RESCueH

– A research programme addressing challenges critical to the quality of care for patients with alcohol use disorders

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Introduction

The RESCueH Alcohol Research Program opened 3rd of June 2013. This annual report from the Unit of Clinical Alcohol Research (UCAR), University of Southern Denmark, describes the progress and results from Research Program, achieved in 2016. A status of the organization around the projects will also be described.

Background

With the series studies in the **RESCueH** Alcohol Research Program, we aim to improve the prognosis for patients with alcohol use disorders by developing strategies to identify, treat and reduce relapse in patients with alcohol problems:

1. **The Relay Study**
   Rationale: Better recruitment of patients to treatment, as only a minority of alcohol-dependent drinkers currently receive treatment.

2. **The Elderly Study**
   Rationale: Matching treatment to individual needs, reflecting the heterogeneity of alcohol-dependent patients.

3. **The Self-Match Study**
   Rationale: Greater patient involvement in treatment, as active involvement in treatment decision processes is essential for compliance.

4. **The Cue Exposure Study**
   Rationale: Preventing relapse, as return to harmful drinking is a common problem.

5. **The Healthy Lifestyle Study**
   Rationale: Encouraging a healthy lifestyle, which will improve compliance in treatment and prevent relapse.

The Relay Study – recruiting patients to treatment

The **Relay Study** tests a new model for referring patients. It is a multicentre study involving hospitals in both urban and rural areas and will be conducted in hospital departments that have a high number of patients with alcohol-related diseases.

Purpose of the study
We hypothesize that the Relay Model is more effective and less costly than standard methods with regards to referral of alcohol-dependent patients from hospital to specialized treatment.

Design and original plan
In a randomized controlled design, the Relay Model will be compared with Referral as Usual over a follow-up period of one year. Consecutive patients admitted to the departments of gastroenterology, neurology and orthopaedic Surgery at Odense University Hospital (urban area) and Aabenraa Hospital, Sygehus Sønderjylland (rural area), who screen positive for excessive use of or positive for alcohol dependency using the Alcohol Use Identification Test (Audit) will be enrolled in the study. The primary outcome comprises the health care costs in the year following the intervention. The secondary outcome is social costs, and criminal justice cost, and the number of patients beginning specialized treatment for alcohol use disorder after discharge from the general hospital. Data will be collected from registers and databases and merged using the Danish Civil Registration system.

Interventions
The Relay Model: In the experimental intervention, a therapist from the alcohol treatment clinic meets the patient before discharge. If the patient has screened positive for excessive drinking, the therapist will offer a motivational talk and brief advice concerning the possibility of cutting down. If the patient has screened positive for alcohol dependence, the therapist explains the significance of continuing outpatient aftercare and presents an "attendance contract". This contract includes information about the prognosis for alcohol disorders and options for attending outpatient care. The patient is given an appointment at the alcohol treatment clinic and is recommended to place the contract in a prominent place at home.

Referral as Usual: In the standard intervention, the hospital staffs encourage the patient to cut down or seek treatment for alcohol use disorder after discharge. The hospital personnel call the alcohol treatment clinic, and the patient is given an appointment and a meeting card. Standard intervention is intervention as usual.

Progress of the study
A pilot study on the screening procedure was carried out on one of the participating departments at Odense University Hospital (Department O) during October 2013, and the full study was initiated on all five participating departments 1st of November 2013. Enrolment of patients from the rural hospital ended in October 2015. Enrolment at the departments of gastroenterology, and orthopaedic Surgery at Odense University Hospital ended in June 2016. The data collected from the patients has been cleaned and is ready for analysis in spring 2017. Data from the registers,

describing costs of subsequent use of alcohol treatment, health care, social services etc., data from the National Register on Alcohol Treatment can be collected in autumn 2017.

Organisation
During the period of intervention, the project coordinator met with the PI every second week and met with the out-going staff from the Alcohol Clinics every two months. There were quarterly meetings with the hospital departments. The project coordinator sends out a bi-weekly newsletter about the study and the progress to everyone involved. A full day meeting with both staffs from the Alcohol Clinics and hospital departments was held in November 2016 at which the research group informed about the number of patients included in the study, and the lifestyle of the patients. Furthermore, professor Bent Nielsen has participated in the morning meeting for doctors at the Department of Neurology and described the lifestyle of the patients at the department.

Qualitative aspects
The staffs from the Alcohol Treatment Clinics were engaged and enthusiastic about the study. They did not meet resistance from the patients when they showed up at the hospital. The patients were willing to talk about their alcohol habits with the staff from the Alcohol Clinics, when they were approached.

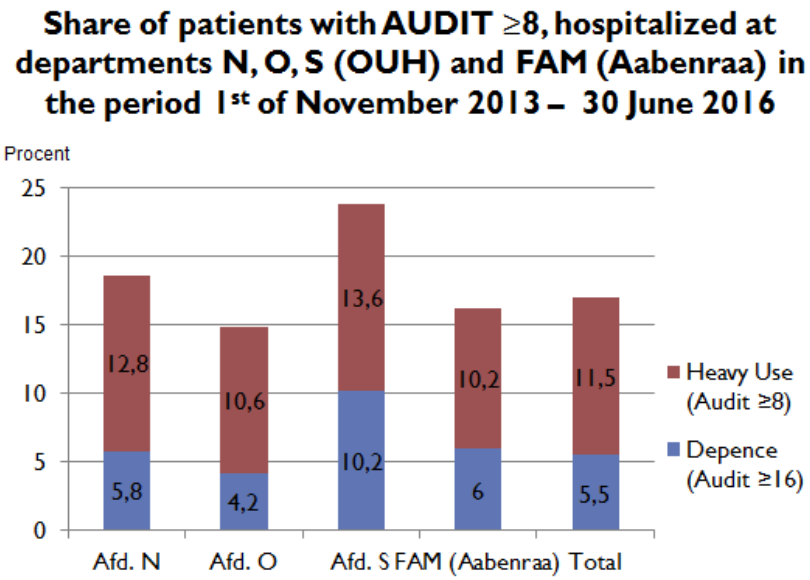
The staffs at the hospital departments at Odense University Hospitals were also engaged in and positive towards the study, particularly at the end of the study. A qualitative study on barriers among hospital staffs was carried out in the early stages of the Relay Study, and published in 2016.

Preparations of the health economic analysis to come
A PhD-protocol was prepared in 2015, and Anne-Sophie Schwarz was enrolled as PhD-student at the end of 2015.

Preliminary findings
A total of 7.136 patients under the age of 18 and belonging to the uptake area of the participating alcohol treatment institutions were hospitalized on the participating hospital departments in the period 13.11.01 to 16.06.30. A total of 3.247 (45,5 %) patients were excluded from the study, either because they were in so bad a condition that they could not participate or because they were discharged within the first 24 hours. Only 617 (8,5 %) patients refused participation in the study.

In figure 1, the share of included patients, distributed on the participating hospital departments, can be seen. The frequency of patients who screen positive for excessive drinking or alcohol dependency is highest at department S, OUH, which is the department of gastroenterology. As shown in the figure, almost one quarter of the patients at department S has an AUDIT score ≥8.

Figure 1:



Publications from the study in 2016

Schwarz AS, Bilberg R; Bjerregaard L; Nielsen B; Søgaard J; Nielsen AS. **Relay model for recruiting alcohol dependent patients in general hospitals- A single-blind pragmatic randomized trial.** BMC Health Services Research, 2016; 16:132, DOI 10.1186/s12913-016-1376-8

Hellum R, Bjerregaard L, Nielsen AS. **Factors influencing whether nurses talk to somatic patients about their alcohol consumption.** Nordic Studies on Alcohol and Drugs, 2016;33:415-436,

PI, coordination of study and PhD-students

Professor Bent Nielsen (UCAR)
Assistant Professor Randi Bilberg (coordination)
Research Assistant Rikke Hellum
Professor Jes Søgaard (supervisor)
PhD student Anne-Sophie Schwartz
Associate Professor Anette Søgaard Nielsen (supervisor)

The Elderly Study – individualized treatment

The **Elderly Study** aims to improve the prognosis for this patient group by tailoring treatment to match individual needs.

