ISAM Congress Dundee

Symposium of the European Federation of Addiction Societies (EUFAS)

The German guidelines for the treatment of alcoholism

Prof. Karl Mann, University of Heidelberg
The optimal treatment for alcoholism

- **The Lemon Cure:**
  
  251 lemons in exactly 29 days
  
  (takes the craving away and makes the patient completely indifferent to alcohol)

  Dr. BF Shilo 1961

*Citation from G. Edwards (2000) Alcohol, the World’s Favorite Drug*
How about adding some science?

- Double-blind randomized controlled trials

- Systematic Reviews

- Meta-analyses

- Advanced statistical methods

OK, BUT.....
Definition:

"Clinical Practice Guidelines (CPGs) are systematically developed statements to assist practitioners` and patients` decisions about appropriate health care for specific circumstances".

Field and Lohr (1990)
4.1 Potential benefits of Clinical Practice Guidelines

- Aggregate evidence from international studies.
- Recommend effective interventions with proved benefit.
- Discourage ineffective or harmful interventions.
- Provide broad consensus of science, practice and stakeholders.
- Reduce inappropriate variation in practice (i.e. best intervention irrespective of where or by whom a patient is treated).
- Empower patients to make informed healthcare decisions.
- Provide a focus for training and future research.

Reduction of morbidity and mortality!
Improvement in quality of life and health care!
S3-Leitlinie Screening, Diagnose und Behandlung alkoholbezogener Störungen

Karl Mann · Eva Hoch · Anil Batra  Hrsg.

Springer
Recommandations en Allemagne (Alcool et Tabac)

Sociétés scientifiques principales:

- Addictologie (DG-Sucht)
- Psychiatrie et Psychotherapie (DGPPN)

En collaborations avec 50 sociétés scientifiques (Allemagne, Autriche, Suisse)

Supervision: Fédération des Sociétés Médicales Scientifiques (AWMF)

7 „conférences de consensus“ de 2-3 jours avec 40-50 délégués

Coût total: 500.000 € (deux psychologues à mi-temps/
pas d’argent de l’industrie ou du gouvernement)
2. How to develop trustworthy guidelines?
2.1 Standards for development of high-quality guidelines

Association of the Scientific Medical Societies (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e.V., AWMF)

AWMF (2012)
## 2.1 AWMF guideline classification

<table>
<thead>
<tr>
<th>AWMF-guideline stages</th>
<th>Representative guideline panel</th>
<th>Systematic evidence reviews</th>
<th>Formal, structured consensus process</th>
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<tbody>
<tr>
<td><strong>S1</strong></td>
<td>no</td>
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<tr>
<td>Expert rating</td>
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<tr>
<td><strong>S2k</strong></td>
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<td>Yes</td>
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<td><strong>S2e</strong></td>
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<tr>
<td>Evidence-based guideline</td>
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<tr>
<td><strong>S3</strong></td>
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<tr>
<td>Evidence- and consensus-based guideline</td>
<td></td>
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Kopp, Encke & Lorenz (2002)
2.1 S3-Guidelines development process (2010-2014)

- Objective and scope of the guideline
- Guideline development group
- Clinical questions
- Systematic literature research
- Development of clinical recommendations
- Full guideline (& materials)
- Dissemination, implementation, evaluation
3.1 Representative guideline panel
3.1 Composition of guideline development group

Guideline development panel

Coordinating team
Chairs, coordinators & methodologists

Consensus group
60 scientific associations, patient associations, health professionals, and other stakeholders

Steering group
9 scientific associations

Alcohol guideline (7 expert groups)
Tobacco guideline (7 expert groups)
-> 70 scientists & mental health experts

Moderator: AWMF

Hoch, Batra & Mann (2012)
3.2 Systematic evidence review and appraisal (2011-2013)
3.2 Systematic review and appraisal of evidence

**Clinical questions** (Alcohol: $n=22$; Tobacco: $n=29$)
Delphi process

- **International guidelines** (Alcohol: $n=23$; Tobacco: $n=18$)
  - DELBI-score $\geq 0.6$

