



S I G N

**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: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site; CKS Knowledge Summaries. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane Library. Other good quality systematic reviews: UK HTA database (Southampton); DARE. RCTs: MEDLINE</p>
SIGN scoping search - summary	<p>Guidelines – 9 HTAs – 2 Cochrane reviews – 14 Other good quality systematic reviews – 10 RCTs - 1103</p>
Other guidelines/HTAs	<ul style="list-style-type: none"> ▪ National Institute of Clinical Excellence. 2010. Public Health Guidance 24 - Alcohol-use disorders: preventing the development of hazardous and harmful drinking. www.nice.org.uk/guidance/PH24 ▪ National Institute of Clinical Excellence. 2010. Alcohol-use disorders: physical complications. http://guidance.nice.org.uk/CG100 ▪ National Institute of Clinical Excellence. 2010. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. http://guidance.nice.org.uk/CG115 ▪ Center for Substance Abuse and Treatment. Incorporating alcohol pharmacotherapies into medical practice. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2009. 110 p. (Treatment improvement protocol (TIP); no. 49). [108 references] ▪ Center for Substance Abuse Treatment. Substance abuse: clinical issues in intensive outpatient treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration; 2006. Various p. (Treatment improvement protocol (TIP); no. 47). ▪ Naegle M. Substance misuse and alcohol use disorders. In: Capezuti E, Zwicker D, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 649-76. [71 references] ▪ New York State Department of Health. Clinical management of alcohol use and abuse in HIV-infected patients. New York (NY): New York State Department of Health; 2008 Apr. 15 p. [41 references] ▪ Michigan Quality Improvement Consortium. Screening, diagnosis and referral for substance use disorders. Southfield (MI): Michigan Quality Improvement Consortium; 2009 Aug. 1 p. ▪ Work Group on Substance Use Disorders, Kleber HD, Weiss RD, Anton RF, Rounsaville BJ, George TP, Strain EC, Greenfield SF, Ziedonis DM, Kosten TR, Hennessy G, O'Brien CP, Connery HS, American Psychiatric Association Steering Committee on Practice Guidelines, McIntyre JS, Charles SC, Anzia DJ, Nininger JE, Cook IA, Summergrad P, Finnerty MT, Woods SM, Johnson BR, Yager J, Pyles R, Lurie L, Cross CD, Walker RD, Peele R, Barnovitz MA, Gray SH, Shemo JP, Saxena S, Tonnu T, Kunkle R, Albert AB, Fochtmann LJ, Hart C, Regier D. Treatment of patients with substance use disorders, second edition. American Psychiatric Association.

	<p>Am J Psychiatry 2006 Aug;163(8 Suppl):5-82.</p> <ul style="list-style-type: none"> ▪ Danish Centre for Evaluation and Health Technology Assessment (DACEHTA) <i>Treatment of alcohol dependence</i>. Danish National Board of Health. September 2006. www.sst.dk/Udgivelser/2006/Treatment%20of%20alcohol%20dependenc e.aspx ▪ 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. www.gr.nl/samenvatting.php?ID=1171&highlight=Risks%20of%20alcohol
Main conclusions from new evidence	<ul style="list-style-type: none"> ▪ A systematic review found that the CAGE questionnaire is of limited diagnostic value for screening purposes at the recommended cut-point of two or more. In elderly primary care patients the Alcohol Use Disorders Identification Test (AUDIT) was a useful screen for detecting harmful and hazardous drinking and the CAGE test was valuable when screening for dependence. <i>The guideline recommends that (B) Abbreviated forms of AUDIT (eg FAST), or CAGE plus two consumption questions, should be used in primary care when alcohol is a possible contributory factor.</i> ▪ 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> ▪ 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 about its use</i> ▪ A Cochrane review suggests that gamma-hydroxybutyrate (GHB) is as effective benzodiazepines and chlormethiazole for treatment of alcohol withdrawal and prevention of relapses. However potential abuse must be considered and the drug must be administered only in the context of medical surveillance. <i>Not covered in guideline.</i> ▪ Results of a Cochrane review do not provide sufficient evidence in favour of anticonvulsants for the treatment of alcohol withdrawal. <i>The guideline recommends (C) Antiepileptic medication should not be used as the sole medication for alcohol detoxification in primary care.</i> ▪ 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. ▪ Cochrane reviews found insufficient evidence to recommend the routine use of home visits, any particular model of home visits or any specific home interventions, psychological and/or educational interventions for reducing alcohol consumption during pregnancy and after birth in women with an alcohol problem. <i>Guideline recommends brief interventions during routine antenatal care (B).</i> ▪ A review found that psychological therapies involving family members to treat problem drinkers can reduce alcohol-related outcomes and another concluded that the overall effect of family interventions on adolescent

	<p>alcohol use was small, but consistent and effective even at 48 months. The reliability of the authors' conclusions are uncertain due to lack of validity assessment, the potential for error and bias in the selection of studies and the small number of studies for each outcome. <i>Not covered in the guideline.</i></p> <p><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></p>	
New areas that could be added to the guideline	<ul style="list-style-type: none"> Psychological therapies involving family members to treat alcohol problems 	
Summary of the recommendations that could be updated	Section:	
	<ul style="list-style-type: none"> The section on CAGE and AUDIT could be expanded to include different patient populations 	2.2
	<ul style="list-style-type: none"> Brief interventions to non-admitted A&E patients could be updated. <i>GPP Patients who screen positive for harmful drinking or alcohol dependence in A&E should be encouraged to seek advice from their GP or given information on how to contact another relevant agency.</i> 	3.2

Please answer the following questions as fully as possible:

Specialties:	Psychology (1), General Practice (1), Nursing (1)	
1(a) Is there still a requirement for an evidence-based guideline on this topic?	Yes	
	This topic is becoming even more important because of the priority the government is giving to it and the effect that excess alcohol is having on the health of the population. Primary care is seeing an increase in problems created by excess drinking and it remains a priority for enhanced QOF services.	
1(b) If no, should the guideline be withdrawn?		
2(a) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? <i>Please give details.</i>	Section 2.2: screening for alcohol dependence and those at risk needs to be updated in the light of the new evidence. Screening tools need to be considered.	
2(b) If no, is there a need to scope for new evidence on a yearly basis?	Annual scoping is too frequent and biannual would be more relevant.	
2(c) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	Yes	
	Naltrexone remains unlicensed in UK for alcohol	

2(d) If yes, please suggest clinical questions that could be addressed in the revision?	
What clinical tools should be used to identify problem drinking in general practice?	
3(a) Please list any additions to the remit of the guideline that you think would be beneficial	
vitamin therapy	
3(b) Please list any sections of the guideline that are no longer required	
4 Please tick your preferred option for reviewing this guideline	
a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	✓
b. some recommendations will change in the light of the new evidence and elements of the guideline should be reviewed	✓

5 SIGN COUNCIL			Date: 11/11/2011
Revalidate	Refresh	Revise	Remove
✓			