Purpose of the study
The study will evaluate new methods for treating elderly patients with alcohol use disorders.

Design
The Elderly study is designed as a randomized controlled trial with two arms and conducted in three different drinking cultures. Consecutive patients, aged 60+ years, seeking treatment for alcohol use disorders at three facilities in Denmark (Odense, Aarhus and Copenhagen), two facilities in Germany (Dresden and Munich) and a single treatment facility in the US (Albuquerque) will be enrolled in the study. The patients will be randomized to either *(A) Standard treatment* or *(B) Extended treatment.*

Interventions
(A) Standard Treatment comprises four sessions of Motivational Enhancement Therapy over four weeks. This intervention is likely to be similar to that typically offered in general practice, or possibly to the intervention offered at specialized treatment centres which lack experience with this patient group. The intervention in this arm is considered to be basic care.

(B) Extended treatment is the experimental intervention and comprises four sessions of Motivational Enhancement Therapy over 4 weeks, followed by up to 8 sessions of Community Reinforcement Approach specifically designed to target the needs of elderly (CRA-Elderly). The CRA-Elderly encourages sobriety by helping the patient create routines and activities that are meaningful to the patient and reward staying sober. Particular focus is given to establishing sober social networks and to coping with aging.

All patients are interviewed at treatment start (baseline), after 4 weeks, 12 weeks, 6 months and 12 months using structured interview instruments.

Progress of the study
Treatment manual
A treatment manual was developed in autumn 2013, partly on the basis of the Combine Manual (eds. WR Miller). The new manual is called the CRAS manual (Community Reinforcement Approach for Seniors). The manual describes both the Standard Treatment and the Extended Treatment.

The Standard Treatment consists of one session of Motivational Interviewing, one session of Personalized Feedback, one session with a functional analysis and one session allocated to the development of a change plan (standard treatment) or treatment plan (extended treatment). At the fourth session, a supporting significant other is supposed to participate together with the patient.

The Extended treatment builds on the Standard Treatment and offers up to 8 additional sessions, working with modules of the patient's choice. There are five modules to choose between: a module on coping with craving, a module on social recreational activities, a module on mood management, a module on building a sober network and finally a module on coping with aging. A module can cover several sessions.

The manual was compiled by Alyssa Forcehimes and Teresa Moyers from the US site and Anette Søgaard Nielsen from the Danish site on the sideline. The manual was divided into two manuals in spring 2014, one for Standard and one for Extended Treatment, and slightly adjusted in summer 2014.

Progress of the study

The Danish site began enrolling patients in the pilot study mid-January 2014. The German site and the US site began enrolling patients 1st of March 2014. The pilot study continued to late May 2014. The pilot phase was evaluated at a meeting in the Elderly Research Group which took place at the end of April 2014 in Odense. The full study was initiated on the 1st of June 2014 at all sites and the enrollment of patients ended on the 31st of March 2016 at the German sites, at the US site and in Copenhagen and in Aarhus. Enrollment ended on the 30th of April 2016 in Odense, and the interventions offered to the last participants ended in August 2016.

Monitoring treatment fidelity

All treatment sessions were recorded, and the recordings will be used to estimate fidelity to the treatment manuals. A team of coders was appointed at each site. Professor Theresa Moyers coordinates and overlooks the process of coding for treatment fidelity. Professor Moyers and one of her students started training the coders in autumn 2015, and the training continued in 2016. A sample of 10% randomly picked sessions is currently being analysed at the sites.

Data managing

A collaboration agreement between Unit of Clinical Alcohol Research and Odense Patient data Explorative Network (OPEN) was signed in summer 2013. Data manager Lars Søgaard finalized developing databases for the study in OPEN in November 2014. In order to secure the possibility of data entering via the internet directly into the database in OPEN, it was decided to make use of REDCap (Research Electronic Data Capture). REDCap is a browser-based, metadata-driven EDC software solution and workflow methodology for designing clinical and translational research databases. It is widely used in the academic research community. Redcap is used for storing not only interview data from the participating patients, but also the coding data, described above.

Sharing documents and data

In order to carry out version control of documents, a web based SharePoint was established early in the study. All final versions of forms, the treatment manual, work descriptions and minutes of meetings are placed at the SharePoint and can be reached from all sites. The SharePoint also includes a complete list of changes made during the study – and the changes' implications for the anticipated results.

Another safe SharePoint was established for storage of the final cleaned data files in autumn 2016. The safe, logged SharePoint is hosted at a server in the Region of Southern Denmark, and data transmission is encrypted via https. HTTPS (Hypertext Transfer Protocol Secure) is an encrypted version of HTTP that protects the data when information is send between local computers and the SharePoint.

Hair tests

As it is described in the protocol, hair samples of the participants are collected at the 6 months follow-up. The hair samples will be analysed in order to validate the data on self-reported alcohol consumption. Collaboration between UCAR and professor Tine Kold Jensen and Senior Scientist Flemming Nielsen, Environmental Medicine, SDU was thus initiated in 2015, and agreed upon in 2016. Tine Kold Jensen and Flemming Nielsen will carry out the analysis in 2017, together with PhD-student Dorthe Nielsen, UCAR. All hair samples from all sites were delivered to the Unit of Clinical Alcohol Research in 2016 and safely stored in the biobank of OPEN.

Organisation

The PI group and the overall coordinator have met via Skype every 2 weeks since May 2013, and included the local coordinators in the biweekly skype meetings from October 2013. This routine continued to take place throughout 2016 and will continue in the analysis phase of the study.

At the Danish site, the PI, the overall coordinator and the local coordinator have met regularly throughout 2016.

Since October 2013, the local project coordinator has sent out biweekly newsletters from the Elderly study to all managers and staffs in the alcohol treatment centres in Odense, Aarhus and Copenhagen in order to inform and describe the progress of the study. In June 2016, all the staffs from the Danish alcohol treatment centres met with the Danish research group at a full day meeting and evaluated the study process as a whole.

Progress

Data cleaning of baseline data is finalized, and data cleaning of data from T1, T2 and T3 is in progress. Data from T3 will be used to analyse the primary outcome of the study.

Together with age, a DSM V diagnosis of Alcohol Use Disorder is the formal inclusion criterion for the study, as it is described in the protocol publication. The study was, however, initiated in the transition period between DSM IV and DSM V, and at some sites, patients were in praxis enrolled in the study when they suffered from a DSM IV diagnosis of misuse or dependency. We realized during the data cleaning process of baseline data, that information on all DSM V criteria was missing for some of the patients, in particular, patients enrolled in the early stages of the study. Regrettably, this lead to the exclusion of 11 patients, for whom it was not possible to give a DSM V diagnosis. Hence, the final number of participants in the study is 693.

Baseline data is now cleaned and ready for analysis.

Findings

Table 1 presents some very preliminary baseline data from each country, based on baseline data. The data suggest some interesting differences between cultures, although some of the differences may be explained by differences in recruitment procedures. In contrast, although statistically significant differences are found, some of the differences are not big in absolute terms and may therefore not be clinically relevant. This may also be interesting! Despite differences in recruitment of participants from different societies with different organization of social and political systems as well as treatment for AUD, patients with AUD across cultures may be comparable, which may indicate that dissemination of results and implementation of treatment study results can be easier than expected. The present remarks are based on nothing more than the present table and many in-depth analyses are needed. We are very excited that the data are beginning to be available for analysis and this preliminary table promises many interesting results from The Elderly Study.

