

ADDAP

ALCOHOL AND DEPRESSION DECISION AID FOR PSYCHOLOGICAL TREATMENTS

Making decisions that are right for you



THE UNIVERSITY OF
SYDNEY
—
Matilda Centre

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Who is this decision aid for?

This decision aid has been developed to support people who are seeking professional help for depression and risky alcohol use.

This decision aid is meant for people who:

- are 16 years or older
- have **mild or moderate symptoms** of depression
- are drinking alcohol to **risky or hazardous levels**, and
- are thinking about whether to address their depression and/or drinking with **psychosocial treatments**.

This decision aid is not meant for people who:

- are under 16 years
- have **severe** or **acute symptoms** of depression
- are dependent on, or abuse, alcohol, or
- are mainly thinking about using medication to address their depression and/or drinking.

People in these other groups are encouraged to make an appointment to discuss their options with a **GP**. They may also see the information and other resources in “Where to next...?” on **page 21**.

How this decision aid fits into your overall care

When seeking help for your depression and risky alcohol use, you may face many decisions. Some examples include whether:

- to start counselling/get a referral to see a psychologist.
- to start medication to help with your low mood and/or reduce your drinking.
- to reduce drinking or **abstain** (not drink).

Your clinician may also ask you to consider other treatment options which are not in this decision aid (for example, to start an **SSRI** antidepressant).

There is currently no ‘single best’ approach to treating depression and at-risk alcohol use. Because of this, it is important to consider the evidence for the options together with what is important and what matters to you.

This decision aid is one of many resources you can use, alongside discussions with your clinician and others (e.g. family or partner). When you are finished looking through this decision aid, see “What are my next steps?” ([page 21](#)).

Tips for using this decision aid

- This decision aid *supports rather than replaces discussions with your clinician* (e.g. a **GP** or **psychologist**) about depression and at-risk alcohol use.
- The decision aid may be most useful if it is used *before or between visits* with your clinician.
- The weight-scale exercises ([page 17](#)) are designed to be used *after reading* about the treatment options, including:
 - the summary boxes ([page 13](#))
 - information about their advantages and disadvantages ([page 09](#))
 - information about their effectiveness ([page 11](#)).
- You may complete these exercises by yourself or with your clinician and/or a family member.
- Pages with  can be downloaded or printed and taken to visits with your clinician.

See the Glossary ([page 22](#)) for the definitions of **any words in purple**.

What are the main treatment options?

Most people with depression and at-risk alcohol use start with **psychosocial treatment** as their main treatment.

If **psychosocial treatment** by itself does not help you enough, then you may decide with your clinician to add medication/s.

