

Alcohol dependence treatment guidelines and practice in Europe

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Alcohol dependence in Europe – prevalence

Country	Women, %	Men, %	Country	Women, %	Men, %
Austria	2.5	7.5	Latvia	1.6	8.4 (> 20!)
Belgium	1.9	5.4	Lithuania	1.9	9.9
Bulgaria	1.4	7.3	Luxembourg	1.4	5.4
Cyprus	1.6	5.3	Malta	0.8	2.8
Czech Republic	0.8	5.0	Netherlands	0.5	1.0
Denmark	1.9	4.8	Norway	3.5	10.5
Estonia	2.1	11.0	Poland	1.6	8.4
Finland	1.9	7.2	Portugal	1.7	5.6
France	1.5	5.3	Romania	0.7	2.2
Germany	1.3	5.4	Slovakia	1.1	10.2
Greece	1.5	4.8	Slovenia	2.0	10.5
Hungary	3.4	18.3	Spain	0.2	1.2
Iceland	1	3.3	Sweden	3.3	7.7
Ireland	2.0	6.4	Switzerland	1.6	8.1
Italy	0.5	0.8	UK (England only)	3.6	9.3 ²

Only a minority of people with alcohol dependence obtains treatment

- In the last European Survey on MH, 8.5% (Alonso et al., 2004)
- According to the review of Rehm et al. (2012, 2103), about 10% in the EU
- According to international reviews, alcohol globally has a larger treatment gap than other mental disorders, and of somatic disorders as well

What treatment do they get? A review of guidelines and practices (2013)

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Alcohol dependence treatment in the EU: A literature search and expert consultation about the availability and use of guidelines in all EU countries plus Iceland, Norway, and Switzerland

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Methodology

- Systematic literature review on guidelines (mainly documents other than articles – government documents, proceedings of the professional organizations)
- For practice consultation of at least two experts in all countries
- Feedback on guidelines and experts was fed back to some experts

Guidelines available

National guidelines

Cyprus, France, Germany,
Hungary, Iceland,
Netherlands, Poland,
Slovenia, Sweden, UK

*Belgium, Bulgaria,
Luxembourg, (under
development)*

Professional guidelines

Austria, Czech Republic,
Denmark, Finland,
Germany, Latvia, Spain,
UK

*PHEPA guidelines were
applied in an EU study in
several countries*

Main objective: abstinence (and/or reduction?)

- Reduction as part of **national** guidelines:

5/10

In some countries reduction as equal goal (NL, S), for less severe AD, as alternative when abstinence fails, as interim goal, or in case the patient wishes it

- Reduction as part of practices:

27/30

(Malta, Cyprus, Iceland are exceptions)

Already, more accepted in professional guidelines than in national guidelines.

Guidelines and practice

- Relapse prevention via Motivational interviewing, Cognitive Behavioural Therapy (CBT) and Family Therapy
- For pharmacological approaches used in most countries in a minority of cases, it is disulfiram, acamprosate and naltrexone.
- NICE guidelines probably most explicit on when to use what

The role of specialists

Example of Germany 2012: 68 million adults

Estimated number of dependence:

1.4 million (0.7 – 2.5 million are estimates)

Some kind of “diagnoses” (mainly at family physician): 650,000

Treatment: 250,000

Self-help groups: 45,000

Conclusions

- 1) Lack of national guidelines in many countries, but professional guidelines exist for the majority of countries
- 2) Differences with respect to objective of treatment (acceptance of reduction as additional goal) in guidelines, less in practice
- 3) Predominance of psychotherapy
- 4) Unclear role of family doctors