Title **Prevention of Relapse in Alcohol Dependence**

Agency **NHS QIS, NHS Quality Improvement Scotland (formerly HTBS)**
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Reference Slattery et al., 2003. Health Technology Assessment Report 3, Glasgow: Health Technology Board for Scotland. ISBN 1-903961-38-6

Aim

To determine which intervention(s) yield the maximum maintenance of recovery among those with alcohol dependence who have undergone detoxification.

Results and Conclusions

The meta-analysis suggested similar, statistically significant, beneficial effect sizes for four psychosocial interventions, ie, behavioral self-control training, motivational enhancement therapy, marital/family therapy, and coping/social skills training. A similar, statistically significant, beneficial effect was found for two pharmacological interventions, ie, acamprosate and naltrexone. No benefit was demonstrated for disulfiram, however only unsupervised disulfiram could be included in the analysis. One well-conducted randomized study of supervised oral disulfiram found a benefit likely to contribute to prevention of relapse. The economic analysis shows that four psychosocial therapies, and acamprosate and naltrexone (when combined with effective psychosocial therapies) are cost effective. Furthermore, all yield savings to NHSScotland by avoiding costs of alcohol-related disease.

Recommendations

- Psychosocial interventions that should be available to those with alcohol dependence who have undergone detoxification and are newly abstinent are: coping/social skills training, behavioral self-control training, motivational enhancement therapy, and marital/family therapy. Other psychosocial treatments are not recommended.
- Acamprosate and supervised oral disulfiram are recommended as treatment options in conjunction with psychosocial interventions. Naltrexone does not have authorization for treatment of alcohol dependence in the UK and is not recommended for routine use in NHSScotland.
- The recommended psychosocial interventions should be administered by appropriately trained and competent professionals using standardized protocols.
- Health professionals should carefully consider the choice of treatments following discussion with patients about their individual needs, preferences, and circumstances.
- NHS specialist services should contact people who drop out of treatment to offer another appointment and make provision for continuing care. They should be aware of mutual help and nonstatutory agencies operating in their area. Introduction to such agencies should be part of the overall strategy.
- NHS Boards should ensure that their core services are uniformly acceptable and accessible to all, considering the special service needs of subgroups.
- Long-term audit data should be collected for all interventions to evaluate patient outcomes and resource consequences of using the therapies in various Scottish settings.

Methods

Systematic literature searching was used to identify evidence published in scientific literature. Evidence was submitted from professional and patient groups, manufacturers, other interested parties, and experts. Clinical effectiveness, organizational issues, and patient issues were appraised and an economic evaluation performed. A meta-analysis of success rates following 4 psychosocial and 3 pharmacological interventions provided input to the cost-effectiveness analysis. A qualitative study was commissioned to elicit the views of service users.

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