



Predicting drinking outcomes: Evidence from the United Kingdom Alcohol Treatment Trial (UKATT)



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HIGHLIGHTS

- Different predictors were identified for frequency of drinking and intensity of drinking.
- More predictors were identified for percent days abstinent than for drinks per drinking day.
- The most consistent predictors of outcome were confidence to avoid heavy drinking and social support for drinking.

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ABSTRACT

Aims: To explore client characteristics that predict drinking outcomes using data from the UK Alcohol Treatment Trial (UKATT).

Methods: Multiple linear regression was used to determine if there were any characteristics, measured before the start of treatment, that could predict drinking outcomes at three and 12 months, as measured by percent day abstinent (PDA) and drinks per drinking day (DDD) over the preceding 90 days.

Results: Lower baseline DDD score and greater confidence to resist drinking predicted lower DDD at both three and twelve months following entry to treatment. In addition to baseline PDA and having greater confidence to resist heavy drinking, female gender, aiming for abstinence, more satisfaction with family life and a social network that included less support for drinking were predictors of percent days abstinent.

Conclusions: Overall the strongest and most consistent predictors of outcome were confidence to avoid heavy drinking and social support for drinking. More predictors were identified for percent of days abstinent than for drinks per drinking day. For percent of days abstinent, a number of client characteristics at baseline consistently predicted outcome at both month three and month twelve.

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1. Introduction

Developing effective interventions for clients with alcohol problems may be enhanced through an understanding of those client attributes that have an impact on drinking behaviour independent of the effect of a specific treatment modality. Identifying these attributes potentially allows for the development of pre-treatment

interventions, such as improved social care packages, better to address the needs of particular subgroups, and may enable the identification of attributes that should be targeted as part of the treatment process itself.

A large number of studies have evaluated baseline predictors of treatment outcome for clients with alcohol use disorders. In a systematic review, Adamson, Sellman, and Frampton (2009) identified 31 potential predictors from 51 treatment outcome studies. From analyses of these potential predictors 12 key predictors were identified that consistently predicted outcome in 19 of the studies. These were defined in three groups: four demographic and social

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functioning measures, six substance-related measures and two that were classed as other clinical measures. The four key demographic and social functioning factors identified were employment, gender, socioeconomic status or income, and religion. The six substance-related measures that were predictors of outcome were baseline alcohol consumption, dependence severity, treatment history, alcohol-related self-efficacy, motivation and treatment goal. Other clinical measures that were found to be key predictors in the review were psychopathology rating and neuropsychological functioning. From all the key predictors identified, the most consistent were dependence severity, psychopathology ratings, alcohol-related self-efficacy, motivation and treatment goal.

Many studies have examined predictors individually. Project MATCH, the largest treatment trial in the alcohol field, looked at a range of treatment predictors. Project MATCH Research Group (1997a, 1997b; 1998) reported that greater pre-treatment social support for drinking predicted poorer outcome at 12 months but not at three years. The confidence and temptation subscales of the *Alcohol Abstinence Self-Efficacy Scale* (DiClemente, Carbonari, Montgomery, & Hughes, 1994) were used to predict drinking outcomes at three years, with greater temptation and lower confidence at baseline being significant predictors of increased drinks per drinking day. Project MATCH (1998) utilised both the *Stages of Change Readiness and Treatment Eagerness Scale* (Miller & Tonigan, 1996) and a subset of questions derived from the *University of Rhode Island Change Assessment* (URICA) to measure motivation to change, which had previously found to be a robust predictor of outcome. Higher motivation and more advanced stage of change at baseline significantly predicted more percent days abstinent and lower drinks per drinking day at 3 year follow-up (DiClemente & Hughes, 1990). In studies where dependence did emerge as a predictor of outcome, the association usually indicated that increased severity at baseline predicted poorer outcome. However, the reverse association was apparent in Project MATCH Research Group (1997b).

The COMBINE study was a large pharmacotherapy clinical trial for treating alcohol dependence in the USA; a parallel study, PREDICT, was conducted in Germany (Gueorguieva et al., 2014, 2015). Using data from both studies the authors aimed to identify predictors of abstinence from heavy drinking. The study considered over 100 baseline predictors but found only two reliable predictors, longer consecutive days of abstinence and a drinking goal of complete abstinence, both associated with better outcomes.

