

Pilot study of Assertive Community Treatment in Alcohol Dependence

Submission date
21/01/2009

Recruitment status
No longer recruiting

☐ Prospectively registered

☒ Protocol

Registration date
27/03/2009

Overall study status
Completed

☐ Statistical analysis plan

☒ Results

Last Edited
19/12/2017

Condition category
Mental and Behavioural Disorders

☐ Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
MRC ref: G0701818

Study information

Scientific Title
Assertive Community Treatment in Alcohol Dependence: a pilot randomised controlled trial

Acronym

ACTAD

Study objectives

As of 15/03/2010, this record has been substantially amended to include changes to the protocol; all changes can be found in the relevant field with the above update date. At this time, the target number of participants was increased from 88 to 132.

Assertive community treatment for chronic relapsing alcohol dependence results in better clinical outcomes than standard treatment and is more cost effective.

More details can be found at: <http://www.iop.kcl.ac.uk/departments/?locator=1070>

Ethics approval required

Old ethics approval format

Ethics approval(s)

Joint South London and Maudsley and the Institute of Psychiatry NHS Research Ethics Committee, approved on 15/09/2008 (ref: 08/H0801/113)

Added 15/03/2010:

A substantial amendment was approved by the above ethics board on the 29th January 2010.

Study design

Pilot randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Alcohol dependency/ community alcohol services

Interventions

Current interventions as of 15/03/2010:

Participants will be individually randomised to the following two arms (randomisation ration 2:1).

Arm 1: Control condition, standard treatment comprising:

1. An assigned keyworker (caseload greater than 25)
2. Care plan
3. Psychological interventions as necessary
4. Pharmacotherapies
5. Inpatient treatment
6. Referral to, and liaison with, other agencies)
7. Duration of care less than or equal to 3 months

Arm 2: Assertive Community Treatment, including standard treatment plus:

1. Rapid access to services
2. Staff with a small caseload (less than or equal to 15)

3. A high ratio of in vivo to office-based appointments
4. Assertive engagement
5. Focus of care extended beyond alcohol dependence
6. A shared care approach
7. Care coordinators working within a multidisciplinary team that meets frequently
8. Extended contact with patients over 12 months

Initial information at time of registration:

Participants will be individually randomised to the following two arms (randomisation ratio 1:1):

Control condition, standard treatment comprising:

- a. An assigned keyworker (caseload >25)
- b. Care plan
- c. Psychological interventions as necessary
- d. Pharmacotherapies
- e. Inpatient treatment
- f. Referral to, and liaison with, other agencies

Assertive Community Treatment, including standard treatment plus:

- a. Rapid access to services
- b. A small caseload (≤ 15)
- c. A high ratio of 'in vivo' to office based appointments
- d. Extensive motivational interviewing
- e. Assertive coordinators working within a multidisciplinary team that meets frequently
- f. Extended contact with patients over 12 months

The interventions will be running for 26 months of the trial. The length of the interventions for each patient will be 12 months.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Alcohol consumption assessed using the Time Follow Back Interview (Form 90) to provide a measure of mean drinks per drinking day and percent days abstinent. This will be assessed at baseline (receipt of referral by community alcohol team), at 6 months and 12 months follow up.

Key secondary outcome(s)

1. Severity of Alcohol Dependence Questionnaire, assessed at baseline (receipt of referral by community alcohol team), 6 months and 12 months follow up
2. Alcohol Problems Questionnaire, assessed at baseline (receipt of referral by community alcohol team), 6 months and 12 months follow up
3. Motivation, assessed by the Readiness to Change Questionnaire, assessed at baseline (receipt of referral by community alcohol team), 6 months and 12 months follow up
4. Social Network Involvement, assessed by the Important People and Activities Inventory, assessed at baseline (receipt of referral by community alcohol team), 6 months and 12 months follow up
5. Psychiatric symptoms, assessed by the SF-12® Health Survey, assessed at baseline (receipt of

referral by community alcohol team), 6 months and 12 months follow up
6. Quality of Life, assessed by Euroqol EQ-5D, assessed at baseline (receipt of referral by community alcohol team), 6 months and 12 months follow up
7. Therapeutic relationships, assessed by the Scale To Assess Relationships in community mental health care (STAR), assessed during the 6 month and 12 month follow up interviews
8. Service User Questionnaire, assessed at baseline (receipt of referral by community alcohol team), 6 months and 12 months follow up
9. Treatment engagement, including completion of assessment, detoxification and aftercare, assessed during the 6 month and 12 month follow up interviews

Completion date

11/01/2012

Eligibility

Key inclusion criteria

Current inclusion criteria as of 15/03/2010:

1. Both males and females, adult patients (greater than or equal to 18 years)
2. One or more previous episodes of treatment for alcohol dependence in the last 5 years in community drug and alcohol services
3. Alcohol dependent (as determined by Composite International Diagnostic Interview- Short Form [CIDI-SF])

Initial information at time of registration:

1. Both males and females, adult patients (greater than or equal to 18 years)
2. Severe alcohol dependence (Diagnostic and Statistical Manual of Mental Disorders, fourth edition [DSM-IV] and Severity of Alcohol Dependence Questionnaire Score greater than or equal to 30)
3. History of premature disengagement from alcohol services (one or more previous episodes of non-completion of treatment)
4. Patients with potentially more complex needs (e.g., lack of social support, unstable housing, physical illness, depression, legal problems)

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

Current exclusion criteria as of 15/03/2010:

1. Attended a professional service for alcohol dependence in the last 6 months
2. Street homeless
3. Diagnosed with a psychotic disorder
4. Is in receipt of assertive outreach services, or has Community Mental Health Team (CMHT) input greater than or equal to once a month
5. Has a severe cognitive impairment
6. Has a history of violence to treatment staff and/or Multi-Agency Public Protection Arrangements (MAPPA) registered

Initial information at time of registration:

1. Patients with concurrent severe mental illness
2. Patients with severe cognitive impairment
3. Patients already in receipt of assertive treatment services

Date of first enrolment

12/01/2009

Date of final enrolment

11/01/2012

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Section of Alcohol Research

London

United Kingdom

SE5 8BB

Sponsor information

Organisation

King's College London (UK)

ROR

<https://ror.org/0220mzb33>

Funder(s)

Funder type
Government

Funder Name
Medical Research Council (UK) (ref: G0701818)

Alternative Name(s)
Medical Research Council (United Kingdom), UK Medical Research Council, MRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	09/03/2017		Yes	No
Protocol article	protocol	20/02/2012		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes