Dagbehandling for ruspasienter i avhengighetsbehandling

Notat
Litteratursøk med sortering
August 2010

kunnskapssenteret

Bakgrunn: Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Oslo universitetssykehus, klinikk psykisk helse og avhengighet å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante oversikter om effekt av dagbehandling for ruspasienter i avhengighetsbehandling. I bestillingen var det også bedt om å fokusere på unge pasienter (16-24 år) og omtale hvilken type avhengighet det gjaldt og hvilke behandlingsmetoder som ble brukt. **Metode:** Vi konkretiserte først problemstillingen, presiserte inklusjonskriterer og deretter satte vi opp en søkestrategi for de viktigste elektroniske databasene. I mai 2010 utførte en forskningsbibliotekar et elektronisk søk i Medline, Embase, Cochrane Library og PsycINFO etter både oppsummert forskning og enkeltstudier. Den ansvarlige bibliotekaren slettet så mulige dubletter. Prosjektleder gikk deretter gjennom referansene og fjernet irrelevante treff. Deretter gikk to medarbeidere uavhengig av hverandre gjennom identifiserte referanser og vurderte relevans i forhold til inklusjonskriteriene. **Resultat:** • Vi identifiserte totalt 3747 referanser i det systematiske litteratursøket etter oppsummert forskning

(fortsetter på baksiden)

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August 2010

kunnskapssenteret

(fortsettelsen fra forsiden) om effekt av behandlingstiltak for ruspasienter i dagbehandling. Vi identifiserte 7724 referanser til enkeltstudier. Disse ble ikke sortert eller vurdert videre. • 22 av de 3747 referansene til oppsummert forskning ble vurdert til å være mulig relevante og av disse var det 7 som omhandlet unge ruspasienter. • Alle 22 referansene ble kategorisert etter hvilken rusbehandling de fikk og type rusmiddel som pasientene brukte, eller var avhengig av. Halvparten av referansene omhandlet medikamentell substitusjonsbehandling, mens resten stort sett handlet om ulike former for psykoterapi og rådgivning. Halvparten av referansene dreide seg om alkohol eller heroin/opioider.

Tittel	Dagbehandling for ruspasienter i avhengighetsbehandling – litteratursøk med sortering
Institusjon	Nasjonalt kunnskapssenter for helsetjenesten
Ansvarlig	John-Arne Røttingen, *direktør*
Forfattere	Therese Kristine Dalsbø, *seniorrådgiver* Berge-Andreas Steinsvåg, *fagsjef* Geir Smedslund, *fungerende forskningsleder*
ISBN	978-82-8121-362-3
Notat	August–2010
Prosjektnummer	927
Publikasjonstype	Litteratursøk med sortering
Antall sider	12 (66 med vedlegg)
Oppdragsgiver	Oslo universitetssykehus, klinikk psykisk helse og avhengighet
Nøkkelord	Avhengighet, helseeffekt, litteratursøk, dagbehandling, ruspasienter
Sitering	Dalsbø, TK. Steinsvåg, BA. og Smedslund, G: Dagbehandling for ruspasienter i avhengighetsbehandling – litteratursøk med sortering. Notat august 2010. Oslo: Nasjonalt kunnskapssenter for helsetjenesten, 2010.

Nasjonalt kunnskapssenter for helsetjenesten fremskaffer og formidler kunnskap om effekt av metoder, virkemidler og tiltak og om kvalitet innen alle deler av helsetjenesten. Målet er å bidra til gode beslutninger slik at brukerne får best mulig helsetjenester. Senteret er formelt et forvaltningsorgan under Helsedirektoratet, uten myndighetsfunksjoner. Kunnskapssenteret kan ikke instrueres i faglige spørsmål.

I dette prosjektet takker vi forskningsbibliotekar Astrid Merete Nøstberg for å ha utført litteratursøket og Rune-Tore Strøm for faglige innspill.

Nasjonalt kunnskapssenter for helsetjenesten
Oslo, august 2010

Sammendrag

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Oslo universitetssykehus, klinikk psykisk helse og avhengighet å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante oversikter om effekt av dagbehandling for ruspasienter i avhengighetsbehandling. I bestillingen var det også bedt om å fokusere på unge pasienter (16-24 år) og omtale hvilken type avhengighet det gjaldt og hvilke behandlingsmetoder som ble brukt.

