

Evidence-to-Decision Table

Problem Is the problem a priority?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ No ○ Probably no ○ Probably yes ● Yes ○ Varies ○ Don't know 	Worldwide ageing of populations is strongly associated with dementia, causing major health, economic and social burdens. In 2015, it has been estimated that there were 50 million people with dementia in the world, and the number is predicted to double every 20 years, reaching 82 million in 2030 and 152 million in 2050. ¹ Since no cure is available for Alzheimer’s disease, the main cause of dementia, prevention could be crucial in halting the rapid increase in the prevalence of this condition and international experts have called upon world-wide governments to make prevention of dementia one of their key health priorities.	
Desirable Effects How substantial are the desirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Trivial ○ Small ● Moderate ○ Large ○ Varies ○ Don't know 	The present systematic search did not identify any systematic review nor single study aimed at investigating the effect of alcohol reduction intervention on the risk of dementia and/or cognitive decline. However, a large body of observational evidence is available on the correlation of heavy alcohol drinking and increased risk of cognitive impairment and dementia. Generally single studies did not always show similar results (mostly due to differences in study design) but the most consistent pattern is that of a U-shaped relationship between alcohol consumption and dementia and/or cognitive impairment, which clearly links excessive alcohol consumption to a significantly increased risk. In this U-shaped relationship, abstinence seems to be correlated with slightly higher risk of cognitive decline and dementia, in keeping with other alcohol-related harmful effects.	
Undesirable Effects How substantial are the undesirable anticipated effects?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

<ul style="list-style-type: none"> ○ Large ○ Moderate ○ Small ● Trivial ○ Varies ○ Don't know 	<p>A range of adverse events have been reported for pharmacological interventions aimed at reducing excessive alcohol consumption²⁷ including abdominal pain, nausea, anorexia and dizziness, and hepatotoxicity in some cases.</p> <p>Lifestyle interventions are mostly based on behavioural interventions and no evidence of adverse events (apart from those related to withdrawal syndrome) have been identified.</p>	
<p>Certainty of evidence What is the overall certainty of the evidence of effects?</p>		
<p>JUDGEMENT</p>	<p>RESEARCH EVIDENCE</p>	<p>ADDITIONAL CONSIDERATIONS</p>
<ul style="list-style-type: none"> ○ Very low ○ Low ● Moderate ○ High ○ No included studies 	<p>Evidence related to the desirable effect are based on a large body of observational evidence, mostly systematic reviews of longitudinal cohort studies.</p>	
<p>Values Is there important uncertainty about or variability in how much people value the main outcomes?</p>		
<p>JUDGEMENT</p>	<p>RESEARCH EVIDENCE</p>	<p>ADDITIONAL CONSIDERATIONS</p>
<ul style="list-style-type: none"> ○ Important uncertainty or variability ○ Possibly important uncertainty or variability ○ Probably no important uncertainty or variability ● No important uncertainty or variability 	<p>Cognitive impairment and dementia can have a major impact in the life not only of the person affected but also of the close network of family and friends, as well as caregivers and health professional in general.^{28,29} Functional ability and dependency are the major component of this effect. Furthermore, dementia, the main cause of disability and institutionalization among older adults¹, therefore reducing or delaying the onset of dementia could results in lower costs for public healthcare services. Patients, caregivers, and policy makers are likely to be the people who will value these recommendations the most.</p>	
<p>Balance of effects Does the balance between desirable and undesirable effects favour the intervention or the comparison?</p>		
<p>JUDGEMENT</p>	<p>RESEARCH EVIDENCE</p>	<p>ADDITIONAL CONSIDERATIONS</p>

