

ADDAP

ALCOHOL AND DEPRESSION DECISION AID FOR PSYCHOLOGICAL TREATMENTS

Additional Information and Resources



THE UNIVERSITY OF
SYDNEY
—
Matilda Centre

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How effective are treatments for reducing symptoms of depression?

Both **dual-focused** and **single-focused** treatments are effective at reducing symptoms of depression.

Most of the available evidence (five¹⁻⁵ out of nine⁶⁻⁹ studies) shows that...



Dual-focused treatments (for both alcohol and depression) **are better than** single-focused treatments (for alcohol only or depression only) at reducing symptoms of depression.

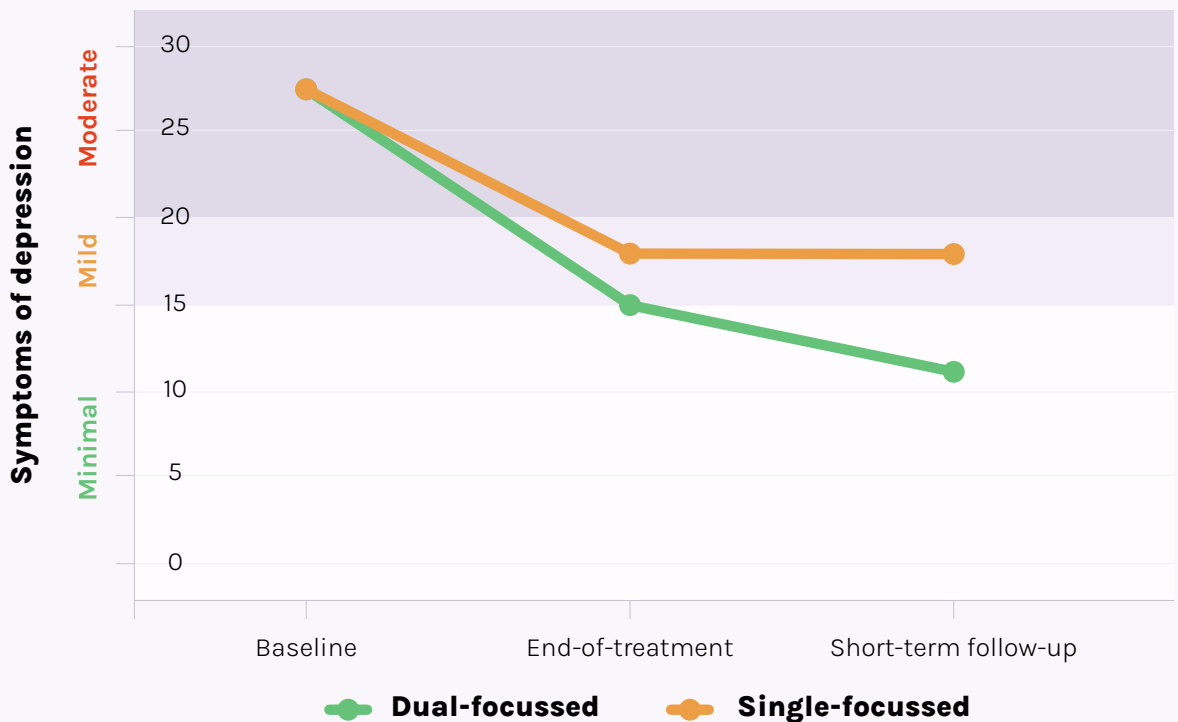


These effects of dual-focused treatments last just after treatment ends, over the short-term (3 weeks to 4 months after treatment ends), and **over the longer-term** (up to 6 months after treatment ends).



This evidence-base has been rated **EXCELLENT**

Most of the available evidence shows that dual-focused treatments **are better than** single-focused treatments.



Graphic shows best estimates based on averages from Baker et al., 2010; Brown et al., 1997; O'Reilly et al., 2019 (414 participants) which used the same measure (BDI or BDI-II) at similar time points.



How effective are treatments for remission of depression?