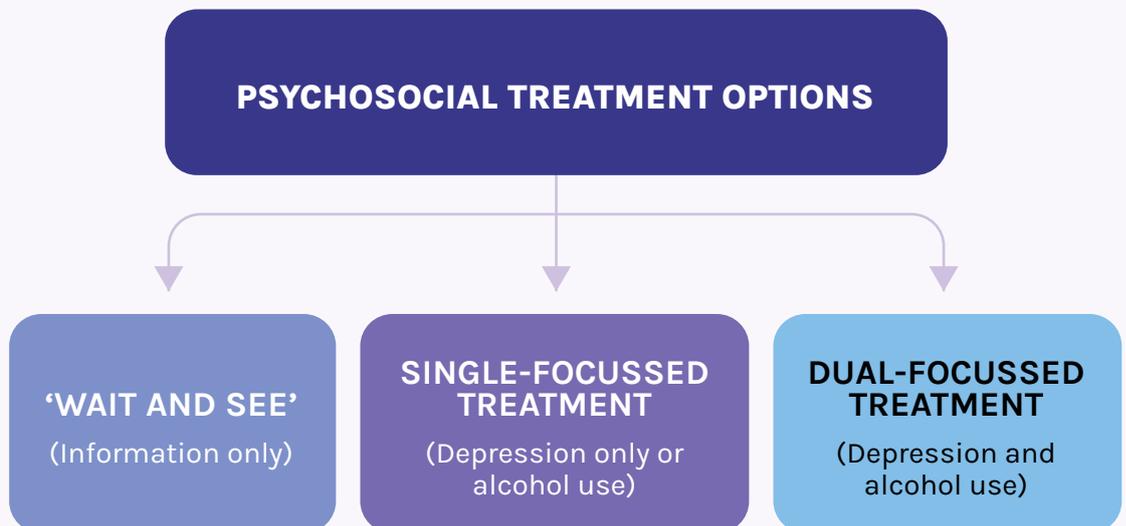
Treatment options

You have a choice of approaches for **psychosocial treatment** for depression and alcohol use:

- **Single-focussed treatments** - treating either depression or alcohol use only
- **dual-focussed treatments** - treating both depression and alcohol use.

You also have the option to not take up **active treatment** straightaway. Instead, you can choose to access information and 'wait and see' if symptoms improve by themselves, stay the same, or get worse over time.

By 'watching and waiting', you can delay or revisit the decision in the future.





Overview of the main approaches to treatment

What does it involve?		
'WAIT AND SEE' ACCESS TO INFORMATION ONLY	SINGLE-FOCUSSED TREATMENT ¹	DUAL-FOCUSSED TREATMENT ¹
<p>You do not receive any formal treatment.</p> <p>You may be assessed for your current symptoms of depression and/or alcohol use. You may be assessed over time to 'wait and see'/check for any changes to symptoms.</p> <p>You may be given some information and other educational resources on depression and/or alcohol use.</p>	<p>You receive treatment for one condition only, either alcohol use or depression.</p> <p>Treatment may contain elements which address the other condition, but the focus is on one condition only.</p>	<p>You receive treatment for both conditions at the same time, either together (integrated system) or separately (parallel system).</p>

Who provides treatment?		
'WAIT AND SEE' ACCESS TO INFORMATION ONLY	SINGLE-FOCUSSED TREATMENT ¹	DUAL-FOCUSSED TREATMENT ¹
<p>One or more treatment providers may give you information/other resources.</p> <p>You might access information/other information yourself online.</p>	<p>One treatment provider (depression only or alcohol only).</p>	<p>Depression and alcohol treatment providers can be independent of one another (parallel system); or one treatment provider for both conditions together (integrated system).</p>

What is the focus of treatment?

'WAIT AND SEE' ACCESS TO INFORMATION ONLY	SINGLE-FOCUSSED TREATMENT ¹	DUAL-FOCUSSED TREATMENT ¹
Information/other resources may address one or both conditions (depression and/or alcohol use).	One condition is the focus (depression only or alcohol only).	Treatments address both conditions (depression and alcohol)

What is the order of treatment?

'WAIT AND SEE' ACCESS TO INFORMATION ONLY	SINGLE-FOCUSSED TREATMENT ¹	DUAL-FOCUSSED TREATMENT ¹
Not applicable.	No additional treatment is given for the other condition.	Treatments are delivered at the same time.

Any overlap between treatments?

'WAIT AND SEE' ACCESS TO INFORMATION ONLY	SINGLE-FOCUSSED TREATMENT ¹	DUAL-FOCUSSED TREATMENT ¹
Not applicable.	No additional treatment is given for the other condition.	Yes, a lot of overlap between treatments or parts of the same treatment.

What are the possible advantages of each option?^{1,6}

'Wait and see'; get access to information and other resources:

- May be the most suitable option if you are not ready to take up treatment or will find it difficult to engage in treatment.
- You may see greater value in, and be more likely to stick with any treatment in the future.
- You may still see improvements in your depression and reduce your alcohol use over time.

Single-focussed treatment:

- There is one treatment provider only, so there is no need to have separate appointments with different providers/services.
- Treatment can focus on the condition which is of greater importance to you or has more impact on your wellbeing and functioning.
- You can start treatment for one condition, even if you are not ready to start treatment for the other condition.
- By reducing your symptoms of depression, treatment may also help you to reduce your alcohol use.
- Likewise, by reducing or stopping drinking, your depression may improve or go away altogether.

