

Brief physician advice for problem alcohol drinkers: a randomized controlled trial in community-based primary care practices.

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# Brief Physician Advice for Problem Alcohol Drinkers

## A Randomized Controlled Trial in Community-Based Primary Care Practices

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## Abstract

**Objective.** —Project TrEAT (Trial for Early Alcohol Treatment) was designed to test the efficacy of brief physician advice in reducing alcohol use and health care utilization in problem drinkers.

**Design.** —Randomized controlled clinical trial with 12-month follow-up.

**Setting.** —A total of 17 community-based primary care practices (64 physicians)

located in 10 Wisconsin counties.

**Participants.** –Of the 17 695 patients screened for problem drinking, 482 men and 292 women met inclusion criteria and were randomized into a control (n=382) or an experimental (n=392) group. A total of 723 subjects (93%) participated in the 12-month follow-up procedures.

**Intervention.** –The intervention consisted of two 10- to 15-minute counseling visits delivered by physicians using a scripted workbook that included advice, education, and contracting information.

**Main Outcome Measures.** –Alcohol use measures, emergency department visits, and hospital days.

**Results.** –There were no significant differences between groups at baseline on alcohol use, age, socioeconomic status, smoking status, rates of depression or anxiety, frequency of conduct disorders, lifetime drug use, or health care utilization. At the time of the 12-month follow-up, there were significant reductions in 7-day alcohol use (mean number of drinks in previous 7 days decreased from 19.1 at baseline to 11.5 at 12 months for the experimental group vs 18.9 at baseline to 15.5 at 12 months for controls;  $t=4.33$ ;  $P<.001$ ), episodes of binge drinking (mean number of binge drinking episodes during previous 30 days decreased from 5.7 at baseline to 3.1 at 12 months for the experimental group vs 5.3 at baseline to 4.2 at 12 months for controls;  $t=2.81$ ;  $P<.001$ ), and frequency of excessive drinking (percentage drinking excessively in previous 7 days decreased from 47.5% at baseline to 17.8% at 12 months for the experimental group vs 48.1% at baseline to 32.5% at 12 months for controls;  $t=4.53$ ;  $P<.001$ ). The  $\chi^2$  test of independence revealed a significant relationship between group status and length of hospitalization over the study period for men ( $P<.01$ ).

**Conclusions.** –This study provides the first direct evidence that physician intervention with problem drinkers decreases alcohol use and health resource utilization in the US health care system.

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