

See discussions, stats, and author profiles for this publication at: <http://www.researchgate.net/publication/282849260>

A randomized controlled non-inferiority trial of primary care-based facilitated access to an alcohol reduction website (EFAR-FVG): preliminary results

CONFERENCE PAPER · SEPTEMBER 2015

DOI: 10.1186/1940-0640-10-S2-O29

READ

1

10 AUTHORS, INCLUDING:



[Francesco Marcatto](#)

Università degli Studi di Trieste

12 PUBLICATIONS 13 CITATIONS

SEE PROFILE

ORAL PRESENTATION

Open Access

A randomized controlled non-inferiority trial of primary care-based facilitated access to an alcohol reduction website (EFAR-FVG): preliminary results

Pierluigi Struzzo^{1,2*}, Roberto Della Vedova¹, Donatella Ferrante², Nicholas Freemantle³, Charilaos Lygidakis⁴, Francesco Marcato², Emanuele Scafato⁵, Francesca Scafuri¹, Costanza Tersar¹, Paul Wallace⁶

From INEBRIA 12th Congress,
Atlanta, GA, USA. 24-25 September 2015

Background

The effectiveness of brief interventions for risky drinkers by GPs is well documented [1]. However, implementation levels remain low. Facilitated access to an alcohol reduction website offers an alternative to standard face-to-face intervention, but it is unclear whether it is as effective [2]. This study evaluates whether online brief intervention, through GP facilitated access to an alcohol reduction website for risky drinkers, is not inferior to the face-to-face brief intervention conducted by GPs.

Material and methods

In a northern Italy region participating GPs actively encouraged all patients age 18 attending their practice, to access an online screening website based on AUDIT-C [3]. Those screening positive underwent a baseline assessment with the AUDIT-10 [4] and EQ-5D [5] questionnaires and subsequently, were randomly assigned to receive either online counselling on the alcohol reduction website (intervention) or face-to-face intervention based on the brief motivational interview [6] by their GP (control). Follow-up took place at 3 and 12 months and the outcome was calculated on the basis of the proportion of risky drinkers in each group according to the AUDIT-10.

Results

More than 50% (n = 3974) of the patients who received facilitated access logged-on to the website and completed the AUDIT-C. Just under 20% (n = 718) screened

positive and 94% (n = 674) of them completed the baseline questionnaires and were randomized. Of the 310 patients randomized to the experimental Internet intervention, 90% (n = 278) logged-on to the site. Of the 364 patients of the control group, 72% (263) were seen by their GP. A follow-up rate of 94% was achieved at 3 months.

Conclusions

The offer of GP facilitated access to an alcohol reduction website appears to be an effective way of identifying risky drinkers and enabling them to receive brief intervention.

Acknowledgements

This work is jointly supported by the Italian Ministry of Health and by the regional school for the training in Primary Care of the Region Friuli-Venezia Giulia, Italy.
(Grant number: D25E12002900003). On behalf of the EFAR Study Group.

Authors' details

¹Research & innovation Area, Regional Centre for the Training in Primary Care, Monfalcone, Italy. ²University of Trieste, Department of Life Sciences, Italy. ³Department of Primary Care and Population Health, University College London, London, UK. ⁴Movimento Giotto, Bologna, Italy. ⁵Istituto Superiore di Sanità, WHO Collaborating Centre for Research and Health Promotion on Alcohol and Alcohol-Related Health Problems, Osservatorio Nazionale Alcol, Centro Nazionale di Epidemiologia, Sorveglianza e Promozione della Salute, Rome, Italy. ⁶National Institute of Health Research Clinical Research Networks, University of Leeds, Leeds, UK.

Published: 24 September 2015

References

1. Kaner EFS, Dickinson HO, Beyer FR, et al: **Effectiveness of brief alcohol interventions in primary care populations.** *Cochrane Database Syst Rev* 2007, **2**, doi: 10.1002/14651858.CD004148.pub3.

* Correspondence: pierluigi.struzzo@phd.units.it

¹Research & innovation Area, Regional Centre for the Training in Primary Care, Monfalcone, Italy

Full list of author information is available at the end of the article

2. Wallace P, Murray E, McCambridge J, *et al*: On-line randomized controlled trial of an Internet based psychologically enhanced intervention for people with hazardous alcohol consumption. *PLoS ONE* 2011, **6**:e14740.
3. Struzzo P, De Faccio S, Moscatelli E: Identificazione precoce dei bevitori a rischio in Assistenza Primaria in Italia: o ed adattamento del questionario AUDIT al contesto italiano e verifica dell' efficacia d'uso dello short-AUDIT test nel contesto nazionale di assistenza primaria: uno studio di validazione interna. *Boll delle Farmacodipendenze e Alcolismo* 2006, **XXIX**:20-5.
4. Saunders JB, Aasland OG, Babor TF, *et al*: Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *II. Addiction* 1993, **88**:791-804.
5. Rabin R, Charro F: EQ-5D: a measure of health status from the Euroqol group. *Ann Med* 2001, **33**:337-43.
6. Miller WR, Rollnick S: Il colloquio motivazionale. Preparare la persona al cambiamento. Erickson; 2004.

doi:10.1186/1940-0640-10-S2-O29

Cite this article as: Struzzo *et al*: A randomized controlled non-inferiority trial of primary care-based facilitated access to an alcohol reduction website (EFAR-FVG): preliminary results. *Addiction Science & Clinical Practice* 2015 **10**(Suppl 2):O29.

**Submit your next manuscript to BioMed Central
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