Dual-focussed treatment:

- Allows you to better understand the relationship between your alcohol use and depression (e.g. alcohol is used as a form of **'self-medication'** or way of coping with depression symptoms).
- Strategies for managing one condition can carry over and be reinforced by strategies for the other condition.
- Treatments can help you to 'break the cycle' - it reduces the likelihood that symptoms of one condition will continue to trigger, maintain or worsen symptoms of the other.

What are the possible disadvantages of each option?^{1,4-7}

'Wait and see'; access to information and other resources:

- You may not see any improvements in your depression or alcohol use.
- Your depression and alcohol use might persist or worsen over time.
- If you develop more severe or longer-lasting depression and alcohol use, you might need more costly specialist care, a longer program of treatment, and/or medication.

Single-focussed treatment:

- If you drink to cope with your depression, treatment that helps to reduce or stop drinking might worsen your untreated depression.
- Treatment for one condition only may not be enough to improve the other condition, even if they are linked.
- Even after treating one condition, the other condition might persist and increase your risk of relapse.
- You may face long delays to treatment, as many single treatment providers require that you have your other condition well managed (e.g. have reduced or stopped drinking before starting treatment for depression).
- Untreated depression might make it difficult to stick to alcohol treatment, whilst untreated alcohol use might make it more difficult to stick to depression treatment.

Dual-focussed treatment:

- It may take longer or be more difficult to access a **dual-focussed treatment** provider. Not as many clinicians are trained to offer treatment for both depression and alcohol use together (versus treatment for one condition only).
- Treatment may be time consuming and involve several appointments, especially if treatment for alcohol use and depression is offered by separate treatment providers (**parallel treatment**).
- Treatment might cost more if it involves more specialist care.
- If you have **parallel treatment**, there may be 'gaps' in your care if providers do not regularly communicate with one another.
- You need to be willing to address both your alcohol use and depression.

Measuring treatment effectiveness

To understand how well each treatment may work, we look at three main things:

1 Effectiveness

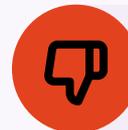
(Is the treatment better or worse compared to others?)



BETTER



SIMILAR



WORSE

2 Duration of effect

(How long have these effects been shown to last?)



LONG TERM



SHORT TERM



JUST AFTER TREATMENT ENDS

3 Evidence base

(What is the quality of the research behind these findings?)



EXCELLENT



GOOD



SATISFACTORY



POOR

We then applied these questions to the four main treatment outcomes:



Depression

1. Reducing symptoms/low mood
2. **Remission** (or recovery)



Alcohol use

3. Reducing amount and frequency
4. Overall **abstinence** (not drinking)

Rating the quality of the available evidence base

We rated the quality of evidence on **dual-focussed** and **single-focussed** treatments and used a coloured scale to show the quality of the evidence.¹



Excellent quality evidence

Evidence from several well-designed **randomised controlled trials** with low risk of bias or a systematic review of well-designed **randomised controlled trials** with low risk of bias.



Good quality evidence

Evidence from 1-2 well-designed **randomised controlled trials** with low risk of bias or well-designed controlled trials with low risk of bias, or a systematic review of the above.



Satisfactory quality evidence

Evidence from well-designed controlled trials without randomisation with low risk of bias, or well-designed **randomised controlled trial** with moderate risk of bias or a systematic/other type literature review of the above.



Poor quality evidence

Evidence from controlled trials with or without randomisation or other types of studies with high risk of bias or a systematic/other literature review of the above.

1. Adapted from the National Health and Medical Research Foundation body of evidence matrix to grade the quality of the evidence



Summary of treatment effectiveness for depression

Does most of the research show that this treatment helps with...



...reducing symptoms of depression?



Single-focussed treatment¹

Most evidence has shown that single-focussed treatment (for depression or alcohol use only) is not as good as dual-focussed treatment.

Dual-focussed treatments¹

Most evidence has shown dual-focussed treatments are better than single-focussed treatments (for alcohol use or depression only).

BETTER



How long did effects last?

