

The efficacy of iCBT added to treatment as usual for alcohol dependent patients in Primary Care: a randomized controlled trial.

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Background and aims

Most alcohol dependent persons have a moderate level of dependence. Treatment seeking in this group is low and treatment in specialized care is seen as unappealing. General practitioners (GP) hesitate to engage in this area and need to have access to treatment they find applicable and feasible to use.

The aim of this present study was to investigate if an internet-based cognitive behavioral program (iCBT) added to treatment as usual (TAU) is more effective than TAU only for alcohol dependent patients in primary care.

Design

A two group, parallel, randomized controlled superiority trial comparing iCBT+TAU vs. TAU only.

Setting

TAU was delivered at 14 primary care centers in Stockholm, Sweden.

Participants

264 patients (mean age 51 years) with alcohol dependence and hazardous alcohol consumption were enrolled between September 2017 and November 2019.

Interventions

Participants were randomized at a ratio of 1:1 to iCBT, as a self-help intervention, that was added to treatment as usual (TAU) (n=132) or TAU only (n=132). The GPs gave participants in both treatment arms feedback on the assessments and biomarkers and offered treatment as usual at the primary care center.

Measurements

Primary outcomes were change in weekly alcohol consumption in grams/week and heavy drinking days per month at 3- and 12 months follow-up compared with baseline, as measured with timeline follow back.

Results

Intention-to-treat analysis (n=132+132) failed to demonstrate improved outcomes when iCBT was added to TAU. The per protocol analysis (n=102+132) showed that, when the combination actually

occurs, iCBT+TAU led to reduced alcohol consumption (iCBT+TAU=107.46 and TAU=176.00, difference=68.55, p-value 0.01).

Conclusions

Access to a treatment method that does not take time or require expertise might increase the likelihood that questions about alcohol are asked and contribute to the development of a treatment system where primary care is the base of treatment.