

Effect of behavioral intervention on alcohol misuse evaluated

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(HealthDay)—Behavioral counseling interventions may be beneficial for adults with risky drinking behaviors, according to a review and meta-analysis published online Sept. 25 in the *Annals of Internal Medicine*.

Daniel E. Jonas, M.D., M.P.H., from the University of North Carolina at Chapel Hill, and colleagues conducted a literature review and meta-analysis involving 23 controlled trials at least six months in duration that enrolled persons with <u>alcohol misuse</u>, but not dependence, to assess behavioral counseling interventions. Participants were identified by screening in primary care settings.



The researchers found that the best evidence was for brief multi-contact interventions lasting 10 to 15 minutes. Based on 10 trials with 4,332 participants, for adults receiving behavioral interventions, there was a decrease of 3.6 drinks consumed per week relative to baseline. Compared with control participants, 12 percent fewer adults who received behavioral interventions reported heavy drinking episodes (seven trials; 2,737 participants) and 11 percent more adults reported drinking less than the recommended limits (nine trials; 5,973 participants). There was insufficient evidence to draw conclusions regarding accidents, injuries, or alcohol-related liver problems. There was reduced consumption and fewer heavy drinking episodes (moderate strength of evidence) among trials enrolling young adults or college students. There was little or no evidence of harm being derived from the interventions.

"In conclusion, behavioral counseling interventions improve intermediate outcomes, such as <u>alcohol consumption</u>, heavy drinking episodes, and drinking above recommended amounts (moderate strength of evidence) and may reduce hospital days (low strength of evidence) for adults with risky or hazardous drinking," the authors write. "For most health outcomes, available evidence found no difference between intervention and control groups."

More information: Abstract

Full Text

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