

Primary care intervention increases prevention of alcohol use disorder

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An intervention increases prevention but not treatment engagement for

alcohol use disorder (AUD) in primary care, according to a study published online Feb. 27 in *JAMA Internal Medicine*.

Amy K. Lee, M.P.H., from the Kaiser Permanente Washington Health Research Institute in Seattle, and colleagues examined an implementation [intervention](#) in a trial involving [adult patients](#) from 22 primary care practices with visits from January 2015 to July 2018. The implementation intervention included practice facilitation, electronic health record decision support, and performance feedback. Coprimary end points for [prevention](#) and AUD treatment were the proportion of patients with unhealthy alcohol use and brief intervention documented in the electronic health record and the proportion with newly diagnosed AUD and engaged in treatment (brief intervention and AUD treatment engagement, respectively).

A total of 333,596 patients visited [primary care](#). The researchers found that the proportion with brief intervention was higher during the Sustained Patient-Centered Alcohol-Related Care versus usual care period (57 versus 11 per 10,000 patients/month), while the proportion with AUD treatment engagement did not differ between the periods (1.4 versus 1.8 per 10,000 patients/month). Immediate outcomes of screening, new AUD diagnosis, and treatment initiation all increased significantly with the intervention.

"The magnitude of increases in brief intervention and AUD treatment initiation were modest, and AUD treatment engagement was not increased," the authors write. "Given the extent of the gaps in the quality of alcohol-related care, iterative quality improvement efforts will likely be needed."

More information: Amy K. Lee et al, Integrating Alcohol-Related Prevention and Treatment Into Primary Care, *JAMA Internal Medicine* (2023). [DOI: 10.1001/jamainternmed.2022.7083](https://doi.org/10.1001/jamainternmed.2022.7083)

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