- **Systematic Reviews** (Alcohol: $n=28$; Tobacco: $n=55$)
  - SIGN checklist

- **SR, Meta-Analysis, RCTs** (Alcohol: $n=2213$; Tobacco: $n=3650$)
  - Methodological checklist

**Treatment recommendations** (Alcohol: $n=120$; Tobacco: $n=81$)
- Level of Evidence (LoE), Strength of Recommendation (A, B, O)

**Clinical experience** (clinical consensus point)
3.3 Formal consensus process
3.3 Disclosure and management of conflicts of interest (COI)

Conflict of interest

„A set of circumstances that creates a risk that professional judgment will be unduly influenced by secondary interest

(Institute of Medicine, 2009)

Annual declaration of any personal financial and nonfinancial COI relationships related to guideline topic!
3.3 Treatment recommendations: Some examples

Alcohol guideline

2.1.3.1 The Alcohol Use Disorders Identification Test (AUDIT) should be used to screen for hazardous, harmful and dependent alcohol use.
Strength of Recommendation: A
LoE: 1a
References: (Haber et al., 2009; NICE, 2011), Consensus: 93.3%

3.2.3.1 Short interventions are effective to reduce problematic alcohol use and should be provided country-wide.
Strength of Recommendation: A
LoE: 1a
References: (e.g. APA, 2006), Consensus: 84.8%

3.8.3.22 For people who are alcohol dependent (ICD10: F10.2) complete abstinence is the primary goal of post-acute interventions. People who are not able to achieve complete abstinence at the moment or those with harmful or hazardous alcohol use should aim at reducing alcohol consumption (time, quantity, frequency).
Strength of Recommendation: A
LoE: 1a
References: (e.g. NICE 2011), Consensus: 100%
4. Summary and conclusion
4.1 Summary

S3-guidelines for alcohol and tobacco use disorders ...

1. Provide up-to-date clinical recommendations
   • Systematic literature review, results of best clinical research,
   • recommend interventions with proved efficacy,
   • disapprove ineffective or harmful interventions.

2. Are based on broad consensus of science and practice.

3. Include patients` opinions (-> acceptance of guidelines in care).

4. Conflicts of interest (COI) are assessed to avoid any bias from financial, political or ideal interests of stakeholders.
S3-guidelines for alcohol and tobacco use disorders…

1. Help to improve identification and diagnosis of alcohol and tobacco use disorders.
2. Assist health professionals, patients and their families to find the best treatment currently available,
3. Have the potential to reduce inappropriate variations in care and
4. Provide a focus for education, training and future research.

Guidelines will never be a substitute for professional knowledge, own clinical judgment and responsibility in individual cases!
• Extremely costly (500,000 € for alcohol and tobacco)
• Do not fully get rid of bias in spite of enormous efforts
  - basic convictions outperform (beat) scientific evidence
  - massive differences in views, when assessing pharmacotherapy vs. psychotherapy
• Are outdated when published
• Continuous follow-ups necessary but manageable??
AWMF - S3 guidelines for alcohol and tobacco use disorders

Chair K. Mann, Mannheim
Coordinator: E. Hoch, Mannheim
Steering group (in alphabetic order):

A. Batra (Tobacco), Tübingen
K. Petersen (Tobacco), Tübingen
G. Bühringer, E. Hoch, M. Klein,
K. Mann, J. Reimer, G. Reymann,
R. Thomasius, I. Kopp (AWMF)

... and more than 100 participating scientific associations, professional associations, patients, other stakeholders, scientists and mental health experts.
Dissemination

Download unter
http://www.awmf.org/leitlinien/aktuelle-leitlinien.html

2 documents (Alcohol & Tobacco)

Mann K et al European Addiction Research 2017 (in press)
German model

- Large task force
- Systematic review
- Nominal group process
- No funding from industry
- Strong internal validity
- Four years process

French model

- Limited task force
- Limited bibliogr. review
- Industrial funding
- External validation – EUFAS
- 18 months process
• Improve identification and diagnosis of disorders
• Assist health professionals, patients and families to find the best treatment available,
• Reduce inappropriate variations in care and
• Provide a focus for education, training and future research.