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Review

Continuing care for patients with alcohol use disorders: A systematic review☆

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ABSTRACT

Background: A chronic care perspective should be adopted in the treatment of patients with alcohol use disorders (AUDs). Initial treatment in a more intense psychiatric care setting should be followed by continuing care. This systematic review aims to identify effective continuing care interventions for patients with AUDs.
Methods: Electronic databases were searched up to February 2013 (MEDLINE, EMBASE, CENTRAL, CINAHL and PsycINFO) to identify RCTs studying continuing care interventions for patients with AUDs. Study selection and quality appraisal was done independently by two reviewers. Drinking and treatment engagement outcomes were considered. Relative risks and mean differences were calculated with 95% confidence intervals. A statistical pooling of results was planned.
Results: 20 trials out of 15,235 identified studies met the inclusion criteria. Only six were evaluated as methodologically strong enough and included for further analysis. Interventions ranged from telephone calls and nurse follow-up to various forms of individual or couples counseling. Four trials suggested that supplementing usual continuing care with an active intervention empowering the patient, could be beneficial to drinking outcomes. Effect sizes were limited and not consistent across all outcomes. Because of heterogeneity in the interventions and outcome measures, a meta-analysis could not be performed.
Conclusion: For the treatment of a disease with such devastating consequences, it is remarkable how few high quality studies are available. Adding an active intervention to usual continuing care seems to improve treatment outcomes. We propose an integrated care program with different elements from the selected studies and discuss implications for further research.

Contents

☆ Supplementary material can be found by accessing the online version of this paper. See Appendix A for more details.

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1. Introduction

Alcohol use disorders (AUDs) are a widespread problem worldwide (Rehm et al., 2012). They are often viewed as social or behavioral problems requiring regulations and law enforcement, rather than chronic medical disorders requiring ongoing care management (McLellan et al., 2000; Smith, 2012). However, increasing evidence suggests that AUDs are also a chronic health problem, presenting many similarities with other chronic diseases in heritability, course, risk of relapse, and response to treatment (McLellan et al., 2000). Yet, in contrast to other chronic diseases, the condition is extremely undertreated, with less than 10% of Europeans living with AUDs receiving therapy (Rehm et al., 2012). In addition, even when treated, relapse rates are up to 75% in the year after treatment (Friedmann, 2013).

Although alcohol belongs to the group of 'socially accepted drugs,' the burden of alcohol use at a global level is greater than the effects of illicit drug use (Giesbrecht et al., 2010). Firstly, alcohol is a threat to the *individual patient*. The mortality caused by alcohol consumption in the European Union is one in seven deaths in men and one in 13 deaths in women (Rehm et al., 2012). Alcohol is a contributory cause of more than 200 illnesses (Rehm et al., 2012) and 4% of the global burden of disease is attributable to alcohol (Room et al., 2005). Secondly, exposure to heavy drinkers often has negative impacts on *others* (family, workplace, and social network) leading to a reduced personal wellbeing and poorer health (Giesbrecht et al., 2010; Rehm et al., 2012). Finally, AUDs have important *socio-economic implications* (increase in crime rates, road trauma, absenteeism, unemployment and increased health care costs; Giesbrecht et al., 2010; Rehm et al., 2012).

Given this important health and socio-economic impact of AUDs, supplementing preventative strategies with adequate treatment is recommended (Rehm et al., 2012). Yet, current care for patients with AUDs is inadequate (Anderson et al., 2009; McLellan et al., 2000; Rehm et al., 2012). It is often based upon practices with little or no evidence of effectiveness (Lash et al., 2011; Miller et al., 2006). In addition, it relies heavily on an acute treatment model, providing detoxification programs, sometimes followed by specialty treatment rehabilitation programs, but without proactive efforts to ensure continuity of care thereafter (McLellan et al., 2000). Finally, there is no integration of care. Medical treatment, mental health care and substance abuse programs are often provided separately, and different healthcare settings (residential, semi-residential and ambulant care) generally function independently (Weisner, 2001).

AUD care should, instead, be organized from a chronic care perspective (NICE, 2011; Lash et al., 2011; McKay, 2009; McLellan et al., 2000). Initial treatment in a more intense psychiatric care setting (inpatient or intensive outpatient) should be followed by a phase of *continuing care*, in order to sustain the achieved positive effects (McKay, 2009). This continuing care phase, also called '*aftercare*' in literature, is the specific focus of this review. An integrated care program (ICP), based on Wagner's Chronic Care Model, could be used to reorganize the phase of continuing care for patients with AUDs (Bodenheimer et al., 2002a). Wagner's model relies on the concept of continuous, integrated care and encourages the interaction of informed, activated patients with prepared, proactive practice teams. ICPs do not yet exist in addiction care, but evidence indicates that they improve health outcomes in many other chronic diseases like diabetes, COPD and depression (Ouwens et al., 2005; Bodenheimer et al., 2002b). Although the exact definition and content of these ICPs vary, five common key principles have been described: patient centeredness, multi-professional teamwork, continuity of care, evidence-based practice and continuous quality improvement (Ouwens et al., 2005). In the continuing care phase for patients with AUDs, a *full ICP* has never been developed. However, multiple *isolated continuing care interventions* have been described in a wide variety of formats and modalities (Lash et al., 2011; McKay, 2009). They show different degrees of effectiveness and are not widely implemented (Lash et al., 2011). These could be part of an ICP for this population.

A systematic analysis of research on these continuing care interventions for people with only AUDs is lacking. It could, however, offer insight into how to effectively organize continuing care for patients with AUDs after they have completed the phase of more intense psychiatric care. This systematic review aims to identify effective continuing care interventions for patients with AUDs, sustaining the principles of integrated care as mentioned above.

2. Methods

To conduct our systematic review, we followed the principles of the Cochrane Handbook for Systematic Reviews of Interventions (Higgins and Green, 2011). The reporting is based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance for systematic reviews (Moher et al., 2009).

2.1. Search strategy

A sensitive search was conducted in five electronic databases (MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials, CINAHL and PsycINFO), to identify studies published up to February, 2013. Trials registers (Current Controlled Trials, including http://clinicaltrials.gov/) were searched to identify ongoing trials. We hand-searched the reference lists of the included articles and of topic-related systematic reviews to identify possible additional studies of interest. Both free text words and subject indexing terms were combined as search terms. Search terms were selected through discussion, taking into account the inclusion criteria, an exploratory search of the relevant literature and after browsing the MEDLINE