

Extended Brief Intervention for Alcohol Misuse in People with Intellectual Disabilities: A Feasibility Study

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Background

- It is common for people with mild/moderate intellectual disabilities (ID) to live independently and have access to alcohol (Miller & Whicher, 2010; Pezzoni, 2010)
- Research has found a high incidence of alcohol misuse in ID populations (Hassiotis et al., 2010)
- Some factors which may contribute to substance misuse in people with ID include (Barrett & Paschos, 2006):

Hyperactivity
Early onset of drinking
Lack of assertiveness
Low self-esteem
Desire for social acceptance
Social isolation

- The National Institute for Health and Clinical Excellence (NICE) recommends that brief and extended brief interventions are used to help young persons and adults who have screened positive for hazardous and harmful drinking.

Aims

- To examine the feasibility of running a full scale trial across a large number of sites. Outcome measures:
 - recruitment rate,
 - loss to follow up
 - treatment compliance
 - To gather qualitative data from participants who received the EBI therapy to learn about their experience, including any problems with compliance and their views on the RCT questionnaires used
 - To obtain feedback from referrers and carers about practical aspects of the trial such as speaking to potential participants about their involvement, scheduling (and keeping) appointments, user-friendliness of the questionnaires.
- To investigate the effectiveness of an extended brief intervention therapy (EBI) for alcohol misuse in people with ID who are living in the community Outcome measures:
 - standard deviation of the primary outcome scores of participants

Method

Stage 1: Adaptation of the Screening Tools and development of therapy manual

- The Alcohol Use Disorder Identification Test (AUDIT) was adapted for people with ID, in consultation with service users, by simplifying the questions, adding pictures and creating response cards



Stage 2: Single-blind randomised control trial of EBI

- Recruitment target of 50 participants
- Half randomised to EBI therapy arm and half received treatment as usual
- EBI group received 8 week course of EBI therapy with a trained therapist
- All participants answered questions from the AUDIT at:

BASELINE → 8 weeks → 12 weeks

Stage 3: Qualitative interviews with participants in treatment arm and with carers/referrers

- Participants who received treatment will be invited to take part in a qualitative interview with a research assistant and a service user representative to find out about their experience
- Referrers and carers to be asked for feedback about the study process to inform RCT study design

Results and Implications

We will use the eligibility numbers, recruitment rate, loss to follow up and compliance to inform the feasibility of conducting a larger trial in future

→ To decide whether it is feasible to run a large-scale, multi-centre RCT to fully evaluate the EBI

The data from the AUDIT will provide information about the effectiveness of the EBI therapy

→ This could have implications for the future treatment of alcohol misuse in people with ID

We will use the qualitative data from the interviews to learn about the participants' experience of the therapy and any suggestions they have to improve it's adaptation

→ This will give a more in depth view of the opinions and experiences of the participants who received the therapy and inform the study design of RCT