Evidence Table 3. Intervention and control components from randomized controlled trials

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Anderson & Scott, 19921United KingdomNoneFoundation or nonprofit | InterventionsG1: Brief advice, feedback about blood work & consumption. Also included norms and a self-help bookletG2: Usual care | InterventionistG1: PCPG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 1G2: NALength of each contactG1: 10 minutesG2: NADuration of InterventionG1: Single sessionG2: NA |
| Babor, 19962United States, Australia, Kenya,Mexico, Norway, United Kingdom, Russia, ZimbabweWHO Brief InterventionMultiple | InterventionsG1: Brief intervention (varied by site), with some sites offering additional “extended counseling”G2: Simple adviceG3: Health interview (outcomes assessment) | InterventionistG1: Clinic staffG2: Clinic staffG3: NA Delivery MethodG1: In-personG2: In-personG3: NATailored to PatientG1: NoG2: NoG3: NA | Number of contactsG1: 1G2: 1G3: NALength of each contactG1: 15 minutesG2: 5 minutesG3: NADuration of InterventionG1: Single sessionG2: Single sessionG3: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Bischof et al., 20083Grothues et al., 20084Reinhardt et al., 20085GermanyStepped Intervention for Problem DrinkersGovernment | InterventionsG1: Full Care: immediate computerized postassessment feedback and brief counseling by psychologistG2: Stepped Care: immediate computerized postassessment feedback and maximum of 3 counseling sessions with psychologist. Sessions were discontinued if patients indicated consumption below study criteria and high self-efficacy to maintain desired behavior.G3: General health booklet | InterventionistG1: ResearcherG2: ResearcherG3: NA Delivery MethodG1: TelephoneG2: TelephoneG3:NATailored to PatientG1: YesG2: YesG3: NA   | Number of contactsG1: 4G2: 4G3: NALength of each contactG1: 30 minutesMean (SD) total counseling minutes received: 80.3 (40.3)G2: 30 minutesMean (SD) total counseling minutes received:G2: 40.0 (41.2);Difference in total counseling minutes significant at p<0.001G3: NADuration of InterventionG1: 6 monthsG2: Up to 6 monthsG3: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Chang et al., 19996United StatesNoneGovernment | InterventionsG1: Assessment and BI: 1) review of general health and course of pregnancy; 2) review of lifestyle changes made since pregnancy; 3) articulation of drinking goals while pregnant; 4) identification of circumstances in which she might be tempted to drink; 5) identify alternatives to drinking in such situations; 6) summary of session, emphasizing drinking goal, motivation, risk situations, and alternatives; 7) take-home manual with tailored notes; communication about U.S. Surgeon General recommendationG2: Assessment only (DSM-III-R SCID interview, Addiction Severity Index, AUDIT, SMAST, TLFB, Alcohol Craving Scale, Global Assessment of Functioning, Situational Confidence Queestionnaire) | InterventionistG1: Mixed: The intervention was delivered by the first author who is a researcher and also a PCP at the lone study site. In addition, the assessment was completed by a research assistant.G2: ResearcherDelivery MethodG1: In-personG2: In-personTailored to PatientG1: YesG2: No | Number of contactsG1: 1G2: 1Length of each contactG1: 2-hour assessment + 45-minute interventionG2: 2-hour assessmentDuration of InterventionG1: Single sessionG2: Single session |
| Curry et al., 20037United StatesNoneGovernment | InterventionsG1: Brief motivational message from PCP during regularly scheduled visit; self-help manual; written personalized feedback; up to 3 outreach phone counseling callsG2: Usual care | InterventionistG1: Mixed: All intervention components except phone counseling were delivered by PCP; phone calls made by research staffG2: NA Delivery MethodG1: In-person, telephoneG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: Up to 4G2: NALength of each contactG1: 1-5 minutes during office visit; mean phone call duration was 14 minutesG2: NADuration of InterventionG1: Single PCP session; 6 weeks phone counselingG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Fleming et al., 19978Fleming et al., 20009Fleming et al., 200210Grossberg et al., 200011Manwell et al., 200412United StatesProject TrEATGovernment | InterventionsG1: BI: Two 15-minute visits 1 month apart delivered by physician and a followup phone call from the clinic nurse 2 weeks after each physician visit; workbook containing feedback regarding current health behaviors, review of prevalence of problem drinking, list of adverse effects of alcohol, worksheet on drinking cues, drinking agreement/prescription, drinking diary cards, followup phone call from clinic nurseG2: General health booklet | InterventionistG1: PCP, nurseG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA | Number of contactsG1: 4: 2 intervention and 2 followupG2: NALength of each contactG1: 15 minutesG2: NADuration of InterventionG1: 1 monthG2: NA |