Table 1: Demographic and alcohol related baseline characteristics among the participants in the Elderly Study, by country (sites)

	Danish Sites N=341	German Sites N=203	USA site N=149	Difference between sites (Significance level) [4]
Gender (male, %)	64%	52%	60%	NS
Age (mean)	65,1	66,5	65,2	P<0,01
Employment (fully or part-time employed %)[1]	15%	24%	28%	P<0,01
Retired (%)	63%	71%	50%	P<0,001
Retired number of years (mean)	5,3	6,5	7,5	P<0,05
Cohabiting (%)[2]	45%	57%	39%	P<0,01
Previously received treatment for AUD (%)	62%	19%	37%	P<0,001
Age of AUD onset (mean)	45,7	46,5	41,7	NS
Alcohol Dependence score (range 0-47, mean)	12,2	6,1	12,2	P<0,001
Standard units per day (past 90 days, mean)[3]	6,6	5,9	6,7	NS

[1]Employment status: yes=full or part-time employment; no=Homemaker, retired, unemployed, disability

[2]Cohabiting: yes= married, cohabiting; no=single, separated, divorced, widowed

[3]1 standard unit=12 g alcohol

[4]Chi^2 test and ANOVA

A PhD-study has been carried out at the Danish site, focusing on why some elderly start drinking late in life. The PhD-study has recruited informants among the Danish participants in the Elderly Study. Participants, who did not start drinking excessively until after the age of 60, were asked for an extra qualitative interview. The findings of the qualitative study have been presented at conferences, and are currently being published in a series of journals. The main findings were that after a lifelong unproblematic (at times heavy) use of alcohol, it seemed that using alcohol as a coping strategy was one of the main factors in very late-onset alcohol use disorder among the participants. The participants expressed how they experienced a marked loss of identity when they had no activities to fill up their time after retirement. Social activities involving alcohol were

also closely related to very late-onset alcohol use disorder. The study concludes that loss of identity, coping with physical and psychological problems, an overarching societal and social culture surrounding alcohol and the interrelationship between social life, alcohol use and heavy drinking are important factors that need to be addressed clinically and preventively, and specifically for individuals experiencing very late-onset alcohol use disorder (Emiliussen, Andersen & Nielsen, 2017).

Publications from the study in 2016

Emiliussen J, Nielsen AS, Andersen K. **Identifying risk factors for late-onset (50+) alcohol use disorder and heavy drinking – a systematic review.** Substance Use and Misuse. Accepted for publication.

Emiliussen J, Andersen K, Nielsen AS. **Why do some older adults start drinking excessively late in life? - results from an Interpretative Phenomenological Study**. Scandinavian Journal of Caring Sciences, 2017, doi: 10.1111/scs.12421

Emiliussen J, Andersen K, Nielsen AS. **How do older adults with very late-onset alcohol use disorder define alcohol problems? Results from an interpretative phenomenological study**. Alcoholism Treatment Quarterly. 2017;32(2):151-164. DOI: 10.1080/07347324.2017.1288480

Emiliussen J, Andersen K, Nielsen AS. **How does family pressure, health and ambivalence factor into entering alcohol treatment? Results from an interpretative phenomenological inquiry into the experiences of people aged 60 and older with alcohol use disorders.** Nordic Studies on Alcohol and Drugs. Accepted for publication.

Schmidt LK, Bojesen AB, Nielsen AS, Andersen K. **Duration of therapy – does it matter? A systematic review and meta-analysis of the duration of psychosocial treatment for alcohol use disorders.** European Addiction Research. In review

Emiliussen J. **Commentary on Halonen et al: Pondering the latent class trajectories of retiring older adults.** Addiction, Accepted

PIs, coordination of study and PhD-students

Principal Investigators: Professor Kjeld Andersen, UCAR (Danish site), Professor Michael Bogenschutz, NYU Langone Medical Center and MD Snehal Bhatt, New Mexico School of Medicine (US site), Professor Gerhard Bühringer, Technische Universität Dresden and Institut für Therapieforschung (German site).

Overall coordination: director Anette Søgaard Nielsen.
Local Coordinators: Randi Bilberg (DK), Silke Behrendt (G), Barbara Braun (G), Christine Lizzaraga (US)

PhD-students: Jakob Emiliussen (DK), Lotte Kramer Schmidt (DK), Dorthe Nielsen (DK)

The Self-Match Study – involving patients in treatment decisions

The **Self-Match Study** will be the first of its kind to investigate the effects of 'self-matching' treatment for alcohol disorders versus assignment by a clinical expert.

Purpose of the study

The study will compare the effects of patient-led versus expert-led treatment choice in terms of compliance in the treatment programme, alcohol consumption and patient satisfaction with treatment for alcohol use disorder.

Design

The study is a randomized controlled study with two arms: (A) an experimental arm, involving patient self-matching to treatment, and (B) treatment as usual, involving expert assignment to treatment. Consecutive patients aged 18-60 years, who either at presentation or after detoxification wish to start treatment at the Alcohol Treatment Clinic in Odense, will be enrolled. The patients will be interviewed at baseline and 6 months after treatment start. Enrollment of patients is expected to begin in spring 2017.

Expected results

We expect that patients who choose their own treatment method will drink significantly less alcohol one year after treatment initiation than those who are assigned treatment by a clinical expert. We hypothesize that this will be due to improved adherence to the treatment programme among self-matched patients.

Progress of the study

Planning phase

As a foundation for developing the information material to be used by the patients in order to choose treatment, a survey was carried out ultimo 2014. All public treatment institutions in Denmark were invited to participate in the survey, and half of the institutions agreed, a total of 25 treatment institutions. Both big and smaller treatment institutions participated. In a specific week, the survey was carried out among patients at the treatment institutions, who had an appointment that week. A questionnaire with 20 questions was used. The patients were asked to fill out the questionnaire anonymously before leaving the institution, and 704 patients did so. Most questions introduced a topic and asked the patient to rate whether or not it was important to receive information about this topic before treatment start or whether it should wait till later. All patients were also asked what information it was most important to make available before treatment start.

Information about the content of treatment was given priority by far the most respondents, regardless of gender (38.5% female versus 32.3% male). Information about how to contact the treatment centers (via mail, phone or face-to-face) was given priority by about a quarter of the respondents, closely followed by information about the influence the patients themselves might have on the treatment content, and information about treatment being free of charge.

Based on the knowledge from the survey and in close collaboration with the staff from the Alcohol Treatment Center, information material to be used by the patients as a foundation for the choice

of treatment was developed ultimo 2016. The information material consists of both video presentations and written information. The material will be evaluated by focus groups with patients during spring 2017. The patients will be encouraged to express all thoughts they may have when they see and read the material. When the patients express that they feel informed by the material to a level that feels safe in order to choose between the methods, the material will be considered ready for use in the randomized controlled trial, focused on testing the effect of choosing own treatment.

Initiation of the study
The study is expected to begin enrolling patients May 2017 (when the Cue Exposure Study stops enrolling patients). PhD-student Morten Hell was appointed ultimo 2016.

Publications from the study in 2016

Nielsen AS, Ellermann AE. Need to know and wish to know: What individuals find important to know about treatment for alcohol problems in order to be able to decide whether to start treatment or not. Nordic Studies on Alcohol and Drugs, 2016;33;2:123-137

PI, coordination of study and PhD-students
Principal Investigator: Associate Professor Anette Søgaard Nielsen
PhD student Morten Hell
Supervisor: Professor WR Miller.

