Behavioral Counseling Interventions in Primary Care To Reduce Risky/Harmful Alcohol Use by Adults: A Summary of the Evidence for the U.S. Preventive Services Task Force

Abstract

Background: Primary health care visits offer opportunities to identify and intervene with risky or harmful drinkers to reduce alcohol consumption.

Purpose: To systematically review evidence for the efficacy of brief behavioral counseling interventions in primary care settings to reduce risky and harmful alcohol consumption.

Data Sources: Cochrane Database of Systematic Reviews, Database of Research Effectiveness (DARE), MEDLINE, Cochrane Controlled Clinical Trials, PsycINFO, HealthSTAR, CINAHL databases, bibliographies of reviews and included trials from 1994 through April 2002; update search through February 2003.

Study Selection: An inclusive search strategy (alcohol* or drink*) identified English-language systematic reviews or trials of primary care interventions to reduce risky/harmful alcohol use. Twelve controlled trials with general adult patients met our quality and relevance inclusion criteria.

Data Extraction: Investigators abstracted study design and setting, participant characteristics, screening and assessment procedures, intervention components, alcohol consumption and other outcomes, and quality–related study details.

Data Synthesis: Six to 12 months after good-quality, brief, multicontact behavioral counseling interventions (those with up to 15 minutes of initial contact and at least 1 follow-up), participants reduced the average number of drinks per week by 13% to 34% more than controls did, and the proportion of participants drinking at moderate or safe levels was 10% to 19% greater compared with controls. One study reported maintenance of improved drinking patterns for 48 months.

Conclusions: Behavioral counseling interventions for risky/harmful alcohol use among adult primary care patients could provide an effective component of a public health approach to reducing risky/harmful alcohol use. Future research should focus on implementation strategies to facilitate adoption of these practices into routine health care.
Review article: Outcomes of patients who are not transported following ambulance attendance: A systematic review and meta-analysis.

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