

Brief Intervention Works Despite Comorbidities

Depression, impulsivity do not impede change for trauma patients with mild, moderate alcohol problems.

BY DAMIAN McNAMARA
Miami Bureau

FORT MYERS, FLA. — Depression and/or impulsivity do not get in the way of behavioral change for trauma patients who have participated in a brief motivational intervention for alcohol abuse, results of a study presented at the annual meeting of the Eastern Association for the Surgery of Trauma show.

Researchers performed a secondary analysis of data from the DELTA project, an ongoing study funded by the National Institute on Alcohol Abuse and Alcoholism. DELTA is a randomized controlled trial aimed at demonstrating that a brief intervention was effective in reducing alcohol use among 497 trauma patients. In the current study, researchers surveyed 248 participants at 12 months and found no significant differences in decreases in alcohol use between participants who reported depression and/or impulsivity, compared with those who did not, Dr. Gabriel E. Ryb said at the meet-

ing, sponsored by Wake Forest University. The findings may only apply to mild to moderate problem drinkers because researchers excluded severely alcohol-dependent patients, said study discussant Dr. Michael Aboutanos.

"The reason we excluded the severe alcohol dependence patients ... [was] ... we assumed they would not be responsive to brief interventions," said Dr. Ryb, a trauma surgeon and researcher at the National Study Center for Trauma and Emergency Medical Systems, University of Maryland, Baltimore.

In addition, the investigators should have assessed patients using validated depression and impulsivity assessment tools instead of self-reports, said Dr. Aboutanos, who serves as director of the Injury Prevention Program and on the surgery faculty at Virginia Commonwealth University, Richmond. Therefore, this secondary analysis may be limited by the design of the initial study.

"I essentially agree with criticisms relating to the study being a post hoc analy-

sis," Dr. Ryb said. "I also agree that more rigorous assessment of the psychological state is needed."

Despite his criticisms, Dr. Aboutanos said, "The finding that neither impulsivity nor depression diminishes alcohol use intervention will be welcome by clinicians. I applaud their efforts for completing this study in a very difficult population."

Patients reported depression and impulsivity on the initial questionnaire. A total of 217 responded yes to the depressive indicator and 280 responded no. Not surprisingly, depression was associated with higher drinking rates.

"The co-occurrence of depression and alcohol abuse has been well studied," Dr. Ryb said. "Alcohol use disorders occur in a lot of trauma patients. There is also a high incidence of psychiatric illness in the trauma population."

Impulsivity is associated with risky behavior within the trauma population, Dr. Ryb said. Patients rated their impulsivity on scale of 1 to 4, according to this statement: "I often act on the spur of the moment without stopping to think." Impulsive patients reported increased alcohol use in the 90 days preinjury (an average of

237 drinks), compared with nonimpulsive participants (190 drinks). Similarly, the impulsive group reported a higher average number of binge drinking episodes (23), compared with the nonimpulsive patients (17).

The researchers assessed change in average number of drinks and average binge drinking at 12 months after the brief intervention. The motivational intervention consists of a 20-minute interview, feedback letter, and two follow-up telephone calls. "Essentially, everyone showed improvement after the interventions," Dr. Ryb said.

They found that impulsivity, but not depression, was associated with an average 50 more alcoholic drinks and 4.2 more binge episodes at 12 months. However, overall decreases in the impulsive patients were not significantly different from any other patients in the study. Therefore, "impulsivity, depression, intervention type, and other covariates were not predictive of behavior change."

Limitations of the study include its 50% follow-up rate, Dr. Ryb said. In addition, this study did not address any causal relationship between alcohol abuse and impulsivity. ■

Brief Counseling Brings Equal Cessation Results

BY BRUCE JANCIN
Denver Bureau

NEW ORLEANS — Behavioral interventions aimed at smoking cessation showed modest, albeit statistically significant efficacy in a new meta-analysis of 51 randomized controlled trials totaling nearly 27,000 smokers, Salvatore Mottillo reported at the annual meeting of the American College of Cardiology.

