

ORAL PRESENTATION

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A randomized controlled non-inferiority trial of primary care-based facilitated access to an alcohol reduction website (EFAR-FVG): preliminary results

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Background

The effectiveness of brief interventions for risky drinkers by GPs is well documented [1]. However, implementation levels remain low. Facilitated access to an alcohol reduction website offers an alternative to standard face-to-face intervention, but it is unclear whether it is as effective [2]. This study evaluates whether online brief intervention, through GP facilitated access to an alcohol reduction website for risky drinkers, is not inferior to the face-to-face brief intervention conducted by GPs.

Material and methods

In a northern Italy region participating GPs actively encouraged all patients age 18 attending their practice, to access an online screening website based on AUDIT-C [3]. Those screening positive underwent a baseline assessment with the AUDIT-10 [4] and EQ-5D [5] questionnaires and subsequently, were randomly assigned to receive either online counselling on the alcohol reduction website (intervention) or face-to-face intervention based on the brief motivational interview [6] by their GP (control). Follow-up took place at 3 and 12 months and the outcome was calculated on the basis of the proportion of risky drinkers in each group according to the AUDIT-10.

Results

More than 50% (n= 3974) of the patients who received facilitated access logged-on to the website and completed the AUDIT-C. Just under 20% (n = 718) screened

positive and 94% (n= 674) of them completed the baseline questionnaires and were randomized. Of the 310 patients randomized to the experimental Internet intervention, 90% (n = 278) logged-on to the site. Of the 364 patients of the control group, 72% (263) were seen by their GP. A follow-up rate of 94% was achieved at 3 months.

Conclusions

The offer of GP facilitated access to an alcohol reduction website appears to be an effective way of identifying risky drinkers and enabling them to receive brief intervention.

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