



**PROPOSED REVIEW OF SIGN GUIDELINE  
CONSULTATION FORM**

Title of guideline	SIGN 74: The management of harmful drinking and alcohol dependence in primary care
Date of publication	September 2003
SIGN scoping search – sources	<p>MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline</p> <p>Sources: <b>Guidelines:</b> NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site; CKS Knowledge Summaries. <b>Technology appraisals:</b> NICE; UK HTA database (Southampton); INAHTA database. <b>Cochrane reviews:</b> Cochrane Library. <b>Other good quality systematic reviews:</b> UK HTA database (Southampton); DARE.</p>
SIGN scoping search - summary	<p><b>Guidelines – 0</b>  <b>HTAs – 2</b>  <b>Cochrane reviews – 14</b>  <b>Other good quality systematic reviews – 5</b></p>
Other guidelines/HTAs	<ul style="list-style-type: none"> <li>▪ Danish Centre for Evaluation and Health Technology Assessment (DACEHTA) <i>Treatment of alcohol dependence</i>. Danish National Board of Health. September 2006.  <a href="http://www.sst.dk/Udgivelser/2006/Treatment%20of%20alcohol%20dependence.aspx">www.sst.dk/Udgivelser/2006/Treatment%20of%20alcohol%20dependence.aspx</a></li> <li>▪ Health Council of the Netherlands Gezondheidsraad. <i>Risks of alcohol consumption related to conception, pregnancy and breastfeeding</i>. Den Haag: Health Council of the Netherlands Gezondheidsraad (GR), 2005.  <a href="http://www.gr.nl/samenvatting.php?ID=1171&amp;highlight=Risks%20of%20alcohol">www.gr.nl/samenvatting.php?ID=1171&amp;highlight=Risks%20of%20alcohol</a></li> </ul> <p>NICE is developing three pieces of guidance relating to alcohol use disorders. Each piece of guidance will focus on a different element of the care pathway, from the prevention and early identification of alcohol use disorders (due to be published March 2010) through to the clinical management of acute alcohol withdrawal and alcohol related liver disease and pancreatitis (due to be published May 2010). The third piece of guidance will focus on the management of alcohol dependency and psychological interventions (due to be published Jan 2011).</p>
Main conclusions from new evidence	<ul style="list-style-type: none"> <li>▪ A Cochrane review concluded that there are no experimental studies unequivocally demonstrating the effectiveness of AA or other twelve step facilitation approaches for reducing alcohol dependence or problems. One large study focused on the prognostic factors associated with interventions that were assumed to be successful rather than on the effectiveness of interventions themselves. <i>The guideline recognises that there is limited formal evidence of efficacy from randomised studies and states that AA is a network of support including advice for individuals in crisis, and that its members are willing to help primary care teams link patients with AA. The guideline recommends that alcohol dependent patients should be encouraged to attend Alcoholics Anonymous (C).</i></li> <li>▪ Findings from a Cochrane review support that short-term treatment with naltrexone should be accepted as a short-term treatment for alcoholism. Some major limitations of the available evidence include short study duration, small sample sizes and lack of data on psychosocial benefits. <i>The guideline notes support for the use of naltrexone but notes that it is not licensed for this indication in the UK and makes no recommendation</i></li> </ul>

	<p><i>about its use</i></p> <ul style="list-style-type: none"> <li>▪ A Cochrane review and a further systematic review of brief alcohol interventions (BAIs) concluded that BAIs can be effective for the reduction of alcohol consumption in patients attending primary care or the emergency department. The benefit may be clearer in men than in women and can last for 48 months. <i>Not covered in the guideline.</i></li> <li>▪ A Cochrane review found inconsistent evidence from relatively few small studies suggesting that psychological and educational interventions may result in increased abstinence from alcohol, and a reduction in alcohol consumption among pregnant women. The complexity of interventions prevented determination of the most effective intervention. <i>Not covered in the guideline.</i></li> </ul> <p><b><i>NB The other Cochrane reviews found no evidence on which to make clear conclusions and are in areas not covered in the guideline, eg use of propylthiouracil, milk thistle or role of therapeutic communities.</i></b></p>
New areas that could be added to the guideline	<ul style="list-style-type: none"> <li>▪ Use of brief alcohol interventions</li> <li>▪ Psychological and/or educational interventions for reducing alcohol consumption in pregnant women and women planning pregnancy</li> </ul>
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> <li>▪ none</li> </ul>

This report has been reviewed by SIGN Senior Management who do not consider that the new evidence provides justification for updating of the guideline at this stage, and the guideline remains current. This report will be updated and reconsidered in 2011.