The Cue Exposure Study – preventing relapse after treatment

The **Cue Exposure Study** compares aftercare based on cue exposure treatment (CET) delivered either by a therapist or through a smartphone application with standard aftercare, with the aim of preventing relapse to harmful drinking.

Design

The study is a randomized controlled trial with three arms, of which two are experimental: (A) an experimental aftercare comprising 4 group sessions of CET (one session every two weeks), (B) an experimental aftercare comprising 1 individual session with instruction for a CET smartphone application + one individual follow-up session 8 weeks after discharge, (C) aftercare as usual comprising one individual follow-up session 8 weeks after discharge only, i.e. no CET. Consecutive patients aged 18-60 years, who finish standard treatment at the Alcohol Treatment Centre in Odense from the period 1st of May 2015 till Medio 2017, are offered participation and enrolled in the study. The patients are interviewed at baseline just before aftercare treatment and at 8 and 26 weeks after initiation of aftercare. Data collection includes relevant questionnaires and interview instruments.

Interventions

(A) Aftercare comprising therapist-led CET: These patients participate in four 2-weekly group sessions, delivered by a therapist without the use of a smart phone.

(B) Aftercare based on a smartphone CET application: At the start of aftercare, these patients attend an individual session where they will be instructed in the use of the smart phone software, and a further individual session after 8 weeks. The patients are asked to practice their skills for reducing cue reactivity on a regular basis.

(C) Standard aftercare: These patients will attend an individual follow-up session 8 weeks after discharge from treatment. This session contains no CET.

Expected results

We expect that alcohol consumption 8 and 26 weeks after discharge from treatment will be lower in the experimental groups (A & B) than in the control group (C). We explore whether the experimental intervention (B) will be more cost-effective than the other interventions.

Progress of the study

Planning phase

The application for the smart phone was finalized in 2014, and presented to patients and therapists in order to receive feedback. Thereafter it was adjusted and tested again.

Data collection plan and software was developed in 2014 and early 2015. The study was approved by the Scientific Ethical Committee, and the therapists selected. Training of the therapist was performed at the beginning of 2015, and Dr Bodil Andersen, one of the most experience Danish trainers in Cognitive Behavioural Therapy, was attached as supervisor for the therapist throughout the study.

The first 3 months, after commencing the enrolment of patients or until 30 patients were enrolled in the study, was rendered the pilot phase.

Initiation of the study
Patients who started treatment after 1st of February 2015 were (and are) offered participation in the study when they are 3 months into their treatment course and plan termination of treatment. Patients, who agree to participate in the Cue Exposure aftercare study, are randomized to either CET based aftercare in groups, to CET by the means of the application for smartphone, or aftercare as usual. Hence, the first patients were enrolled in May 2015. Ultimo 2015, 35 patients were enrolled. The pilot phase was evaluated in November 2015. It was obvious from the pilot phase that recruitment was a problem, since one-third of the patients tended to drop out of treatment before they finalized treatment, hence were informed about of the Cue Exposure study during the last session in the ordinary treatment phase, - and since less than 50% of the patients, who finalized treatment, agreed to participate in the Cue Exposure study.

Adjustments
When evaluating the pilot phase, it was decided to adjust and strengthen the logistics of the study, for instance by informing the patients about the Cue Exposure study already in the early stages of treatment by the means of leaflets and additionally by having the therapist inform the patients about the aftercare project during the last sessions of the ordinary treatment, and letting the therapist introduce the research assistant a couple of weeks before treatment closure. It was also decided to prolong the expected period of enrolment.

The decided changes of the logistics lead to increased number of patients who accepted enrolment in the study. In the end of December 2016, 118 patients were enrolled in the Cue Exposure study.

Safety analysis
Prior to the study initiation, the research group decided to carry out a safety analysis when 60 patients have been followed up at 26 weeks. Hence, in autumn 2016, an independent statistician was asked to analyse data on the first 60 patients in order to make sure that no unexpected safety problems had occurred, in particular among the patients who were randomized to receive Cue Exposure Therapy by means of the Smartphone application. No tendency to increased relapse among patients randomized to smartphone application was detected and we, therefore, continued to enrol participants in the study.

Progress of the study
During the inclusion of participants and collection of data phase of the Cue Exposure study, the PhD-student and colleagues are performing a meta-analysis and systematic review of Cue Exposure Therapy for the Treatment of Alcohol Use Disorders. The review will be submitted for publication in spring 2017.

Expected findings
Besides increasing our knowledge about the effectiveness of various methods of aftercare, this study will be the first in a series to incorporate new technology that will give the patient ready

access to learned strategies in daily life after discharge. Such technology-based strategies are likely to be particularly useful for younger patients.

Publications from the study in 2016

Mellentin AI, Nielsen B, Nielsen AS, Fei Yu, Stenager EN. **A randomized controlled study of exposure therapy as aftercare for alcohol use disorder: study protocol.** BMC Psychiatry, 2016;16:112. DOI 10.1186/s12888-016-0795-8

Mellentin AI; Stenager E; Nielsen B; Nielsen AS; Yu F. **A smarter pathway for delivering cue exposure therapy? The design and development of a smartphone application targeting alcohol use disorder.** JMIR Mhealth And Uhealth, 2017.

Mellentin AI, Skøtt L, Nielsen B, Juhl C, Nielsen AS, Schippers G, Stenager E. **Cue Exposure Therapy for the Treatment of Alcohol Use Disorders: A systematic Review and Meta-analysis.** In review, 2017.

PI, coordination of study, PhD-students

Principal investigator: Professor Bent Nielsen, UCAR.
Supervisors (study): Professor Elsebeth Stenager, Associate Professor Anette Søgaard Nielsen
Supervisor (clinical): MD Bodil Andersen
Technical development of the application: Associate Professor Arne Bilberg, Associate Professor Fei Yu.
PhD student Angelina Mellentin

The Healthy Lifestyle Study – it isn't enough to just remove alcohol

The **Healthy Lifestyle Study** tests whether the addition of moderate physical training to standard treatment for alcohol dependency will increase compliance with alcohol treatment.

Design

The study is a randomized controlled trial with three arms: (A) Standard treatment + physical exercise on an individual basis, (B) Standard treatment + physical exercise in groups, or (C) Standard treatment alone. Consecutive patients, aged 18-60 years, starting treatment at the Alcohol Treatment Centre in Odense, were enrolled in the study. The patients were interviewed and tested at baseline, and after 6 and 12 months.

Interventions

All patients received standard outpatient treatment at the Alcohol Treatment Centre. The exercise programme was conducted 2 days a week for a total of 24 weeks. The programme consisted of brisk walking or running, where the duration and intensity of the exercise increased each week as the patients' fitness level improved. The exercise programme was led by a physical trainer. It was either carried out on an individual basis (experimental arm A) or in a group setting (experimental arm B). The third arm served as control.

Progress of the study

A pilot study was carried out in summer 2012. 10 patients participated in the pilot study. The pilot study showed that 6 out of the 10 patients, receiving treatment for alcohol dependence, were willing and able to run in groups on a regular basis, supported by running instructors. (Roessler et al., 2013). The randomized controlled trial started enrolling patients in mid-May 2013, and stopped enrolment in February 2015. 175 patients were enrolled, of which 62 were randomized by urn randomization into training in groups, 60 to individual training and 53 to control group.

Challenges

Throughout the study, fewer patients than expected sought treatment for alcohol problems; a tendency that was seen not only in Odense, but in the Danish society as such. Furthermore, the refusal rate for participation in the study was higher than expected. In the end of enrolment, 345 consecutive patients had been introduced to the study, and 175 patients had accepted. The reasons for refusing to participate were mostly health related problems and lack of interest in physical activity.