The behavioral interventions were of four types: brief physician-given advice to quit, typically a one-on-one intervention lasting 30 seconds to a couple of minutes; individual counseling by a therapist or physician in a more in-depth session of at least 20 minutes; group counseling; or proactive telephone counseling in which a nurse or therapist makes multiple phone calls to follow up on the patient's smoking status.

All 51 studies used biochemically validated patient self-reported smoking abstinence at 6 and/or 12 months as an end point.

Control subjects were individuals who felt motivated to quit smoking but received no assistance. Their success rate was about 10%. All four types of behavioral intervention boosted the success rate to about 15%-17%, with no signifi-

cant difference among them, according to Mr. Mottillo.

"What's interesting is clearly there's not one intervention that stands out as being more effective than the others. It seems as though minimal clinical intervention—that's the brief advice provided by a physician—may be as effective as these more resource-intensive interventions which require a lot more time and a lot more money. The government spends a lot of money on telephone hotlines to help patients quit smoking; that might not be any more helpful than a physician telling someone to quit," said Mr. Mottillo, an undergraduate student at McGill University, Montreal, in an interview.

He and his coinvestigators have applied to the Canadian Institutes for Health Research for funding of a head-to-head comparative trial testing that hypothesis, he added.

Nicotine patches and other pharmacotherapies appear to be slightly more effective than are behavioral interventions. In a separate meta-analysis, Mr. Mottillo's coinvestigators found that motivated patients given pharmacotherapeutic help were roughly twice as likely to quit smoking as controls. However, there has not been a randomized trial comparing behavioral and pharmacologic interventions, Mr. Mottillo noted. ■

It seems as though brief smoking cessation advice provided by a physician may be as effective as more resource-intensive interventions.

Adding Alcohol Intervention Can Help Smoking Cessation

BY JOHN R. BELL
Associate Editor

AUSTIN, TEX. — Adding a brief alcohol intervention to treatment for smoking cessation can improve patients' odds of quitting smoking, Christopher Kahler, Ph.D., reported at the annual meeting of the Society for Research on Nicotine and Tobacco.

Dr. Kahler and his colleagues at Brown University, Providence, R.I., conducted a randomized controlled trial of 176 smokers who drank heavily but who were not alcohol dependent. The investigators defined drinking heavily as drinking five or more drinks per occasion on 5 or more days in the past 30 days.

Participants were assigned to either standard cessation treatment alone (ST) or to standard cessation treatment plus a brief alcohol intervention (ST-BI), Dr. Kahler reported.

Both groups received four individual counseling sessions and 8 weeks of nicotine replacement therapy using a nicotine patch. Initially, a modestly increased tendency toward smoking abstinence was seen in the ST-BI group, but it did not reach statistical significance. However, when the 28 participants who drank the most heavily (four or more drinks per day for men and three or more drinks per day for women) were eliminated, ST-BI showed a statistically significant effect on smoking abstinence in the heavy drinkers.

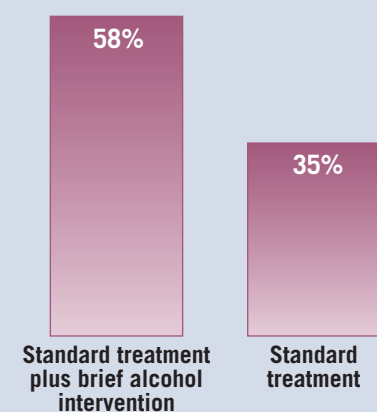
These results suggest that "more intensive alcohol-focused intervention may be needed to achieve greater changes in drinking and to help the heaviest drinkers successfully quit smoking," the investigators concluded.

After treatment, 58% of subjects in the ST-BI group said they intended to avoid alcohol as much as possible, compared with 35% of those in the ST group.

It is well documented that smokers drink more heavily than nonsmokers do, Dr. Kahler said. He also noted that 20% of current smokers consume more than four drinks at a time at least monthly, compared with 7% of nonsmokers. In addition, "it appears that alcohol use may increase the odds that temptations lead to lapses."

No protocols have been established for addressing alcohol abuse during smoking cessation treatment. ■

Percentage of Quitting Smokers Intending to Avoid Alcohol



Note: Based on a study of 176 smokers who drank heavily.
Source: Dr. Kahler