There is **limited, mixed evidence** to show that both **dual-focussed** and **single-focussed** treatments help with **remission** or complete recovery from depression. Evidence from one study¹⁷ shows that:



Dual-focussed treatment (for both alcohol and depression) **is the same as** (i.e. no better than) single-focussed treatment at improving people's chances of recovery from depression.



These effects for both treatment types are shown to last over the **short-term** (1 month after treatment ends).



This evidence-base has been rated **GOOD**

This study has also shown that dual-focussed treatment **is the same as (i.e. no better than)** single-focussed treatment at short-term follow-up



Dual-focussed treatment group **51.9%** in remission



Single-focussed treatment group **56.7%** in remission

Graphic shows best estimates based on Pedrelli et al., 2020 (94 participants).



How effective are treatments for reducing the amount and frequency of alcohol use?

Both **dual-focussed** and **single-focussed** treatments are effective at reducing how much and how often you drink alcohol. Most of the available evidence (five^{8,9,13,15,17} of nine studies^{10,12,14,16}) shows that ...



Dual-focussed treatments (for both alcohol and depression) **are the same as (i.e., no better than)** single-focused treatments at reducing how much and how often people drink.



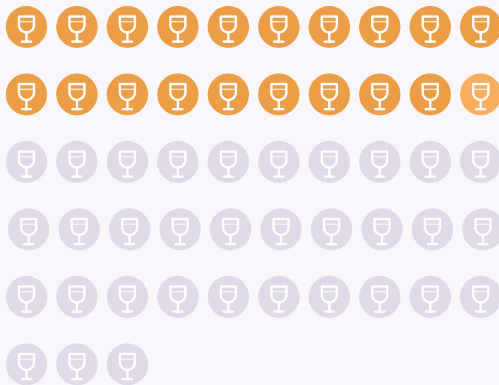
The effects for both these treatments last just after treatment ends, over the short-term (1 - 4 months after treatment ends), and **over the longer-term** (6 - 18 months after treatment ends).



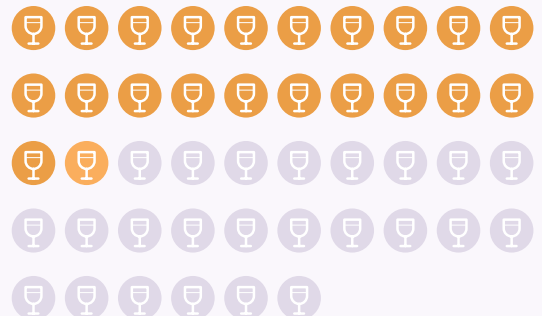
This evidence-base has been rated **EXCELLENT**

Studies show that dual-focussed treatments are **the same as (i.e. no better than)** single-focussed treatments at reducing how much people drink at short-term follow-up.

19 - 20 drinks per week at follow-up vs. **52 - 53 drinks** before dual-focussed treatment



21 - 22 drinks per week at follow-up vs. **46 drinks** before single-focussed treatment



Graphic shows best estimates based on averages from Baker et al., 2010; Brown et al., 1997; O'Reilly et al., 2019; Oslin et al., 2003 (511 participants) which used the same measure (TLFB) at similar time points.



How effective are treatments for overall abstinence from alcohol?

There is **limited evidence** to show that treatments help with **abstinence** from alcohol

Evidence from one small study¹⁰ shows that...



Dual-focussed treatment **is better than** single-focussed treatment (for alcohol only) at improving people's overall abstinence from alcohol.



These effects of dual-focussed treatment are seen **over the longer-term** (6 months after treatment ends) but not over the short-term (3 months after treatment ends).



This evidence-base has been rated

SATISFACTORY

The same study has also shown that dual-focussed treatment **is better than** single-focussed treatment (for alcohol use) at longer-term follow-up.



Dual-focussed treatment group **47.1%** abstinent



Single-focussed treatment group **13.3%** abstinent

Graphic shows best estimates based on Brown et al., 1997 (35 participants).