| Fleming et al., 199913Mundt et al., 200514United StatesGuiding Older Adult LifestylesMultiple | InterventionsG1: General health booklet plus drinking behavior feedback (workbook), review of problem-drinking prevalence, reasons for drinking, adverse effects of alcohol, drinking cues, a "prescribed" drinking agreement, drinking diary cardsG2: General health booklet | InterventionistG1: PCP, nurseG2: NADelivery MethodG1: In-person, telephoneG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 4G2: NALength of each contactG1: 10-15 minutes (PCP contacts), NR for nurse callsG2: NADuration of InterventionG1: 1 monthG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Fleming, et al., 200815Wilton, et al., 200916United StatesHealthy MomsGovernment | InterventionsG1: BI and reinforcement session, each with phone followup; BI was a workbook containing scripted messages with feedback regarding current health behaviors, prevalence of problem drinking, list of adverse effects of alcohol focused on women and pregnancy, worksheet on drinking cues, drinking agreement in the form of a prescription, drinking diary cardsG2: General health booklet + usual care | InterventionistG1: 90% of interventions were conducted by the clinic nurses; the other 10% were delivered by the obstetrician.G2: NADelivery MethodG1: In-person, telephoneG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 4G2: NALength of each contactG1: 15 minutesG2: NADuration of InterventionG1: 8 weeksG2: NA |
| Fleming et al., 201017United States, CanadaCollege Health InterventionMultiple | InterventionsG1: BI from a manual containing 24 intervention strategies, including feedback regarding current behaviors, review of prevalence of high-risk drinking among college students, list of alcohol's adverse consequences relevant to college students, lists of personal likes and dislikes of drinking, worksheets on drinking cues, BAC level calculator, life goals and alcohol effects, prescription agreement, drinking diary cardsG2: General health booklet + usual care | InterventionistG1: PCPG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 4: 2 intervention and 2 followupG2: NALength of each contactG1: 15 minutesG2: NADuration of InterventionG1: Intervention: 1 monthIntervention + followups: 2 monthsG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Kypri et al., 200418New ZealandNoneGovernment | InterventionsG1: Electronic BI - web-based assessment and personalized feedback on drinkingG2: Computer-based assessment + usual care (pamphlet) | InterventionistG1: Self-administeredG2: Self-administered;ComputerDelivery MethodG1: ComputerG2: ComputerTailored to PatientG1: YesG2: No  | Number of contactsG1: 1G2: 1Length of each contactG1: 10-15 min (mean duration 11.2 min)G2: Mean duration 3.4 minutesDuration of InterventionG1: Single sessionG2: Single session |
| Kypri et al., 200719Kypri et al., 200820New ZealandNoneGovernment | InterventionsG1: Single electronic BI session consisting of web-based assessment and personalized feedback on drinkingG2: Multiple electronic BI sessions consisting of web-based assessment and personalized feedback on drinkingG3: Usual care (pamphlet)G4: Usual care (pamphlet) + 4 week followup assessment | InterventionistG1: Self-administeredG2: Self-administeredG3: NAG4: NADelivery MethodG1: ComputerG2: ComputerG3: NAG4: NATailored to PatientG1: YesG2: YesG3: NAG4: NA | Number of contactsG1: 1G2: 3G3: NAG4: NALength of each contactG1: 10-15 minutesG2: 10-15 minutesG3: NAG4: NADuration of InterventionG1: Single sessionG2: 6 monthsG3: NAG4: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Lin et al., 201021Moore et al., 201022United StatesHealthy Living As You AgeMultiple | InterventionsG1: Personalized risk report and diary for tracking alcohol use; PCP gave oral and written advice in prescription style via an alcohol education booklet; followed by additional feedback and counseling with motivational interviewing from health educator at weeks 2, 4, and 8G2: General health booklet | InterventionistG1: Mixed:Intervention was delivered by both PCP (face-to-face intervention session) and health educator (phone followup and reinforcement)G2: NADelivery MethodG1: In-person, telephoneG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 4: 1 main in-person session; 3 additional phone sessionsG2: NALength of each contactG1: 15-20 minutesG2: NADuration of InterventionG1: 8 weeksG2: NA |
| Lock et al., 200623United KingdomNoneGovernment | InterventionsG1: Brief advice ("drink-less" protocol) on standard drink units, recommended consumption levels, benefits of cutting down, tips on reducing consumption, advice on goal-setting, action plan, and self-help booklet/diaryG2: Usual care (nurses' usual advice on cutting down drinking and a leaflet with daily benchmark alcohol guides and basic advice) | InterventionistG1: NurseG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: NoG2: NA  | Number of contactsG1: 1G2: NALength of each contactG1: 5-10 minutesG2: NADuration of InterventionG1: Single sessionG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Maisto et al., 200124Maisto et al., 200125Gordon et al., 200326United StatesEarly Lifestyle Modification StudyGovernment | InterventionsG1: Brief advice: emphasized feedback from baseline results and implications for drinking, coupled with advice regarding a goal to reduce or stop alcohol consumption. Minimal elaboration.G2: Motivational enhancement: longer, main initial session, 2 shorter booster sessions, use of empathy and other techniques to enhance motivation; focus on delivery of feedback of assessment data and setting alcohol use goalsG3: Usual care: participant's MD was given selected feedback from screening and assessment | InterventionistG1: ResearcherG2: ResearcherG3: NADelivery MethodG1: In-personG2: In-personG3: NATailored to PatientG1: YesG2: YesG3: NA | Number of contactsG1: 1G2: 3G3: NA Length of each contactG1: 10-15 minutesG2: 15-45 minutesG3: NADuration of InterventionG1: Single sessionG2: 6 weeksG3: NA |