Follow up data

During 2016, the main tasks in the study were collection of the final follow up data, preparation of analyses and publications, based on the baseline data and on the qualitative data collected among patients who dropped out of the study. The follow-up rate at 6 months (collection of data for primary outcome) was 79% (137 patients) and 12 months' follow-up and 12 months 57% (100 patients).

Findings

Primary outcome: Alcohol intake

The primary outcome measure was defined as the proportion of patients who did not drink excessively six months after treatment start. Not drinking excessively was defined as being either abstinent or drinking moderately during the last 30 days prior to the follow up interview. Moderate drinking was defined as drinking a maximum of 14 and 21 standard units of alcohol per week for women and men, respectively and a maximum of 5 standard units of alcohol on a drinking day (Recommendations of the Danish Health Authority), again during the last 30 days prior to follow up.

At the time for the six months' follow-up, all three groups showed a highly significant reduction in alcohol intake. No differences between the groups were found in the proportion of patients who drank excessively. Participants allocated to exercise and participants allocated to the control group were not significantly different from each other in relation to drinking outcome measured as consumed units of alcohol per month at follow-up. The number of days abstinent was increased, while the number of drinks per drinking day was decreased across the total sample.

A dose-response effect of exercise was found. The amount of alcohol intake in the intervention groups decreased by 4% [95% CI: 0.03 – 6.8%], p=0.015, for each increased exercising day. That is, the more days participants registered their exercise the less alcohol they consumed at follow-up. The paper presenting the primary outcome of the study is submitted for publication.

Secondary outcome: Physical fitness

At baseline, women had a mean age, height, weight and VO_{2max} of 51±11 years, 1.65±0.09m, 68.3±12 kg and 28.2±6.8 mlO_2 $min^{-1}kg^{-1}$, while men had 43±12 years, 1.79±0.07m, 83.1±12.3 kg and 38.0±9.3 mlO_2 $min^{-1}kg^{-1}$. Physiological parameters measured during maximal treadmill running were: Treadmill running time (T_{max}), maximal heart rate (HR_{max}), maximal blood lactate concentration (BL) and respiratory exchange ratio (RER), Rate of Perceived Exertion (RPE) and VO_{2max} for the subgroup of patients completing both tests.

While the individual group (IND) had changed their VO_{2max} after 6 months' training by 5.7% ($p<0.05$), there was no change in the other two groups (group training GR and control C) ($p>0.05$); however, all groups had decreased their alcohol intake highly significantly ($p<0.0001$). When using the definition of "alcohol use disorder" according to the Danish Board of Health in terms of an average weekly consumption exceeding 14 and 21 units for women and men, respectively, the reduction in alcohol use implied that only 39 and 36% of the patients, respectively, from the group condition and individual condition were diagnosed with "alcohol use disorder" after the intervention, while there were 57% in C. The training intensity was 78.2±6.9% and time per training unit was 37.8±9.6 min with no difference between IND and GR ($p>0.05$). Assuming that data coming from patients using and downloading data from heart rate monitors veridically reflected frequency in training, the average frequency was four or five times a month during the first month of the intervention, dropping to once or twice a month during the following 5 months ($p<0.05$).

Secondary outcome: Interpersonal problems
Another secondary outcome was the level of interpersonal problems, and the question if alcohol patients were differing from a normal population at baseline. When comparing our AUD population with a healthy population, the results show that the AUD-population achieved a significantly higher score on four of the eight subscales. The subscales, where the AUD-patients perceived to have significantly more interpersonal problems, were: vindictive (p = <0.0001**), cold (p = <0.0001**), socially avoidant (p = <0.0001**) and non-assertive (p = 0.048*).

In addition, we found gender differences. At baseline the male AUD-patients achieved a significantly higher score on the domineering subscale (p = 0.007**), whereas the female AUD-patients achieved a significantly higher score on the non-assertive (p = 0.003**), exploitable (p = 0.001**) and overly nurturant subscale (p = 0.037*). Comparing the level of interpersonal problems before and after the intervention, no differences were found between the running groups and the control group.

Perspectives
The study is expected to be followed up by further studies using other kinds of physical activity and a more flexible approach regarding physical activity.

Inspiration and sparring group for the project
The project group behind Healthy Lifestyle study has developed a strong collaboration with researchers from Oslo, in particular Prof. Egil Martinsen, Medicinsk Institut, Oslo Universitet (http://www.med.uio.no/klinmed/personer/vit/egilwm/), Prof. Thomas Clausen, Institute of Clinical Medicine, Oslo Universitet, SERAF Norwegian Centre for Addiction Research, (http://www.med.uio.no/klinmed/english/people/aca/thclause/), and Ashley Muller, Medicinsk Institut, Oslo Universitet, SERAF SERAF Norwegian Centre for Addiction Research (http://www.med.uio.no/klinmed/english/people/aca/ashleym/).

PI, coordination of study and PhD-students
Principal Investigator and project coordinator: Professor Kirsten K. Roessler, Institute of Psychology, SDU.
Project co-supervisor: Assistant professor Randi Bilberg
PhD student: Sengül Sari

Publications from the study in 2016
Roessler KK, Bilberg R, Nielsen AS, Jensen K, Ekstrøm CT, Sari S. **Exercise as adjunctive treatment for alcohol use disorder: Results of a randomized controlled trial.** Addiction. Submitted.

Sari S, Müller AE, Roessler KK. **Exercising alcohol patients don't lack motivation but struggle with structures, emotions and social context – a qualitative dropout study**. Accepted, BMC Family Practice.

Roessler KK, Bramsen RH, Dervisevic A, Bilberg RM. **Exercise based interventions for alcohol use disorder: A comment on motivational aspects of participation.** Scandinavian Journal of Psychology. 2016;58(1):23-28. Available from, DOI: 10.1111/sjop.12334.

Roessler, K. K. (2016). **Emotional experiences and interpersonal relations in physical activity as health prevention and treatment: a psychodynamic group approach.** I M. Raab, P. Wylleman, R. Seiler, A-M. Elbe, & A. Hatzigeorgiadis (red.), Sport & Exercise Psychology Research: From Theory to Practice. (s. 461-486). Kapitel 21.London: Elsevier Inc. DOI: 10.1016/B978-0-12-803634-1.00021-2.

Sari S, Bilberg R, Jensen K, Pilegaard J, Roessler KK, Nielsen AS. **Physical activity patterns in patients with alcohol use disorder**. Addiction Research & Theory, submitted.

Conferences
Roessler, K. K. (2016). **Interpersonal problems of Alcohol Use Disorder patients undergoing an Exercise Intervention - the influence of social aspects.** Abstract from 30th EHPS conference, Aberdeen, United Kingdom.

The organization of the RESCueH-studies/UCAR

Steering committee and International Advisory Group
A Steering Committee, a Research Office and an International Scientific Advisory Board have been established. The International Advisory Board consists of: Dean Ole Skøtt (SDU) (chair), CEO Kim Brixen (OUH), Research Vice Director Sissel Vorstrup (Lundbeckfonden), Research Director Anders Hede (Trygfonden), Medical Director Anders Meinert (Region of Southern Denmark), Professor WR Miller (CASAA, UNM), Professor Gerard Schippers (Amsterdam Institute for Addiction Research), Dr. Gillian Tober (Leeds Addiction Unit).

The Steering committee consists of: Dean Ole Skøtt (SDU) (chair), Professor Aleksander Krag, (OUH), Research Vice Director Sissel Vorstrup (Lundbeckfonden), Research Director Anders Hede (Trygfonden), Medical Director Anders Meinert (Region of Southern Denmark).