Another paper also examined data from two studies involving treatment-seeking clients (Witbrodt & Romelsjo, 2012), one based in Sweden and the other in the USA. In both samples better drinking outcomes at one year were reported by women, younger age groups and those with an abstinence goal. Chiappetta, García-Rodríguez, Jin, Secades-Villa, and Blanco (2014) looked at predictors of quit attempts and successful quit attempts in a sample of individuals with alcohol use disorders. They found that for individuals with alcohol abuse, greater severity of alcohol use disorder, having a co-occurring drug use disorder and a greater number of psychiatric disorders decreased the chance of success, while being female, married and older than 40 years increased the chance of success. Among individuals with alcohol dependence, having nicotine dependence, a greater number of psychiatric disorders and personality disorders decreased success rates. Sugarman, Kaufman, Trucco, Brown, and Greenfield (2014) found that better drinking outcomes after residential treatment for alcohol dependence were associated with education, higher self-efficacy, social support, and depression.

Quality of life is a predictor that has been examined less frequently than others. Picci et al. (2014) looked at quality of life as a predictor of relapse in 199 patients entering inpatient alcohol detoxification. The quality of life measures contained four domains: physical health, psychological health, social relationships and environment. Whilst quality

of life changed in parallel with drinking outcomes, none of the baseline scores predicted relapse.

Previous studies have identified many different predictors of outcomes; sometimes the same predictors have been identified, yet the association was reversed. There are few consistent predictors between studies and many predictors have been explored individually, without taking into account the relationships between the different predictors. The UKATT data set is based on a large, mixed treatment-seeking population with excellent follow up rates and contains the majority of the key predictors identified above. This provides an opportunity to examine these predictors in a single model, using multiple regression to determine which are the strongest predictors of drinking outcomes after other potentially confounding variables have been adjusted for. These analyses will add to the current literature and potentially inform the direction of future research and treatment.

2. Methods

2.1. Procedure

The United Kingdom Alcohol Treatment Trial (UKATT) was a multicentre, pragmatic randomised controlled trial conducted at seven sites across the United Kingdom. Ethical approval was obtained from all the relevant local research ethics committees.

The trial involved a comparison of two psychosocial interventions for alcohol problems: a network based treatment, Social Behaviour and Network Therapy (SBNT) (Copello, Orford, Hodgson, & Tober, 2009) comprising up to eight, 50-min sessions over an eight to twelve week period and a briefer, motivationally-based treatment, Motivational Enhancement Therapy (MET) based on Miller, Zweben, DiClemente, and Rychtarik (1992) and consisting of three, 50-min sessions over a twelve week period.

Full details of the trial procedure are published elsewhere (UKATT Research Team, 2001). Clients entering treatment at each of the sites were screened for eligibility. Those who were eligible and provided full informed consent were randomised to either SBNT or MET. Adaptive allocation was used to reconcile treatment assignment with therapist availability, with more clients randomised to MET. Assessments were conducted at baseline prior to randomisation and then at three and twelve months after randomisation, with the 3-month follow-up corresponding to post-treatment assessment for those clients who completed the full treatment course.

2.2. Participants

Between 1999 and 2001, 742 clients who would normally receive treatment for alcohol problems were recruited at the participating sites. Excluded were clients aged < 16 years, illiterate, with uncontrolled psychotic illness or severe cognitive impairment, about to leave the area and unable to provide a contact, for whom alcohol was not the main problem or who were already receiving treatment for an alcohol problem.

Average age of the trial sample was 42 years ($sd = 10$), 74% were male, baseline mean drinks per drinking day (DDD) was 25 ($sd = 15$) and mean baseline percent days abstinent (PDA) was 29 ($sd = 26$). Follow up rate at month three was 92.9% (689/742) and at twelve months was 83.2% (617/742). The primary analysis found no significant differences between the randomised groups in terms of alcohol consumption measures or any other outcome variable three or 12 months after randomisation, although both groups showed significant improvements. Full results for the main hypotheses may be found in UKATT Research Team (2005) and for client-treatment matching hypotheses in UKATT Research Team (2008).

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