| Noknoy et al., 201027ThailandNoneFoundation or nonprofit | InterventionsG1: Motivational enhancement protocol (brief counseling sessions using patient-centered interviewing style and considering stages of change)G2: Assessment only | InterventionistG1: NurseG2: Clinic staffDelivery MethodG1: In-personG2: In-personTailored to PatientG1: YesG2: No  | Number of contactsG1: 3G2: NALength of each contactG1: 15 minutesG2: NADuration of InterventionG1: 6 weeksG2: NA |
| Ockene et al., 199928Ockene et al., 200929Reiff-Hekking et al., 200530United StatesProject HealthGovernment | InterventionsG1: Health booklet; patients' alcohol consumption info, intervention algorithm, and patient education materials to patient's chart at regular office visit; PCP-delivered counseling involved talking about number of drinks per week, binge drinking, or both.G2: General health booklet + usual care | InterventionistG1: PCPG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 2G2: NALength of each contactG1: 5-10 minutesG2: NADuration of InterventionG1: NRG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Richmond et al., 199531AustraliaNoneGovernment | InterventionsG1: "Alcoholscreen" program: 5 short consultations (introduction, patient education, 3 followups) designed to reduce drinking to recommended limits.Consisted of self-help manual, daily alcohol diary, 15-20 minute personalized patient education and counselingG2: Minimal intervention:brief advice and self-help manualG3: Assessment only; no interventionAssessment by researcher, in-person, single-sessionG4: Screening only; no assessment, no interventionScreening was self-administered in PCP office | InterventionistG1: PCPG2: PCPG3: NAG4: NADelivery MethodG1: In-personG2: In-personG3:NAG4:NATailored to PatientG1: YesG2: Unclear/not reportedG3: NAG4: NA | Number of contactsG1: 5G2: 1G3: NAG4: NALength of each contactG1: Intervention: 15-20 minutesFollowups: 5-25 minutesG2: 5 minutes (estimated)G3: NAG4: NADuration of InterventionG1: 5 monthsG2: Single sessionG3: NAG4:NA |
| Rubio et al., 201032SpainNoneFoundation or nonprofit | InterventionsG1: Brief advice using intervention workbook (review of alcohol-related health effects, pie chart displaying frequency of types of at-risk drinkers, list of methods for cutting down, treatment contract, cognitive behavioral exercises) + phone reinforcement by nurse + general health bookletG2: General health booklet + usual care | InterventionistG1: PCPG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: NoG2: NA  | Number of contactsG1: 2G2: NALength of each contactG1: 10-15 minutesG2: NADuration of InterventionG1: Intervention: 4 weeksIntervention + followup: 8 weeksG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Saitz et al., 200333United StatesScreening and Intervention in Primary CareMultiple | InterventionsG1: Report attached to patient's chart, including: patient’s alcohol screening results, a preliminary assessment, and specific recommendations[[1]](#footnote-1) (see comment).G2: Usual care: providers received no information | InterventionistG1: PCPG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 1G2: NALength of each contactG1: NRG2: NADuration of InterventionG1: Single sessionG2: NA |
| Schaus et al., 200934United StatesNoneGovernment | InterventionsG1: Brief motivational intervention sessions that combined patient-centered motivational interviewing and cognitive-behavioral skills training + booklet on alcohol preventionG2: Alcohol problem prevention booklet + usual care | InterventionistG1: PCP (One of four people: 2 MDs, 1 PA, 1 NP)G2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 2G2: NALength of each contactG1: 20 minutesG2: NADuration of InterventionG1: 2 weeksG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Scott & Anderson, 199035United KingdomNoneFoundation or nonprofit | InterventionsG1: Brief advice, feedback about blood work & consumption. Also included norms and a self-help bookletG2: Usual care | InterventionistG1: PCPG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 1G2: NALength of each contactG1: 10 minutesG2: NADuration of InterventionG1: Single sessionG2: NA |
| Senft et al., 199736Freeborn et al., 200037United StatesNoneGovernment | InterventionsG1: Two-part motivational session: 30-second message from PCP and 15-minute session with health counselor immediately following PCP visit. Counseling session included: gathering additional info about QF and giving feedback compared with national norms; explaining effects of alcohol use and teaching ways to estimate blood alcohol level; recommending limits and/or abstinence; suggestiong options for reducing drinking; creating low-risk drinking plan; building self-confidence to succeedG2: Usual care | InterventionistG1: Mixed: 30-second message could have been delivered by MD, NP or PA; 15-minute counseling was delivered by research staffG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 1G2: NALength of each contactG1: 15 minutesG2: NADuration of InterventionG1: Single sessionG2: NA |