LONG TERM

Studies have shown that these effects last over the longer term (up to six months after treatment ends).



Quality of the research

EXCELLENT

Based on several high-quality studies.

[Click here](#) to find out more about the effectiveness of these treatment types for depression.



Does most of the research show that this treatment helps with...



...complete recovery or remission from depression?



Single-focused treatment¹

One study has shown that single-focused treatment (for depression or alcohol use only) is as good as dual-focused treatment.

SIMILAR



Dual-focused treatments¹

One study has shown that dual-focused treatment is the same as (i.e. no better than) single-focused treatment (for depression or alcohol use only).

SIMILAR



How long did effects last?

SHORT TERM

This study has shown that these similar effects last over the shorter-term (one month after treatment ends).



Quality of the research

GOOD

Based on evidence from one high-quality study.

[Click here](#) to find out more about the effectiveness of these treatment types for depression.





Summary of treatment effectiveness for risky alcohol use

Does most of the research show that this treatment helps with...



...reducing how much and how often you drink alcohol?



Single-focused treatment¹

Most evidence has shown that single-focused treatment (for depression or alcohol use only) is as good as dual-focused treatment.

SIMILAR



Dual-focused treatments¹

Most evidence has shown that dual-focused treatment is the same as (i.e. no better than) single-focused treatment (for depression or alcohol use only).

SIMILAR



How long did effects last?

LONG TERM

Studies have shown that these effects last over the longer-term (up to 6-18 months after treatment ends).



Quality of the research

EXCELLENT

Based on evidence from several high-quality studies.

[Click here](#) to find out more about the effectiveness of these types of treatment for at-risk alcohol use



Does most of the research show that this treatment helps with...



... completing stopping or **abstaining** from drinking?



Single-focussed treatment¹

Evidence from one study has shown that single-focussed treatment (for depression or alcohol use only) is not as good as dual-focussed treatment.

Dual-focussed treatments¹

One study has shown dual-focussed treatments are better than single-focussed treatments (for alcohol use or depression only).

BETTER



How long did effects last?

LONG TERM

Studies have shown that these effects last over the longer-term (up to 6 months after treatment ends).



Quality of the research

SATISFACTORY

Based on limited evidence from one low-quality study.

[Click here](#) to find out more about the effectiveness of these types of treatment for at-risk alcohol use



Step-by-step process of making a decision

The previous sections presented the main options for people who are deciding on treatment for their depression and at-risk alcohol use.

These steps may help you decide which treatment option you wish to take up at this time:

1. Decide on the **level of involvement that you want from your clinician** and let them know.
2. Decide on the **level of involvement that you want from your family** and let them know.
3. Understand your **current options** and that you have a **choice**.
4. Review the advantages (**pros**) and disadvantages (**cons**) of each option.
5. Assess **how important the pros and cons** of each option are to you.
6. Get **more information** and **clarify** any uncertain areas by asking questions.
7. Work out **which option/s** you are leaning towards.

Thinking about what is important and matters to you

When deciding on treatment, a key step is thinking about how important the **pros** (the advantages) and the **cons** (the disadvantages) of each option are to you.

The following three exercises are designed to help you think about, and weigh up, the pros and cons of each option.

You may not come to a decision straightaway, but after doing all of the exercises, you will probably have a better idea of which option/s you are leaning towards. You can then discuss with your clinician (e.g. **GP** or **psychologist**) which option fits in best with your current preferences and needs.

