Personalised digital interventions reduce hazardous and harmful alcohol consumption

Clinical Question

Compared to no intervention or face-to-face interventions, how effective are personalised digital interventions (DIs) for reducing hazardous and harmful alcohol consumption in community-dwelling populations?

Bottom Line

There was moderate-quality evidence that DIs might lower alcohol consumption, at least for up to six months, with an average reduction of between one and three (UK) standard drinks per week compared to control participants. Positive differences in measures of drinking were seen at one, six and 12 months after the advice. The higher end of this range was the result of the primary meta-analysis; the lower end was suggested by sensitivity analyses accounting for the risk of attrition and performance bias. Although small, the effect appeared robust. Low-quality evidence from fewer studies suggested there might be little or no difference in impact on alcohol consumption between digital and face-to-face interventions. There was not enough information to decide if advice was better from computers, telephones or the internet.

Caveat

Substantial heterogeneity and risk of performance and publication bias might mean the reduction was lower. No studies reported whether any harm came from the interventions. Reporting of the behavioural change techniques associated with the DIs was very limited and often unclear when present.

Context

Excessive alcohol use contributes significantly to physical and psychological illness, injury and death, and a wide array of social harm in all age groups. A proven strategy for reducing excessive alcohol consumption levels is to offer a brief conversation-based intervention in primary care settings, but more recent technological innovations have enabled people to interact directly via computer, mobile device or smartphone with digital interventions designed to address problem alcohol consumption.

Cochrane Systematic Review

Kaner EFS et al. Personalised digital interventions for reducing hazardous and harmful alcohol consumption in community-dwelling populations. Cochrane

Pearls No. 582, June 2018, written by Brian R McAvoy. C15