

# Internet treatment of alcohol dependence in primary care

<b>Submission date</b> 17/11/2017	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 07/06/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 17/02/2025	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Alcohol dependence is a common disorder and has a continuum regarding severity. Most alcohol dependent persons have a moderate level of dependence and live under socially orderly conditions. Treatment seeking in this group is low however, mainly due to stigma and because treatment options are seen as unappealing. Alcohol is relevant to discuss in many primary care (PC) consultations and PC is less stigmatizing than addiction care units. But general practitioners (GPs) are reluctant to engage in treating alcohol problems due to time constraints and lack of knowledge about how to ask about and how to treat alcohol problems. Screening and brief interventions are effective for high consumers but there are few studies on dependence. Internet based interventions are attractive to and are shown to reach people with alcohol problems. Yet there are no internet studies on alcohol dependence in PC. The aim with this study is to broaden the base for treatment of alcohol dependence by lowering the threshold for treatment seeking and to reach a larger part of the target group with evidence based treatment. In the present project, the aim is to study the effectiveness of an Internet based Cognitive Behavioral Therapy (iCBT) when added to treatment as usual (TAU) for alcohol dependence in PC, and compare treatment outcome with TAU only.

### Who can participate?

Adults aged 18 and older who have a dependence on alcohol.

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group receive TAU from their GPs. Those in the second group receive TAU as well as the iCBT therapy for two months. All participants are then answering questionnaires, take blood samples again at 3 and 12 months which they are given computerized feedback on.

### What are the possible benefits and risks of participating?

Participants may benefit from receive extra treatment. All participants will be given what GPs provide patients according to the routines in primary care so there is no added risk.

### Where is the study run from?

Karolinska Institutet Stockholm (Sweden)

When is the study starting and how long is it expected to run for?  
January 2016 to March 2021

Who is funding the study?

1. Swedish Research Council for Health, Working Life and Welfare (Sweden)
2. Swedish Research Council Funding for Clinical Research in Medicine (Sweden)

Who is the main contact?

Professor Sven Andréasson  
sven.andreasson@ki.se

## Contact information

### Type(s)

Scientific

### Contact name

Prof Sven Andréasson

### Contact details

Riddargatan 1  
Mottagningen för alkohol och hälsa  
Stockholm  
Sweden  
11435  
+46 (0)8 12345780  
sven.andreasson@ki.se

## Additional identifiers

### Protocol serial number

N/A

## Study information

### Scientific Title

Internet-based Treatment of Alcohol Dependence in primary care - a randomised controlled trial

### Acronym

iTAP

### Study objectives

Internet based treatment (iCBT), when added to treatment as usual (TAU) for patients with alcohol dependence in PC, improves treatment outcome.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Regional Ethics Review Board in Stockholm, 07/12/2016, 17/10/2017, ref: Dnr 2016/1367-31/2.

## **Study design**

Randomized controlled trial between-groups design

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Alcohol dependence

## **Interventions**

The participants will first do an application and read information about the study. After this the participants will provide their consent and answer a number of questionnaires. If inclusion criteria are fulfilled and exclusion criteria are checked, the study coordinator will contact the participant and do the randomization. All participants then provide a blood sample and are scheduled for an appointment to the GP. Participants are randomly allocated to one of two groups.

The Treatment as usual (TAU) receive care from the general practitioners provide treatment according to local routines and the training given on feedback on assessment questionnaires and biomarkers in blood, offer medication for treatment if applicable.

The iCBT groups receive of adaptation of motivational enhancement therapy and CBT, for two months added to TAU (treatment as usual). In the intervention arm iCBT is added to TAU and will run for two months. Participants are reminded to start work with a new task every week in iCBT.

The treatment duration depends on what the GP finds applicable and will probably differ in duration and in content. TAU is given in both study arms. Follow up in both study arms (as described before) are 3 and 12 months from baseline and involves providing blood samples and answering questionnaires.

## **Intervention Type**

Mixed

## **Primary outcome(s)**

Change of weekly alcohol consumption and number of heavy drinking days measured by the Time line follow back instrument.

## **Key secondary outcome(s)**

1. Change of degree of alcohol dependence ICD 10 criteria is measured using questionnaires at baseline, 3 and 12 months
2. Change of consequences of drinking AUDIT scores is measured using questionnaires at baseline, 3 and 12 months
3. Change of symptoms of anxiety and depression HAD scores is measured using questionnaires at baseline, 3 and 12 months
4. Change of quality of life EQ5D is measured using questionnaires at baseline, 3 and 12 months
5. Change of levels of phosphatidylethanol (PEth) are measured using blood sample at baseline,

3 and 12 months

6. Change of levels of aspartate aminotransferase (ASAT) are measured using bloodsample at baseline, 3 and 12 months

7. Change of levels of alanine aminotransferase (ALAT) are measured using bloodsample at baseline, 3 and 12 months

8. Change of levels of gamma-glutamyltransferase (GGT) are measured using bloodsample at baseline, 3 and 12 months

9. Patients' satisfaction with treatment CSQ is measured using questionnaire at 3 months

**Completion date**

31/03/2021

## **Eligibility**

**Key inclusion criteria**

1. Alcohol dependence according to ICD-10 criteria, hazardous alcohol consumption

2. Male and female, >18 years of age

3. Housing in Stockholm county

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

264

**Key exclusion criteria**

1. Severe mental illness

2. Severe dependence in need of specialist treatment

3. Abuse or dependence of other substances apart from alcohol and/or nicotine

4. Severe somatic illness

5. Non-Swedish speaking

**Date of first enrolment**

24/08/2017

**Date of final enrolment**

31/12/2019

# Locations

## Countries of recruitment

Sweden

## Study participating centre

Karolinska Institutet Stockholm

Riddargatan 1

11435 Stockholm

Sweden

11435

# Sponsor information

## Organisation

Addiction Centre Stockholm (Beroendecentrum Stockholm)

## ROR

<https://ror.org/04g380834>

# Funder(s)

## Funder type

Research council

## Funder Name

Forskningsrådet om Hälsa, Arbetsliv och Välfärd

## Alternative Name(s)

Swedish Research Council for Health, Working Life and Welfare, Forskningsrådet om Hälsa, Arbetsliv och Välfärd, FORTE

## Funding Body Type

Government organisation

## Funding Body Subtype

Local government

## Location

Sweden

**Funder Name**

Swedish Research Council Funding for Clinical Research in Medicine

## Results and Publications

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are/will be available upon request from Sven Andreasson, [sven.andreasson@ki.se](mailto:sven.andreasson@ki.se)

**IPD sharing plan summary**

Available on request

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		23/02/2023	11/07/2023	Yes	No
<a href="#">Protocol article</a>	protocol	30/12/2019	16/12/2020	Yes	No
<a href="#">Other publications</a>	Moderation analysis	14/02/2025	17/02/2025	Yes	No
<a href="#">Other unpublished results</a>			10/05/2022	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes