Evidence Table 6. Data for KQ 1 through 7 from systematic review

| Author, Year  Funding Source  Aim of Review  Studies Included in Review | Inclusion/Exclusion Criteria | Outcomes | Notes |
| --- | --- | --- | --- |
| Kaner, 200744  Government  To assess effectiveness of brief intervention in primary care setting to reduce alcohol consumption, also to assess if difference in outcomes for trials conducted in research setting vs. routine practice setting  Number of Studies  29 total trials (24 general practice, 5 ED)  22 or 25 studies included in meta-analysis (unclear: search strategy in Figure 1 different from abstract)  Number of Patients  7619 | Inclusion criteria   * RCTs including cluster RCTs * Patients presenting to PC not specifically for alcohol treatment whose drinking is identified as excessive or harmful * Brief intervention up to 4 sessions vs. comparator (usual care or extended intervention)   Exclusion criteria   * Excluded trials with referrals for specialist care | * BI group had lower alcohol consumption at followup of one year or more vs. usual care: mean difference -38 g/week, (CI, -54 to -23). heterogeneity (I2=57%) - about 4-5 drinks/week. * BI in men: -57 g/week (CI,  -89 to -25). I2=56% for subgroup of 6 or 8 studies, n=2307 * BI in women: -10 g/week (CI, -48 to 29). I2=45% * No difference in longer treatment exposure or trials that were less clinically representative * No difference in efficacy vs effectiveness trials * extended intervention trended towards a reduction but was nonsignificant: -28 g/week (CI, -62 to 6) * No difference in frequency of binge drinking for BI vs control for 3 trials that reported this information (mean: -0.3, CI, -0.6 to 0.0 binges/week) * No difference in number of drinking days/week for BI vs control for 3 trials (mean:  -0.04, CI, -0.5 to 0.4 drinking days/week) * No difference in intensity of drinking for BI vs control for 5 trials (mean: -3.1, CI, -8.8 to 2.6 grams/drinking day) * No difference in GGT for BI vs controls for 3 trials (mean: -1.1, CI, -3.9 to 1.7 IU/L) | * Extended intervention defined as one that is unlikely to occur in primary care due to length or intensity * Effect of BI clear in men at one year, but not in women * Longer duration of counselling likely has little additional effect * Unclear if inclusion criteria included those with dependency - included trials usually attempted to exclude dependents but some did not report exclusion criteria * Substantial heterogeneity among trials in settings (PC vs ED), populations, screening instrument, baseline consumption, intervention |

Evidence Table 6. Data for KQ 1 through 7 from systematic review (continued)

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| --- | --- | --- | --- |
| Kaner, 200744  (continued) |  | * Heavy drinkers reported in 9 trials, not in meta-analysis because of different definitions among trials of heavy drinking * 4 trials reported % of binge drinkers, overall reduction in % of binge drinkers in BI vs control group (RD, -11%, CI, -19 to -3%)   Adverse effects:   * Crawford 2004: reported 0.5 fewer ED visits for BI group vs control during year after randomization * Gentillelo 1999: reported 47% reduction in new injuries requiring ED or trauma readmission for BI vs control, but no difference in death rate * Longabaugh 2001: reported those in extended intervention group had fewer Drinker Inventory of Consequences scores at one year vs controls * Romelsjo 1989: reported no difference in 'alcohol problem index' for BI vs controls   HRQoL:   * Crawford 2004: no difference in GHQ/EQ-5D scores at 12 months * Lock 2006: no difference in DPI, SF-12 scores at 12 months   Cost:   * Lock 2006: no difference in total healthcare cost including delivery cost for BI vs control |  |

BI = brief intervention; CI = confidence interval; ED = emergency department; EQ = EuroQoL; g = grams; GHQ = General Health Questionnaire; IU/L = international units per liter; PC = primary care; RCT = randomized controlled trial; RD = risk difference