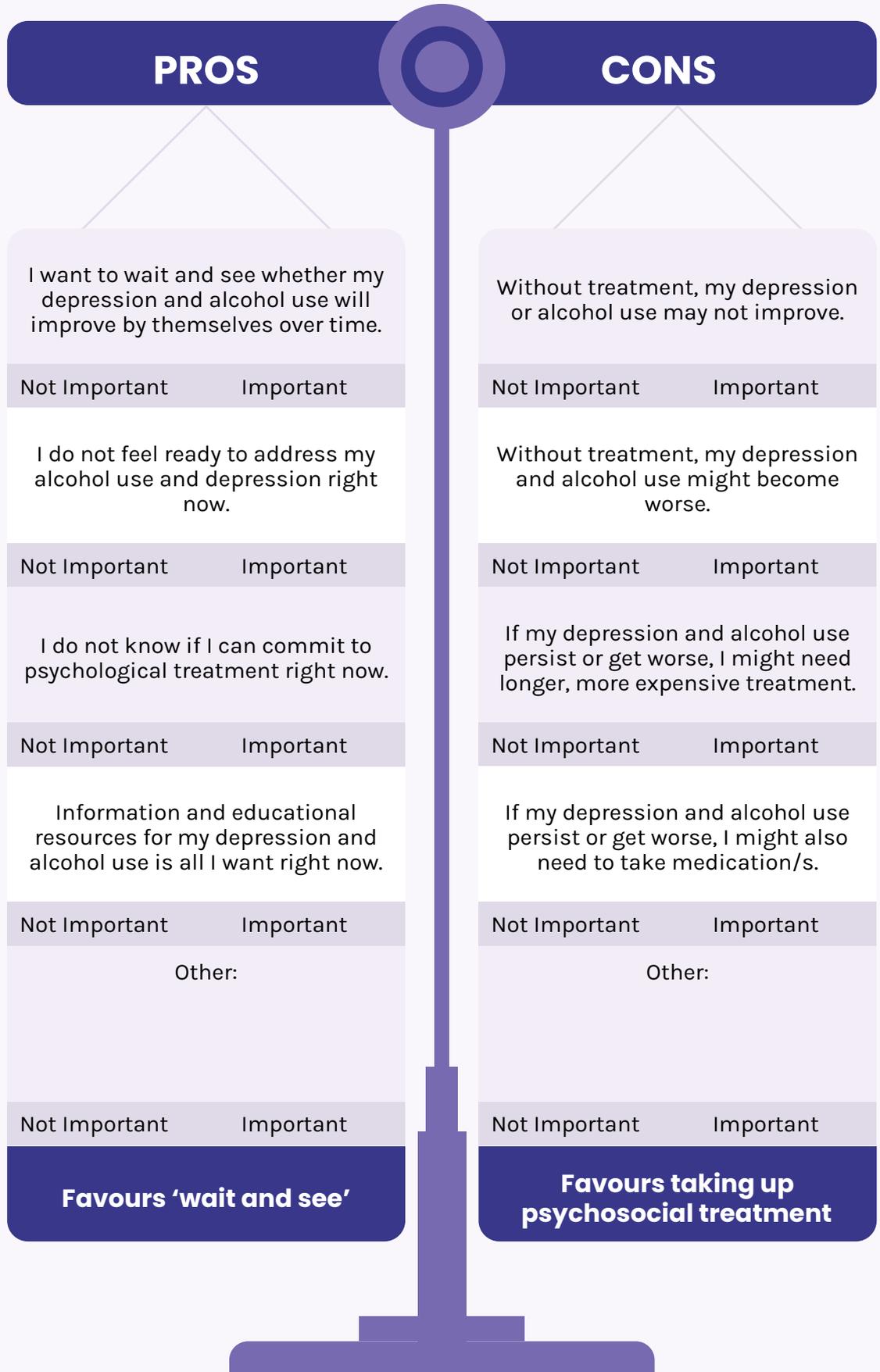
To complete the following exercises:

- 'Not important' if the issue is **not a concern and does not matter** to you
- 'Important' if the issue is a **concern and matters** to you.

Ticking more pros as 'Important' favours the left-side option, ticking more cons as 'Important' favours the right-side option.