Other information and resources

Alcohol information

Australian Drug Foundation

- <https://adf.org.au/drug-facts/alcohol>
- Tel: 1300 85 85 84 (Information line)
- Help and support services finder
- <https://adf.org.au/help-support>

NSW Your Room

- Drug and alcohol website with information and links to support services
- <https://yourroom.health.nsw.gov.au/Pages/home.aspx>
- Online directory of alcohol and other drugs support, health and welfare services
- <https://yourroom.health.nsw.gov.au/getting-help/Pages/your-service-hub.aspx>

Alcohol support services

Alcohol and Drug Information Service (ADIS)

- 24-hour support line with counsellors available to provide information, referrals and crisis counselling
- Tel: 1800 250 015
- Web chat available Monday to Friday 8.30am –5pm
- <https://yourroom.health.nsw.gov.au/getting-help/Pages/ADIS-Web-Chat.aspx>

Turning Point: Alcohol and Drug Counselling Online

- <https://www.counsellingonline.org.au>

DirectLine

- Alcohol and drug counselling via phone or online
- <https://www.directline.org.au>
- Tel: 1800 888 236 or 1300 652 820

Family Drug Support

- Provides telephone support 24 hours a day, seven days a week, to users, families and carers in crisis due to alcohol and other drug use issues in NSW
- Tel: 1300 368 186
- <https://www.fds.org.au>

Mental health information

WayAhead

- Website with fact sheets on a wide range of mental health issues, information for carers and an online directory of mental health and community services
- <https://wayahead.org.au/get-the-facts>

SANE Australia

- <https://www.sane.org/information-stories/facts-and-guides>

Black Dog Institute

- <https://www.blackdoginstitute.org.au/resources-support>

Head to Health

- Fact sheets and online directory of mental health support services
- <https://headtohealth.gov.au>

Beyond Blue

- Information and referral to relevant services for depression and anxiety related matters
- <https://www.beyondblue.org.au/get-support/get-immediate-support>
- Tel: 1300 224 636

Mental health support services

MindSpot

- Free digital mental health service for Australian adults experiencing anxiety, depression or chronic pain
- Tel: 1800 614 434
- <https://mindspot.org.au>

SANE Australia

- Provides comprehensive resources including telephone and online counselling and support
- Tel: 1800 187 263
- <https://www.sane.org>

eHeadspace

- Provides free online and telephone support and counselling to young people aged 12–25, their families and friends
- <https://headspace.org.au/eheadspace>

Co-occurring mental health and substance use information

Dual Diagnosis Australia New Zealand

- Information and resources on mental health and substance use issues
- <https://www.dualdiagnosis.org.au/home>

Alcohol and Drug Foundation

- <https://adf.org.au/insights/what-is-dual-diagnosis>

Mental health and substance use support services

GROW

- Provides mental health wellbeing programs including groups and residential rehabilitation service for mental health and substance use issues
- <https://grow.org.au>

Evidence used in the decision aid

The evidence presented in the decision aid is based on the best available research studies and reviews.

The studies included in this decision aid for **single-focussed** (alcohol only or depression only) and **dual-focussed** (both alcohol use and depression) treatment options come from a published **systematic review** (Hobden et al., 2018) and more recent searches of **randomised controlled trials** and clinical trials in:

- adults (aged 16 years or older) who have
- **mild to moderate symptoms** of **depression** or a diagnosis of depression, and
- some form of alcohol misuse

Since the studies all use different measures and report on different outcomes at different time-points, it was not possible to make direct comparisons between studies or combine results across all studies.

Key studies and other references are listed in the following section. You can view some of the papers online, or a clinician or librarian can assist you to access these references.

Key references

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13. Oslin, D., Sayers, S., Ross, J., Kane, V., Ten Have, T., Conigliaro, J., & Cornelius, J. (2003). Disease management for depression and at-risk drinking via telephone in an older population of veterans. *Psychosomatic Medicine*, 65(6), 931-937.

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