) ≥ 5 self-initiated visits:	56% (/50) in the intervention group 0% (/50) in the control group		p < 0.001 OR = 128 $ (95%, CI = 7.5–2189)	
1st Author, year:	Batel, Pessione, Bouvier, & Rueff, 1995	Country:	France	Study design:	RCT
Sample size:	n = 369	Follow-up rate:	Not mentioned		
Sample characteristics (sex, age, AUD severity):	86% Male; mean age = 39; 100% of patients with a likely AUD				
Inclusion criteria:	Adult patients admitted to the ED for drunkenness and invited to return home after a brief stay				
Alcohol-related exclusion criteria:	Previous contact with the center, being treated in the 6 previous months				
Intervention:	Post-discharge letter [sent to the patient within the two days after the admission] without onsite intervention				
Control:	No letter				
"Treatment Utilization Outcome(s)"" criteria:	Having made an appointment and came to a consultation 6 months after the randomization				
"Treatment Utilization" assessment:	Center database				
Results:	11.2% (/188) in the intervention group 1.1% (/181) in the control group		p = 0.001 OR = 11.2 $ (95%, CI = 2.6–48.7)		
1st Author, year:	Runge, Garrison, Hall, Waller, & Shen, 2002	Country:	USA	Study design:	RCT
Sample size:	n = 388	Follow-up rate:	74%		
Sample characteristics (sex, age, AUD severity):	69% Male; 58% aged [21–35] and 27% aged [36–55]; 100% of patients with a likely AUD				

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