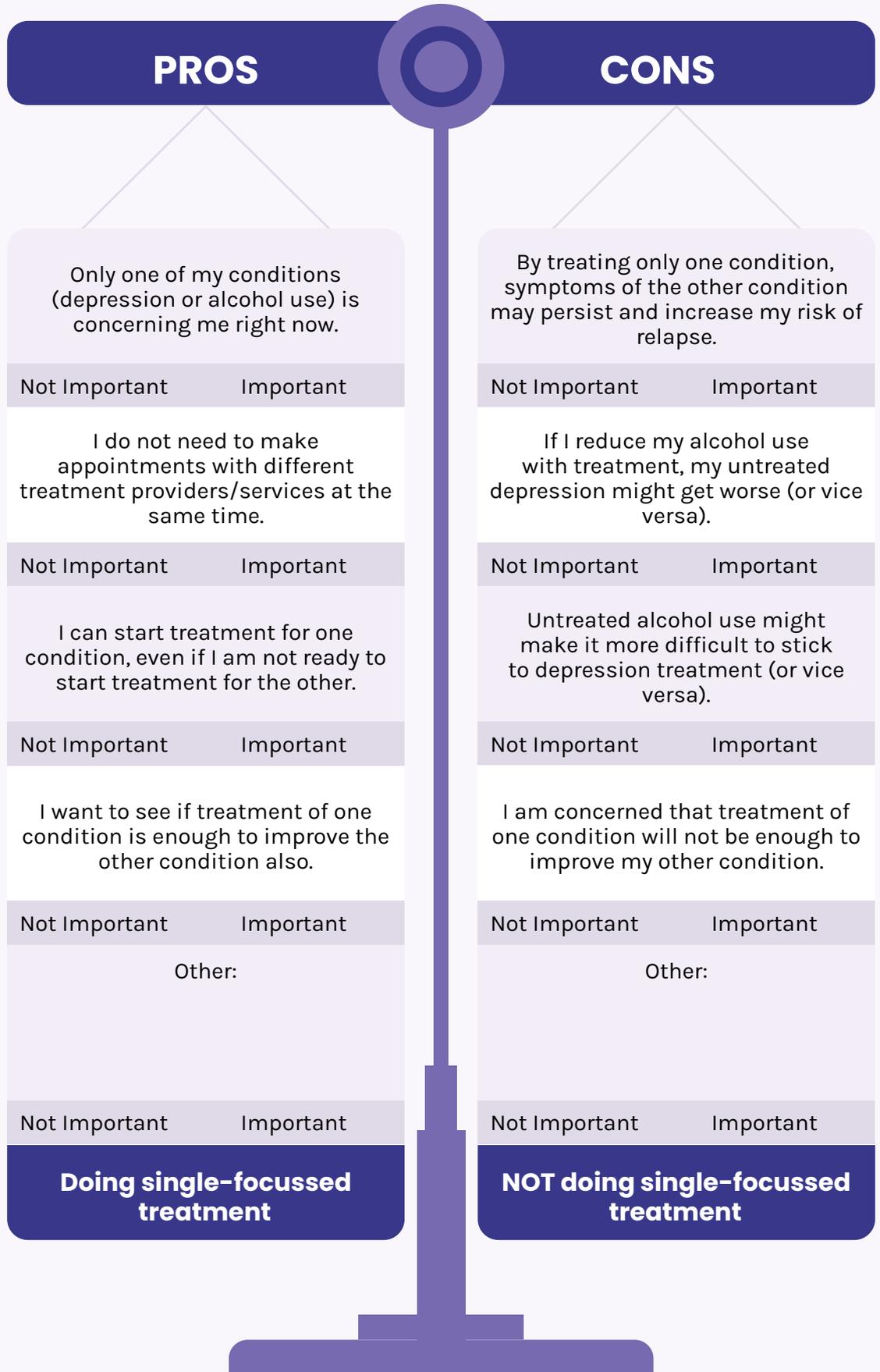


Option 1: 'Wait and see' / Information only



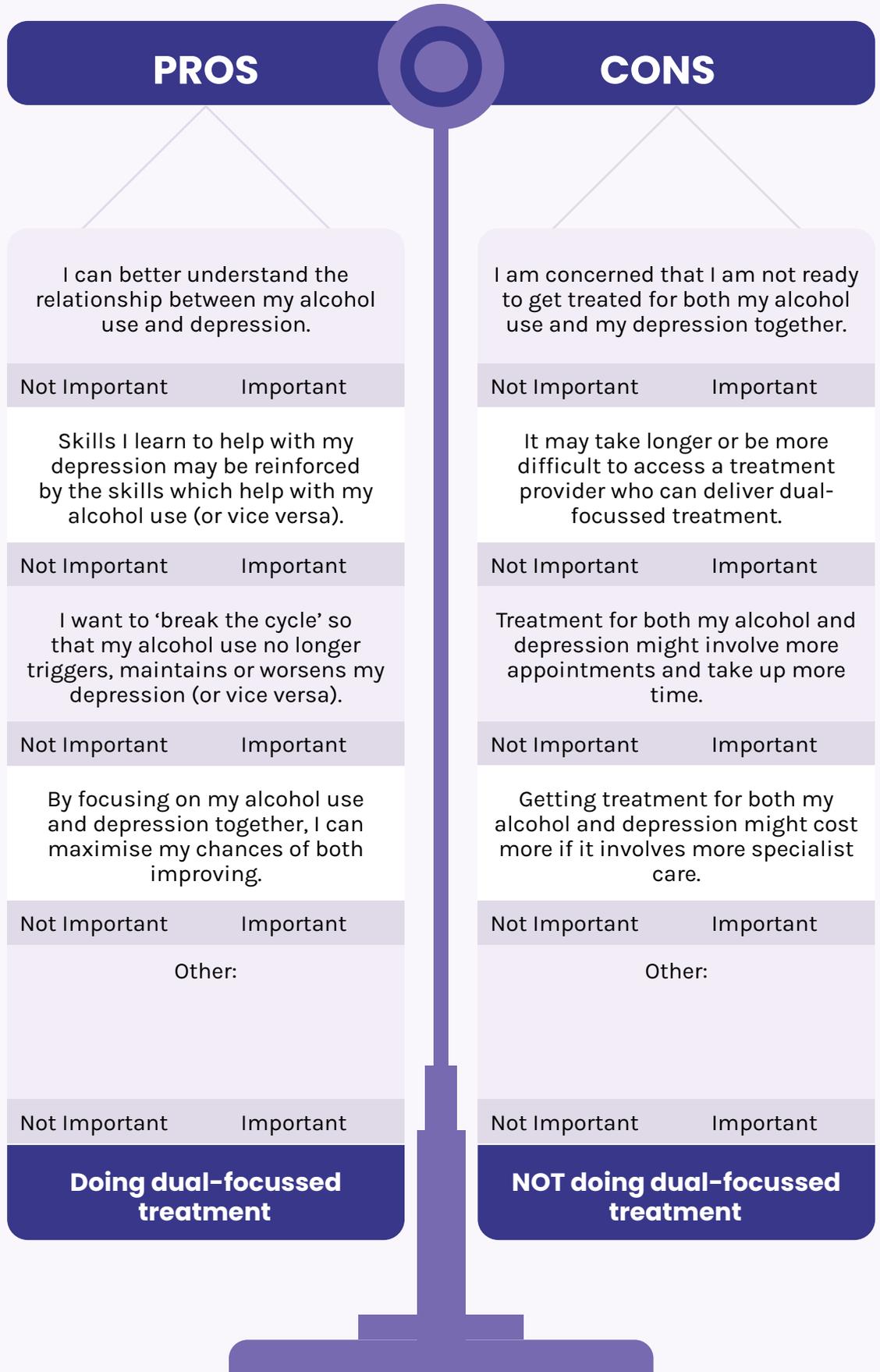


Option 2: Single-focussed treatment





Option 3: Dual-focussed treatment



What are your next steps?

- Once you understand your options for treatment, and have rated the **pros** and **cons** for each, you will have a sense of how you are leaning. This is a good time to make an appointment with your clinician (e.g. **GP** or **psychologist**).
- When you visit your clinician, you can discuss your options more, ask questions, and share what is important to you in your treatment (based on your answers to the exercises on **pages 18, 19** and **20**).

ASK

WHAT ARE MY OPTIONS?

KNOW

WHAT ARE THE POSSIBLE
BENEFITS AND HARMS OF
THOSE OPTIONS?