Research Office
Director Anette Søgaard Nielsen (UCAR, SDU)
Professor Bent Nielsen (UCAR, SDU)
Research secretary Jena Weber /Annemette Munk Svensson (UCAR, SDU)

Overview of staff at the RESCueH studies (Danish Site), 2016
Director Anette Søgaard Nielsen (UCAR, SDU)
Research secretary Jena Weber /Annemette Munk Svensson (UCAR, SDU)
Professor Bent Nielsen (UCAR, SDU)
Professor Kjeld Andersen (UCAR, SDU)
Professor Kirsten Kaya Roessler (Department of Psychology, SDU)
Professor Claus Ekstrøm (Section of Biostatistics, IFSV, KU)
Professor Jes Søgaard, (UCAR, SDU)
Assistant Professor Randi Bilbjerg (UCAR, SDU)
Data manager Lars Søgaard (OPEN, SDU)
PhD student Angelina Mellentin (UCAR, SDU)
PhD student Jakob Emiliussen (UCAR, SDU)
PhD student Sengül Sari (Institute of Psychology, SDU)
PhD-student Lotte Kramer, (UCAR, SDU)
PhD-student Anne-Sophie Schwartz (UCAR, SDU)
PhD-student Morten Hell (UCAR, SDU)
Research assistant Birgit Jensen (UCAR, SDU)
Research assistant Rikke Hellum (UCAR, SDU)
Student Martin Mau (Department of Psychology, SDU)
Student Josefine Pilegaard (Department of Psychology, SDU)
Dr. Kurt Jensen (Department of Sports Science)
Student Nina Burmester, (UCAR, SDU)
Student Ayse Corap (UCAR, SDU)
Student Emil Hvidberg (UCAR, SDU)
Student Klara Capelle (UCAR, SDU)
Student Louise Bundsgaard (UCAR, SDU)

Student Sibel Yilmaz (UCAR, SDU)

Collaborating Danish treatment institutions in 2015

The Alcohol Treatment Centre in Odense participating in all five studies: the Relay Study, the Elderly Study, the Self-Match Study, the Cue Exposure Study and the Healthy Lifestyle Study.
The Alcohol Treatment Centre in Aarhus and the *Alcohol Treatment Centre in Copenhagen*, participating in the Elderly Study.
The Alcohol Treatment Centre in Aabenraa, participating in the Relay Study.
Gastrointestinal, neurological and orthopaedic departments at Odense University Hospital and *Aabenraa Hospital,* participating in the Relay Study.

International collaborators in 2016

The Elderly study:
Professor Gerhard Buehringer: Principal Investigator for the German site in the Elderly Study, and his team. The study intervention at the German site was conducted in the (1) Chair of Addiction Research, Technische Universität Dresden, and (2) Institut für Therapieforschung, Munich.
Professor Michael Bogenschutz: Principal Investigator for the US site in the Elderly Study, and his team. Dr. Snehal Bhatt took over the formal position as PI in the summer 2015. The study intervention at the US site was conducted in the First Choice Family Practice Clinics, New Mexico.
Associate professor Teresa Moyers, CASAA, University of New Mexico, who was supervising, training and monitoring treatment fidelity in the Elderly Study.
Program operations director Roberta Chavez, CASAA, New Mexico, who was training and supervising the interviewers in the use of FORM90 in the Elderly Study.

Spin off projects and collaborations in 2016

- **Grant application: Alternatives to nagging, pleading, and threatening: A study on strategies to get loved ones to seek treatment for alcohol dependence.** A cluster randomized controlled trial on methods to empower the relatives of problem drinkers who are reluctant to seek treatment. Project group: Randi Bilberg (coordinator), Anette Søgaard Nielsen (PI), Kjeld Andersen, Claus Ekstrøm, Bent Nielsen. Application granted DKR 2,000,000, Trygfonden.
- **A qualitative study of the assessment instrument MATE (measurements in the addictions for triage and evaluation).** Project group: Morten Hell (coordinator), Kjeld Andersen (PI), Anette Søgaard Nielsen. The qualitative study was granted DKR 872.000,- from The Psychiatric Research Foundation in Region of Southern Denmark. Based on the findings of the qualitative study, a full grant application on a larger MATE study was written together with Center for Rusmiddelforskning, Aarhus University. The full application is currently under review in Trygfonden.
- **Alcohol and Culture.** Interdisciplinary alcohol studies. A network, consisting of researchers from the humanities, epidemiology and the clinical world, held a workshop in November 2015. The network is currently writing a special edition of the Nordic Journal of Alcohol and Drug about Alcohol Culture to be published in 2017. Funding: Nice Welfare, University of

Southern Denmark. Professor Anne-Marie Mai and Associate Professor Anette Søgaard Nielsen (eds)

- **Study on treatment barriers**: A qualitative study on patients suffering from AUD, but who nevertheless have refrained from seeking treatment. We will identify informants in clinical settings (hospitals, GPs' surgeries), and so encountering them in situations usually considered ideal for delivery of an intervention. Postdoc Sengül Sari, Anette Søgaard Nielsen (supervisor). Granted DKR 1,766,420 from the Psychiatric Research Foundation in Region of Southern Denmark.
- **A life without addiction:** A qualitative follow-up study on participants in the Healthy Lifestyle study. Pre-graduate project. Student Martin Mau.
- **ForensAlc** (randomized or case-control study): The present study will investigate the effect of adding CRA and maybe even the strategic use of contingencies to forensic psychiatric treatment. Hence, the ForensAlc study tailors existing strategies to a new and specific patient group. As with the Elderly study, the present study will also develop strategies, i.e. developing additional modules and considering the contingencies relevant to dual diagnosis patients. Both patients and staff will be involved in this process. Professor Kjeld Andersen (PI), Kristine Tarp (research assistant), Anette Søgaard Nielsen (co-investigator), Associate professor Frederik Gildberg (co-investigator). The study was granted DKR 216,000 from the Psychiatric Research Foundation in Region of Southern Denmark in order to writing protocol and full application. The full grant application is currently under review in the Psychiatric Research Foundation.
- **Study on barriers towards internet based treatment.** Although efficacy studies on internet-based treatment have shown promising effects, effectiveness studies are more discouraging. A high number of patients refuse to participate in real life studies, and there seems to be a lack of faith in the effect of internet-based treatment, compared to face-to-face treatment. The current study will explore belief in and barriers towards internet-based treatment in the general population and in potential patient groups. Postdoc Jakob Emiliussen, Anette Søgaard Nielsen (supervisor). The study was granted DKR 43,875 from the Psychiatric Research Foundation in Region of Southern Denmark in order to write protocol and full application.

