The 2005 NIAAA Clinicians Guide: Development & Implementation in a Continuum of Care

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Why revise: Goals of 2005 Guide

- Simplify screening
- Address realities of clinical practice
  - Anticipate actual use & clinical flow
  - Incorporate clinical assessment
  - Referral often not effective option
- Add information about medications
- Add disease management
Timetable for Development

- July 2004: Decision to revise
- August 2004-March 2005
  - Review of relevant research
  - Internal development
  - Collaboration between scientific, design & printing, and dissemination staff
- April 2005: Internal & external review
- July 2005: Final approval and printing
Review of scientific evidence

- Studies & meta-analyses of SBI
- Analyses of 3 databases
  - NESARC
  - 2000 National Alcohol Survey (T. Greenfield)
  - MATCH database (R. Cisler)
General framework: Five A’s

- Ask
- Assess
- Advise
- Assist & Arrange
- Familiar, promoted by USPTF, used in smoking cessation
Context: A Continuum of Care

Use & Problems

- None
- Moderate
- Severe

Modality

- 1º Prevention
- 2º Prevention

Rehabilitation

Disease Management

Chronic
Continuum of Care for SUDs

- Use & Problems:
  - None
  - Moderate
  - Severe
  - Chronic Disease Management

- Modality:
  - 1º Prevention
  - 2º Prevention
  - Rehabilitation
Continuum of Care for SUDs

Use & Problems

Moderate

Severe

Chronic

Disease Management

Modality

1º Prevention

2º Prevention

Rehabilitation

None
Continuum of Care for SUDs

Use & Problems

- None
- Moderate
- Severe

Modality

- 1º Prevention
- 2º Prevention
- 2º Prevention

Rehabilitation

Chronic Disease Management
Continuum of Care for SUDs

Use & Problems

- None
- Moderate
- Severe

Modality

- 1º Prevention
- 2º Prevention
- Rehabilitation
- Chronic Disease Management
Context: What is the role for general medical and psychiatric clinicians in treating alcohol dependence?
Ideal

Positive Screen

Dependent?

BI

Response?

Rehab

Cure

YES

NO

YES

NO
Real

Positive Screen

Dependent?

BI

Response?

Rehab

• Refusal
• No Access

Cure

YES

NO

YES

NO
Real

Positive Screen

Dependent?

BI

Response?

Rehab

Partial/ No Response

Refusal

No Access

25%

75%

25%

Cure
Positive Screen

Dependent?

BI

Response?

Rehab

Partial/ No Response

Refusal

No Access

25%

75%

25%

Cure
Contextual Conclusions

- Must address alcohol dependence in non-specialty settings
  - Chronic cases with co-morbidity
  - Patient preferences
  - Inadequate specialty care systems
  - Natural history of disorder
- (Future) Must develop new relationship between specialty & non-specialty settings
Helping Patients Who Drink Too Much

A CLINICIAN'S GUIDE

2005 Edition

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
National Institutes of Health
National Institute on Alcohol Abuse and Alcoholism
Planned products

- PowerPoint slide presentation with narration for education of health professionals
- On-line continuing education credit offered in collaboration with professional associations
- DVD with clinical examples
- Spanish translation
- 1-2 page supplements for special populations
- Continually updated guide
Evaluation

- Tracking orders, website hits, downloads
- Working with large HCOs who wish to implement
- Administrative supplements to existing grant applications for pilot projects
- Encouraging research & grant applications
- Potential for other funding mechanisms
Questions

- Universal vs. high-risk screening
- Best way to deal with alcohol dependence?
- Population Subgroups: women, minorities
- Primary & secondary prevention earlier in life (children & adolescents)
Questions

- Organizational change strategies
- Strategies to achieve policy-maker buy-in
- Population strategies and role of medical providers in an overall public health strategy
Contact information

- Can be ordered in print form or downloaded
- Public domain (no copyright), so use is unlimited (attribution is appreciated)
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Thank you