Evidence Table 3. Intervention and control components from randomized controlled trials (continued)

| Author, YearCountryTrial NameFunding Source | Intervention  | Interventionist Delivery MethodTailored to Patient | Contacts |
| --- | --- | --- | --- |
| Wallace et al., 199838United KingdomNoneMultiple | InterventionsG1: Brief advice + information booklet ("That's the Limit") + sex-based recommendation for limiting drinking (U/wk) + drinking diary +f/up sessionsG2: Usual care:no advice from GP unless the patient requested or the patient's lab results indicated substantial liver function impairment | InterventionistG1: PCPG2: NADelivery MethodG1: In-personG2: NATailored to PatientG1: YesG2: NA  | Number of contactsG1: 1 to 5: all received an invitation to a 1-month f/up; other f/up was offered at 4, 7, and 10 months at the discretion of the GPG2: NALength of each contactG1: 10-15 minutesG2: NADuration of InterventionG1: NRG2: NA |

Abbreviations: AUDIT = Alcohol Use Disorders Identification Test; BAC = blood alcohol content; BI = brief intervention; CAGE = Cut down, Annoyed, Guilty, Eye opener questionnaire; DSM-III-R = *Diagnostic and Statistical Manual of Mental Disorders* (3rd Edition, Revised); f/up = followup; G = group; g = grams; GGT = gamma glutamyl transferase; GHQ = General Health Questionnaire; GP = general practitioner; MD = medical doctor; min = minutes; NA = not applicable; NP = Nurse Practitioner; NR = not reported; NS = not significant; PA = Physician Assistant; PCP = primary care provider; SCID = Structured Clinical Interview for DSM; SD = standard deviation; SE = standard error; SMAST = short Michigan Alcoholism Screening Test; TLFB = Timeline Followback; TrEAT = Trial for Early Alcohol Treatment; WHO = World Health Organization

1. PCP also given the predictive value of CAGE based on the prevalence of alcohol abuse or dependence in the practice, definitions of hazardous drinking, an approach for patients who are not ready to change, a list of abuse or dependence symptoms, and referral information. To increase counseling rates, Post-it note attached to the encounter form asking physicians to indicate whether alcohol was discussed and, if not, why.

Specific recommendations were given, depending on patient's level of drinking:

"Drinking hazardous amounts but no affirmative CAGE responses": 1) consider advising safe drinking limits, 2) consider providing patients w/ pamphlet on how to cut down on drinking

"No hazardous drinking but affirmative CAGE response": 1) consider advising abstinence, 2) provide pamphlet, 3) refer to addiction treatment

"Hazardous drinking plus affirmative CAGE response": 1) consider advising abstinence, 2) refer to addiction treatment [↑](#footnote-ref-1)