Dissemination of project, results and alcohol treatment related topics in 2016

Research publications

Published in 2016

Nielsen AS, Nielsen B, Andersen K, Roessler KK, Søgaard J, Bühringer G, Bogenschutz M, Ekstrøm CT. **The RESCueH programme: Testing new non-pharmacologic interventions for Alcohol Use Disorders: Rationale and methods.** European Addiction Research, 2016;22:306–317

Roessler KK, Bramsen RH, Dervisevic A, Bilberg RM. **Exercise based interventions for alcohol use disorder: A comment on motivational aspects of participation.** Scandinavian Journal of Psychology. 2016;58(1):23-28. Available from, DOI: 10.1111/sjop.12334

Hellum R, Bjerregaard L, Nielsen AS. **Factors influencing whether nurses talk to somatic patients about their alcohol consumption.** Nordic Studies on Alcohol and Drugs, 2016;33:415-436,

Schwarz AS, Bilberg R; Bjerregaard L; Nielsen B; Søgaard J; Nielsen AS. **Relay model for recruiting alcohol dependent patients in general hospitals- A single-blind pragmatic randomized trial.** BMC Health Services Research, 2016; 16:132, DOI 10.1186/s12913-016-1376-8

Mellentin AI, Nielsen B, Nielsen AS, Fei Yu, Stenager EN. **A randomized controlled study of exposure therapy as aftercare for alcohol use disorder: study protocol.** BMC Psychiatry, 2016;16:112. DOI 10.1186/s12888-016-0795-8

Nielsen AS, Ellermann AE. **Need to know and wish to know: What individuals find important to know about treatment for alcohol problems in order to be able to decide whether to start treatment or not.** Nordic Studies on Alcohol and Drugs, 2016;33;2:123-137

Andersen, K. & Nielsen, B**. Coercion in psychiatry: the importance of extramural factors**. Nord J Psychiatry, 2016**:** 1-5

Mellentin AI, Brink M, Andersen L, Erlangsen A, Stenager E, Christiansen E. **The Risk of Offspring Developing Substance Use Disorders when Exposed to One versus Two Parent(s) with Alcohol Use Disorder: A Nationwide, Register-based Cohort Study.** Journal of Psychiatric Research. 2016;80(September):52-58. Available from, DOI: 10.1016/j.jpsychires.2016.06.001

Accepted in 2016

Emiliussen J, Nielsen AS, Andersen K. **Identifying risk factors for late-onset (50+) alcohol use disorder and heavy drinking – a systematic review.** Substance Use and Misuse. Accepted.

Tarp KH, Nielsen AS. **Patient Satisfaction with Videoconferencing-based Treatment for Alcohol Use Disorder.** Addictive Disorders & Their Treatment. Accepted.

Emiliussen J, Andersen K, Nielsen AS. **Why do some older adults start drinking excessively late in life? - results from an Interpretative Phenomenological Study.** Scandinavian Journal of Caring Sciences, 2017, doi: 10.1111/scs.12421.

Emiliussen J, Nielsen AS, Andersen K. **How do older adults with very late-onset alcohol use disorder define alcohol problems? - *Results from an interpretative phenomenological study*.** Alcoholism Treatment Quarterly, March 2017, http://dx.doi.org/10.1080/07347324.2017.1288480

Mellentin AI; Stenager E; Nielsen B; Nielsen AS; Yu F. **A smarter pathway for delivering cue exposure therapy? The design and development of a smartphone application targeting alcohol use disorder.** JMIR Mhealth Uhealth 2017;5(1):e5) doi:10.2196/mhealth.6500

Emiliussen J, Andersen K, Nielsen AS. **How does family pressure, health and ambivalence factor into entering alcohol treatment? Results from an interpretative phenomenological inquiry into the experiences of people aged 60 and older with alcohol use disorders.** Nordic Studies on Alcohol and Drugs. 2016. Accepted.

Sari S, Müller AE, Roessler KK. **Exercising alcohol patients don't lack motivation but struggle with structures, emotions and social context – a qualitative dropout study.** Accepted, BMC Family Practice.

Hellum R, Jensen SL, Nielsen AS. **Is training in creative writing a feasible treatment adjunct for clients suffering from chronic alcohol use disorder?** Nordic Studies on Alcohol and Drugs. Accepted.

Emiliussen J, Morrison AD. **The Measure of a Man: Cultural Narratives, Qualitative Interviews, and Older Men with Alcohol Use Disorders who want to Cope Alone.** Nordic Studies on Alcohol and Drugs, Accepted.

Emiliussen J. **Commentary on Halonen et al: Pondering the latent class trajectories of retiring older adults.** Addiction, Accepted

Submitted in 2016 and primo 2017

Nielsen B, Nielsen AS. **Outreach visits as a means to ease the transition from inpatient detoxification at a mental health hospital to outpatient treatment for alcohol use disorder. A randomized controlled trial.** BJPsych Open, in review.

Schmidt LK, Bojesen AB, Nielsen AS, Andersen K. **Duration of therapy – does it matter? A systematic review and meta-analysis of the duration of psychosocial treatment for alcohol use disorders.** European Addiction Research, in review.

Sari S, Bilberg R, Jensen K, Pilegaard J, Roessler KK, Nielsen AS. **Physical activity patterns in patients with alcohol use disorder**, in review.

Tarp KHH, Nielsen AS. **When Alcohol Treatment via videoconferencing makes sense: A qualitative semi-structured interview study on patient perspectives.** International Journal on Behavioural Medicine, in review.

Hansen MB, Nielsen AS, Becker U, Tolstrup JS. **Alcohol and Employment – a pragmatic randomised controlled trial among unemployed individuals with problematic alcohol consumption.** Journal of Studies on Alcohol and Drugs, in review.

Roessler KK, Bilberg R, Nielsen AS, Jensen K, Ekstrøm CT, Sari S. **Exercise as adjunctive treatment for alcohol use disorder: Results of a randomized controlled trial**. Plos One, in review.

Jensen, K, Nielsen, C, Ekstrøm, C, Roessler, KK **Randomised controlled trial of the physical capacity and fitness of Alcohol Use Disorder patients undergoing an exercise intervention.** Mental Health and Physical Activity, in review.

Mellentin AI, Skøtt L, Nielsen B, Juhl C, Nielsen AS, Schippers G, Stenager E. **Cue Exposure Therapy for the Treatment of Alcohol Use Disorders: A systematic Review and Meta-analysis.** In review.

Books and book chapters in 2016

Nielsen AS, Becker U. **Alkoholmisbrug**. In Erik Simonsen & Bo Møhl. Grundbog i Psykiatri, 2. udgave. Hans Reitzels Forlag, København 2017, ISBN: 9768-87-412-6219-2

Hesse M, Thylstrup B, Nielsen AS. **Matching patients to treatments or matching interventions to needs. In: Handbook of drug and alcohol studies – social science perspectives**. Eds Torsten Kolind, Betsy Thom & Geoffrey Hunt. SAGE Publications, London, 2017, (p 287-301). ISBN 978-1-4462-9866-4.

Becker U, Nielsen AS. **Alkoholmisbrug og -afhængighed**. In: Klinisk Socialmedicin og Rehabilitering. Jens Modvig, Britt Toftgaard Jensen & Claus Vinther Nielsen (eds). 2. udgave. Fadl's Forlag, 2016, (s. 273-290). ISBN 978-87-7749-851-0.

Nielsen AS. **Forskellige syn på alkoholafhængighed.** In Alkohol – brug, konsekvenser og behandling af Ulrik Becker og Janne S. Tolstrup (eds). Munksgaards Forlag, København 2016. ISBN 978-87-68-1353-3

Nielsen AS. **Psykosocial behandling**. In Alkohol – brug, konsekvenser og behandling af Ulrik Becker og Janne S. Tolstrup (eds). Munksgaards Forlag, København 2016. ISBN 978-87-68-1353-3.

Nielsen AS. **Familierelateret behandling**. In Alkohol – brug, konsekvenser og behandling af Ulrik Becker og Janne S. Tolstrup (eds). Munksgaards Forlag, København 2016. ISBN 978-87-68-1353-3.

Nielsen AS. **Betydningen af behandlingsform, kontrol og efterbehandling.** In Alkohol – brug, konsekvenser og behandling af Ulrik Becker og Janne S. Tolstrup (eds). Munksgaards Forlag, København 2016. ISBN 978-87-68-1353-3.

