ISRCTN91623132 https://doi.org/10.1186/ISRCTN91623132

How well a web-based program works in decreasing alcohol consumption among adults by giving personal feedback?

Submission date
13/11/2012

Recruitment status
No longer recruiting

Registration date
28/12/2012

Overall study status
Completed

Last Edited
23/09/2013

Condition category
Mental and Behavioural Disorders

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Web-based tailored programs, in which information is adapted to the needs of the individual in order to give personally relevant advice, have shown to be an effective method to improve health-related behaviors. Yet, studies assessing the effects of tailored alcohol self-help programs among adults are limited.
Since Internet-based programs suffer from high drop-out rates, it is a challenge to develop interactive programs that can maintain respondents attention in online interventions. In order to prevent early drop-out, and thus to increase the effectiveness of a program, different strategies could be used to hold respondents attention in online interventions.
The main aim of this study was to assess whether a triple-session, web-based tailored alcohol intervention (program) was effective in reducing alcohol intake among the adult drinking population. The second aim was to compare two computer tailored feedback on behavioral change, drop-out and process evaluation.

Who can participate?
In our study, we recruited approximately 1,000 adults (18+) via an online access panel (called respondi AG) in Germany.

What does the study involve?
By using questionnaires, drinking behavior, health status (i.e., symptoms of depression and chronic diseases), motivational determinants (i.e., knowledge, attitude, social influence, self-efficacy, preparatory plans, coping plans and motivational stage), and demographics were assessed among participants who were recruited via an online access panel.
The first experimental subgroup received questions and advice alternately per motivational determinant resulting in several advice sections.
The second experimental subgroup received a more traditional feedback strategy, in which one large overall advice was provided at the end of the program.
The control group only filled out three questionnaires.
The personalized advice, which directly was presented on the respondents computer screen, consisted of five parts in which attention was given to different psychosocial constructs of the

model:
1. Knowledge and awareness
2. Pros and cons of alcohol drinking
3. Social influence
4. Preparatory action plans
5. Self-efficacy and coping plans

What are the possible benefits and risks of participating?
The main benefit was that participants received personal feedback regarding their drinking behavior and their cognitions (the process of thought) regarding alcohol consumption.
To our knowledge, there were no risks to those who have taken part in this study.

Where is the study run from?
The study was set up by Maastricht University. The program development and data analysis took place at Maastricht University. Data collection was done in collaboration with respondi AG Cologne.

When is the study starting and how long is it expected to run for?
The study started in June 2010 and ran until January 2011.

Who is funding the study?
The study was funded by CAPHRI School for Public Health and Primary Care.

Who is the main contact?
Hein de Vries, PhD
hein.devries@maastrichtuniversity.nl

Contact information

Type(s)
Scientific

Contact name
Prof Hein De Vries

Contact details
P. Debyeplein 1
Maastricht
Netherlands
6229HA
hein.devries@maastrichtuniversity.nl

Additional identifiers

Study information

Scientific Title
Testing the effectiveness of a web-based tailored intervention to reduce alcohol consumption by adults

Study objectives
Our hypothesis is that a three-session, web-based tailored alcohol intervention is effective in reducing alcohol intake in unhealthy drinkers. Furthermore, we have the objective to compare two computer tailored feedback strategies (alternating versus summative) on behavioral change, drop-out and appreciation of the program.

Ethics approval required
Old ethics approval format

Ethics approval(s)
An ethics approval was not necessary since this is not a medical study.

Primary study design
Interventional

Study design
Six-month single-centre randomized waiting-list controlled trial

Study type(s)
Screening

Health condition(s) or problem(s) studied
Reducing alcohol consumption / high-risk drinking

Interventions
The intervention group was invited to visit a website consisting of questionnaires and personal feedback on drinking behavior and cognitions three times (at baseline, after three months, after six months).

We divided the experimental group in two subgroups: The intervention website for these two subgroups contained the same feedback messages. During all three feedback moments, one experimental subgroup received questions and personal advice alternately (alternate condition) whereas the other experimental subgroup obtained personal advice after answering all questions (summative condition).

The control group was invited to only fill out the three questionnaires online (at baseline, after three months, after six months). At the end of the study, the control group had the possibility to visit the website of the experimental group and thus to receive personal advice, too.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Difference in alcohol consumption (number of consumed alcoholic drinks / compliance with the alcohol guideline) between the experimental group and the control group after the intervention.

Key secondary outcome(s)

1. Difference in alcohol consumption (number of consumed alcoholic drinks / compliance with the alcohol guideline) between the two experimental subgroups after the intervention
2. Difference in drop-out rate from the intervention between the two experimental subgroups
3. Difference in process evaluation outcomes between the two experimental subgroups

Completion date
11/01/2011

Eligibility

Key inclusion criteria
1. Being a member of the online access panel respondi AG Cologne
2. Having Internet access
3. Having command of the German language
4. Being at least 18 years old

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Key exclusion criteria
Does not meet inclusion criteria

Date of first enrolment
07/06/2010

Date of final enrolment
11/01/2011

Locations

Countries of recruitment
Germany

Netherlands

Study participating centre
P. Debyeplein 1
Maastricht
Netherlands
6229HA

Sponsor information

Organisation
CAPHRI School for Public Health and Primary Care (Netherlands)

ROR
https://ror.org/02jz4aj89

Funder(s)

Funder type
University/education

Funder Name
CAPHRI School for Public Health and Primary Care (Netherlands)

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	17/09/2013		Yes	No