

# Brief interventions during routine care reduce alcohol use among men with HIV

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Among the more than 1 million people in the U.S. living with HIV, 19 percent meet the criteria for an alcohol use disorder. The consequences can be severe, with heavy drinking associated with increased liver disease, greater engagement in risky sexual behavior, lower adherence to antiretroviral therapy and greater risk of death.

Men who have sex with men (MSM) comprise nearly half of the country's HIV patients and show relatively high rates of alcohol use disorders, but little research has been conducted to identify the most effective ways to reduce drinking in MSM living with HIV.

Yet a new study in the *Journal of Consulting and Clinical Psychology* finds that a simple intervention using a technique called "motivational interviewing" during routine HIV care can have strong and lasting effects. Compared to treatment as usual, MSM exposed to the intervention and a few brief follow-up sessions reported fewer drinks per week, fewer days of [heavy drinking](#) and less condomless sex over one full year.

The researchers say the need to address heavy drinking among MSM with HIV is pressing and that the reductions in alcohol use they saw among participants were considerable.

"Individuals with HIV who actively manage their illness by taking [antiretroviral therapy](#) are now expected to have comparable lifespans as those without the virus," said lead author Christopher Kahler, scientific director at the Brown University Alcohol Research Center on HIV and professor of behavioral and social sciences at the University's School of Public Health. "Yet they are much more vulnerable if they drink heavily. If a patient can even cut drinking in half, this can greatly reduce the risk of mortality."

Participants in the study, conducted from 2011 to 2016, were 180 heavy-drinking MSM living with HIV who were recruited from the Fenway Health community health center in Boston. Half were exposed to interventions during routine visits for HIV care while the other half continued to receive treatment as usual. The intervention consisted of an initial in-person counseling session of up to 60 minutes, two brief sessions at three- and six-month follow-up visits, and two brief phone

calls.

The researchers employed "motivational interviewing" because the approach is ideal to use opportunistically, especially with individuals who are not necessarily seeking to change behavior.

In the initial sessions, counselors asked participants about drinking patterns, positive and negative effects of alcohol use, and connections between their drinking and HIV care. They also shared information on how patients' drinking compared to drinking in other MSM, gave feedback on health indicators and discussed the potential for behavior change related to their alcohol use.

"This is an empathic, non-confrontational approach that can reduce stigma," Kahler said. "Counselors identify areas of concern, but work to understand the participants' experiences and perspectives."

Over 12 months, the average number of drinks per week consumed by those who received the intervention dropped from 16 to just seven—and the number of heavy [drinking](#) days per month decreased from five days to one. Among those reporting condomless sex with non-steady partners, the intervention resulted in significantly lower rates of this behavior at three and 12 months compared to those who received treatment as usual.

"The study demonstrates that open, non-confrontational discussions about alcohol use with individuals in HIV care can create a significantly positive change in behavior," Kahler said. "What we don't yet know is how necessary it is to have the more intensive [motivational interviewing](#) sessions with feedback from trained counselors or whether brief advice from a clinician would be enough to prompt change."

The implications of that follow-up question—which Kahler and colleagues are currently investigating—will prove significant in shaping

approaches to intervention and care.

"This work is extremely important, since problem [alcohol](#) use is among the most common behavioral health challenges that can impede the optimal use of modern antiretroviral therapy that extends and improves the lives of HIV-infected MSM and other people living with HIV," said co-author Kenneth Mayer, medical research director at Fenway Health and professor of medicine at Harvard Medical School.

**More information:** Christopher W. Kahler et al, Motivational interviewing with personalized feedback to reduce alcohol use in HIV-infected men who have sex with men: A randomized controlled trial., *Journal of Consulting and Clinical Psychology* (2018). DOI: [10.1037/ccp0000322](https://doi.org/10.1037/ccp0000322)

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