Roessler, K. K. (2016). **Emotional experiences and interpersonal relations in physical activity as health prevention and treatment: a psychodynamic group approach.** I M. Raab, P. Wylleman, R. Seiler, A-M. Elbe, & A. Hatzigeorgiadis (red.), Sport & Exercise Psychology Research: From Theory to Practice. (s. 461-486). Kapitel 21. London: Elsevier Inc. DOI: 10.1016/B978-0-12-803634-1.00021-2

Translations in 2016

Hell M, Andersen K, Mellentin A, Nielsen AS. **Danish translation of MATE 2.1 protocol and forms,** by Gerard Schippers, Theo Broekman & Angela Buchholz, http://www.mateinfo.eu/pubs/MATE-dk%202.1%20Manual%20and%20Protocol-D.pdf

Oral presentations at workshops, conferences and meetings in 2015

Emiliussen J. **Hvorfor begynder nogle ældre at drikke sent i livet? - Et kvalitativt studie med ældre mennesker over 60 år.** Åben forskerdag, SDU.

Emiliussen J. **Why do some older adults start drinking late in life?** *19th Annual Conference of the European Association of Substance Abuse Research (EASAR).*

Emiliussen J. **Hvorfor oplever nogle ældre at få alkoholproblemer sent i livet? Resultater fra et fænomenologisk hermeneutisk studie.** Psychiatric Hospital, Odense.

Emiliussen J. Hvorfor får nogle mennesker over 60 år problemer med alkohol sent i livet? **Psykiatriens forskningsdag.**

Nielsen AS. **Implementering: kommunikasjon og engasjement.** Jubilæumskonference, Nord Universitet. Levanger.

Hellum R. **Skriveværksted for kronisk alkoholafhængige patienter.** Psykiatriens forskningsdag.

Schmidt LK. **Duration of therapy - does it matter?** European Psychiatric Association, 24th Congress, Madrid.

Nielsen AS. **Hvordan kan vi ændre vores alkoholkultur?** Årsmøde i Blå Kors, Billund.

Nielsen AS. Introduktion til RESCueH-studierne og en foreløbig status på dem. Dansk Psykiatrisk Selskabs Årsmøde, Nyborg.

Andersen K. **Hvorfor netop behandling tilpasset den ældre del af befolkningen?** Dansk Psykiatrisk Selskabs Årsmøde, Nyborg.

Schmidt LK. **Betydningen af varigheden af behandlingen: systematisk review og meta analyse af varigheden af de ambulante psykosociale behandlingstilbud til mennesker der lider af "Alcohol Use Disorders". Forskningsinterview viser sig at have en signifikant indflydelse på effekt af behandlingen.** Dansk Psykiatrisk Selskabs Årsmøde, Nyborg.

Nielsen AS. **National kliniske retningslinje for behandling af alkoholafhængighed og samtidig psykisk lidelse.** Årsmøde i Addiktiv Sygepleje, Nyborg.

Nielsen AS. **National klinisk retningslinje for behandling af alkoholafhængighed.** 1. Nationale konference om alkohol, arrangeret af Alkohol og Samfund og Trygfonden, København.

Nielsen AS. **Internetbaseret alkoholbehandling**. 1. Nationale konference om alkohol, arrangeret af Alkohol og Samfund og Trygfonden, København.

Hellum R. **Do nurses speak to patients about alcohol consumption?** *19th Annual Conference of the European Association of Substance Abuse Research (EASAR)*

Schmidt LK. **Duration of treatment - does it matter?: A systematic review and meta-analysis of the duration of psychosocial treatments for Alcohol Use Disorder**. *19th Annual Conference of the European Association of Substance Abuse Research (EASAR)*

Mellentin, A. I., Stenager, E., Nielsen, B., Nielsen, A. S., Schippers, G., & Juhl, C. B. **Cue exposure therapy targeting alcohol use disorder: a systematic review and meta-analysis**. *19th Annual Conference of the European Association of Substance Abuse Research (EASAR)*

Schmidt LK. **Motivationsskabende terapi - hvilke elementer er vigtige?** Psykiatriens Forskningsdag.

Nielsen AS. **Alkohol og tilknytning til samfundet.** Faxe Kommune

Andersen K. **Ældre og alkohol.** Faxe Kommune.

Roessler, K. K. (2016). **Interpersonal problems of Alcohol Use Disorder patients undergoing an Exercise Intervention - the influence of social aspects.** 30th EHPS conference, Aberdeen, Storbritannien.

Morten Hell. **MATE – et nyt udredningsinstrument.** KLs Misbrugskonference, Kolding.

Dissemination in general in 2016

Newsletters
UCAR sends out newsletters from the RESCueH-studies to practitioners and everyone else who have an interest.

Website
www.sdu.dk/ucar
www.alkopedia.dk (in collaboration with Alcohol & Society, and Trygfonden).

UCAR arrangements (conferences, symposia and large meetings) in 2016

19th EASAR conference (European Association on Substance Abuse Research), three days, Middelfart, 19-22nd May.

Conference on Implementation (one day)**.** Nyborg. Key Note speaker: Bianca Albers, Australia. (One day). 7th September.

Training in Advanced Motivational Interviewing. Two day training for practitioners, with Associate Professor Theresa Moyers, US. Nyborg, 5-6th September

Interviews, television, newspaper articles and the like in 2016 (a selection)

Nielsen AS. Informationsbehov blandt klienter i behandling for alkoholafhængighed, http://www.nordicwelfare.org/popNAD/Articles/Informationsbehov-blandt-klienter-i-behandling-for-alkoholafhangighed/. 2016.

Andersen K, interview in Kristeligt Dagblad: Antallet af ældre, der overtræder færdselsloven, er næsten tredoblet, 29. december 2016

Nielsen AS, interview in Momentum: Mange gengangere i misbrugsbehandling, 8. november 2016

Nielsen AS, interview in Berlingske: Danskernes sundhed er i top... men vi drikker alt for meget, 23. October 2016

Nielsen B, interview in Magasinet RUS: Vi mangler viden. RUS, 2016;2:13-14.

Nielsen AS. Vi vil forandre alkoholkulturen (leder). RUS, 2016;2:3

Masters dissertations in 2016

Regina Christiansen. **En kvalitativ undersøgelse af: Kontrol og moralsk ansvar ved en person med alkoholafhængighed** (Philosophy)

Klaus Mærsk Kristensen & Rasmus Ellerup Kraghede. **Factors of importance for spontaneous remission of alcohol use disorder** (Medicine)

Alexander Britten Lund. **How should alcohol use disorder in combination with anxiety or depression be treated?** (Medicine)

Frank Møller Lange: **What affects the effect of treatment for alcohol dependence? A master thesis with focus on treatment of mood disorders as important factor in treating alcohol dependency**. (Medicine)

Lene Rosenly: **Hvad skal der til for at implementere og vedligeholde nye tiltag på psykiatrisk afdeling Odense på den bedst tænkelige måde?** (Master of Rehabilitation)

Awards

PhD-student Angelina Mellentin (Cue Exposure Study) received the Promising Young Researcher-Award 2016 from the Region of Southern Denmark.

Appointments etc.

Bent Nielsen was appointed advisor to the National Health Authorities, Greenland, in the planning of treatment for alcohol use disorder in Greenland (2016-2019).

Anette Søgaard Nielsen was appointed chair of the working group behind the National Clinical Guidelines for Treatment of Alcohol Dependence by the National Health Authorities (2014-2015)

Anette Søgaard Nielsen was appointed chair of the working group behind the National Clinical Guidelines for Treatment of Alcohol Dependence and concurrent mental disorders by the National Health Authorities (2015-2016)

Anette Søgaard Nielsen is appointed chair of the working group behind the Addition to National Clinical Guidelines for Treatment of Alcohol Dependence, Choice of Pharmacological Treatment, by the National Health Authorities (2016)

Anette Søgaard Nielsen is Chair of Alcohol & Society since 2011.