<ul style="list-style-type: none"> ○ Favours the comparison ○ Probably favours the comparison ○ Does not favour either the intervention or the comparison ○ Probably favours the intervention ● Favours the intervention ○ Varies ○ Don't know 	<p>Significant adverse events have been reported only for pharmacological interventions. Although the evidence related to the desirable effects are only observational and epidemiological, at least for lifestyle interventions aimed at reduction of excessive alcohol consumption the balance is likely to favour the intervention.</p>	
<p>Resources required How large are the resource requirements (costs)?</p>		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Large costs ● Moderate costs ○ Negligible costs and savings ○ Moderate savings ○ Large savings ○ Varies ○ Don't know 	<p>The work of qualified healthcare professionals is the main cost of lifestyle interventions. Data from US trial have estimated the overall monthly costs of a lifestyle intervention is about 200USD.²⁷</p> <p>Concerning pharmacological treatments, the cost of a full treatment for the alcohol abuse through acamprostate strategy has been estimated at around €5000.²⁷</p> <p>Individual level interventions are more resource intensive compared to population/political level interventions.</p>	<p>The economic and human resource capacity to implement psychosocial interventions varies among countries, settings and among the specific type and length of intervention.</p>
<p>Certainty of evidence of required resources What is the certainty of the evidence of resource requirements (costs)?</p>		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Very low ○ Low ● Moderate ○ High ○ No included studies 	<p>For lifestyle interventions costs can vary significantly from country to country and depending on the specific design of the intervention. Costs for pharmacological interventions are better established.</p>	

Cost effectiveness Does the cost-effectiveness of the intervention favour the intervention or the comparison?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Favours the comparison ○ Probably favours the comparison ○ Does not favour either the intervention or the comparison ○ Probably favours the intervention ○ Favours the intervention ○ Varies ● No included studies 	<p>A growing number of economic evaluations speak in favour of investing in interventions to prevent and treat substance use disorders. Tax increases, making alcohol more expensive and less available, banning alcohol advertising, enforcement of drink-driving laws are among highly cost-effective strategies to reduce harm (Anderson et al., 2009),³⁰ especially in countries with a high prevalence of heavy drinking (Levin and Chisholm, 2016).³¹ Screening and brief intervention in primary care is one of the most cost-effective means of reducing alcohol-attributable morbidity and deaths (with ICER less than \$2000 per QALY (Angus et al., 2016, 2014; Solberg et al., 2008)).^{32,33}</p> <p>Group-based guidance and e-interventions are probably a way to reduce costs</p>	
Equity What would be the impact on health equity?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Reduced ○ Probably reduced ○ Probably no impact ● Probably increased ○ Increased ○ Varies ○ Don't know 	<p>Lower socioeconomic groups are more likely to have earlier onset of dementia than higher socioeconomic groups. Older people from lower socioeconomic backgrounds are also more likely to experience cognitive dysfunction at earlier stages of cognitive decline and cognitive impairment, and will have fewer resources to cope with the symptoms than their counterparts from higher socioeconomic groups</p> <p>People from lower socioeconomic groups are more likely to live, work and age in physical and economic environments that do not support social connectedness, physical activity or mental stimulation. this can increase the risk of cognitive impairment and dementia in later life.³⁴</p> <p>Based on this it is believed that interventions to reduce risk of cognitive decline and dementia will increase equity in health.</p> <p>Furthermore, women are disproportionately affected with AD. The larger proportion of older women who have AD and other dementias is explained primarily by the fact that women live longer, on average, than men.³⁵</p>	
Acceptability Is the intervention acceptable to key stakeholders?		
JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Probably no <input checked="" type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know 	<p>Lifestyle behavioural interventions to reduce alcohol consumption in adult with hypertension showed a retention rate of 80.7% showing that these types of intervention are generally accepted.³⁶ Intervention design plays a key role in this. However significant differences may be reported among different types of intervention.</p>	
<p>Feasibility Is the intervention feasible to implement?</p>		
<p>JUDGEMENT</p>	<p>RESEARCH EVIDENCE</p>	<p>ADDITIONAL CONSIDERATIONS</p>
<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Probably no <input checked="" type="radio"/> Probably yes <input type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know 	<p>Interventions aimed at reducing excessive alcohol consumption can be based on behavioural/psychological and/or pharmacological strategies. Key barriers are costs and lack of motivation.</p>	