SHARE

HOW LIKELY ARE THE BENEFITS
AND RISKS OF EACH OPTION
HAPPEN TO ME?

For more information see www.askshareknow.com.au

- You can use the Notes section to write down other questions or points you would like to discuss with your clinician (**page 24**).
- See the next page for links to information and other resources for depression and risky alcohol use.

Related information and resources

Below are some links to information and other resources which may be helpful for you.

[Information about depression and risky alcohol use](#)



[Evidence used in this decision aid](#)



[Key references used in this decision aid](#)



[Acknowledgements and disclosures](#)



Glossary

- **Abstinence/abstain:** To not do something; in this case to refrain from drinking any alcohol.
- **Acute:** When a condition or symptom is short lasting but requires urgent treatment, generally because it is intense or severe. The opposite of acute is **chronic**.
- **Alcohol abuse/dependence:** When a person experiences a strong or uncontrollable desire to drink alcohol, and drinks too much. A person who is dependent on alcohol may drink greater and greater amounts to experience the same effect, and may experience withdrawal symptoms if they stop drinking.
- **Chronic:** When a condition or symptom is long lasting and has long-term effects. The opposite of chronic is **acute**.
- **Cons:** The disadvantages of a particular option. Cons of a type of treatment may include the risks, side effects, safety concerns or harms, or other negative aspects.
- **Depression:** A low mood lasting two weeks or more, characterised by sadness or flatness as well as a loss of interest or pleasure in most things.
- **Dual-focussed treatment:** Treatment that addresses two issues – in this case, both risky alcohol use and mental health concerns. Both concerns are treated at the same time, either within the same service (**integrated system**) or separate services (**parallel system**).
- **GP:** General practitioner; a medical doctor who provides general treatment for minor or chronic illnesses and health advice.
- **Integrated system/treatment:** One provider that provides a range of services/ treatments – in this case, for both alcohol use and mental health problems. Integrated services allow treatment to address how a person's co-occurring problems may interact with each other.

- **Mild to moderate:** When conditions or symptoms impact a person's daily life, but are not **severe** or **acute**.
- **Parallel system/treatment:** Treatment with two or more independent providers that support a person with their alcohol use and mental health concerns by providing separate addiction and mental health services.
- **Pros:** The advantages of a particular option. Pros of treatment might include the benefits, safety, or other positive aspects.
- **Psychologist:** A trained professional who provides treatment for mental health conditions.
- **Psychosocial/psychological treatments:** Treatments that help a person to understand and work through problems by identifying and changing patterns of thinking and behaviour. These treatments also help people to learn skills so they can cope with challenges as they arise. These are also called psychotherapies or talking therapies.
- **Randomised controlled trial:** A study to assess the effects of something, such as a treatment, where participants are randomly assigned to the intervention or control group, and the groups are compared.
- **Relapse:** In this case, when a person stops maintaining their goals of reducing or avoiding alcohol and returns to heavy drinking (5+ drinks for men, 4+ drinks for women).
- **Remission:** When symptoms have completely improved or subsided so that they can be managed and are not getting any worse.
- **Risky or hazardous (drinking) levels:** When a person drinks excessively and it puts their health and wellbeing at risk. Australian guidelines define risky or at-risk drinking as consuming more than 10 standard drinks per week or more than four standard drinks on any one day.
- **Self-medication:** When a person uses drugs or alcohol to cope with stress, anxiety or psychological distress.
- **Severe:** When a condition or symptoms are intense and significantly impair a person's ability to function. A person experiencing severe symptoms requires urgent treatment.
- **Single-focussed treatment:** Treatment that addresses one condition of a person's co-occurring conditions, either alcohol use or depression. Treatment may provide support for the other condition but mainly focuses on one condition.
- **SSRIs:** Selective serotonin reuptake inhibitors, which are the most widely used type of antidepressant medication. This medication is used to ease symptoms of depression.
- **Systematic review:** A summary of all the available evidence about a specific topic.
- **Usual care:** The standard care received for treatment or prevention of an illness.

Notes



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