Metode

Vi konkretiserte først problemstillingen, presiserte inklusjonskriterer og deretter satte vi opp en søkestrategi for de viktigste elektroniske databasene. I mai 2010 utførte en forskningsbibliotekar et elektronisk søk i Medline, Embase, Cochrane Library og PsycINFO etter både oppsummert forskning og enkeltstudier. Den ansvarlige bibliotekaren slettet så mulige dubletter. Prosjektleder gikk deretter gjennom referansene og fjernet irrelevante treff. Deretter gikk to medarbeidere uavhengig av hverandre gjennom identifiserte referanser og vurderte relevans i forhold til inklusjonskriteriene.

Resultater

- Vi identifiserte totalt 3747 referanser i det systematiske litteratursøket etter oppsummert forskning om effekt av behandlingstiltak for ruspasienter i dagbehandling. Vi identifiserte 7724 referanser til enkeltstudier. Disse ble ikke sortert eller vurdert videre.
- 22 av de 3747 referansene til oppsummert forskning ble vurdert til å være mulig relevante og av disse var det 7 som omhandlet unge ruspasienter.
- Alle 22 referansene ble kategorisert etter hvilken rusbehandling de fikk og type rusmiddel som pasientene brukte, eller var avhengig av. Halvparten av referansene omhandlet medikamentell substitusjonsbehandling, mens resten stort sett handlet om ulike former for psykoterapi og rådgivning. Halvparten av referansene dreide seg om alkohol eller heroin/opioider.

Dagbehandling for ruspasienter i avhengighetsbehandling

Hva slags rapport er dette?

Litteratursøk med sortering
Litteratursøk med sortering er resultatet av å søke etter relevant litteratur ifølge en søkestrategi og sortere denne litteraturen i grupper

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Hva er inkludert?

- Se s. 7.

Hva er ikke inkludert?

- Se s. 8.

Hvem står bak denne rapporten?

Nasjonalt kunnskapssenter for helsetjenesten på oppdrag fra Oslo universitetssykehus, klinikk psykisk helse og avhengighet

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Når ble den laget?

Søk etter studier ble avsluttet mai, 2010.

Innhold

Forord

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag fra Oslo universitetssykehus, klinikk psykisk helse og avhengighet å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante enkeltstudier eller oppsummert forskning om effekt av dagbehandling for ruspasienter i avhengighetsbehandling.

Det var ønskelig at dersom vi fant relevant forskning skulle referansene sorteres og presenteres i henhold til hvilken alderskategori ruspasientene var i, hvilke rusmidler som de ble behandlet for og hvilken behandlingsmetodikk/form som ble benyttet.

Prosjektgruppen har bestått av:

- Prosjektleder/seniorrådgiver Therese Kristine Dalsbø, Kunnskapssenteret
- Forskningsbibliotekar Astrid Merete Nøstberg, Helsedirektoratet
- Prosjektmedarbeider/fagsjef Berge-Andreas Steinsvåg Klinikk Psykisk helse og avhengighet, Oslo Universitetssykehus Helseforetak
- Prosjektmedarbeider/fungerende forskningsleder Geir Smedslund, Kunnskapssenteret

Gro Jamtvedt	Geir Smedslund	Therese K. Dalsbø
Avdelingsdirektør	*Fung. forskningsleder*	*Prosjektleder*

Innledning

Vi har utført et systematisk litteratursøk for problemstillingen om effekt av dagbehandling for ruspasienter med fokus på å identifisere oppsummert forskning. Resultatene fra søket ble i sin helhet overlevert oppdragsgiver, og vi har gjennomgått søkeresultatet og sortert ut ikke-relevante artikler. Dette gjorde vi på basis av tittel og sammendrag, der de var tilgjengelige. Vi sorterte deretter de mulig relevante referansene i kategorier for type rusmiddelbruk, avhengighetsbehandlingsform og alder til ruspasientene.

Oversiktene ble ikke innhentet i fulltekst. Manglende innhenting av artikler i fulltekst gjør at vi kan ha inkludert titler som vil vise seg å være irrelevante ved gjennomlesning av oversiktene i fulltekst. Oversiktene kan også senere vise seg å være irrelevante på grunn av dårlig kvalitet eller manglende relevans til norsk klinisk kontekst. Vi gjennomførte ingen kvalitetsvurdering av oversiktene.

Vi benyttet kun elektroniske databaser for identifisering av litteratur. Andre måter å identifisere studier på som søk i referanselister, kontakt med eksperter på fagfeltet og gjennomsøking av internettsider ble ikke utført i dette oppdraget.

I en systematisk kunnskapsoversikt ville vi innhentet artiklene i fulltekst for endelig vurdering opp mot inklusjonskriteriene. Inkluderte studier ville blitt kvalitetsvurdert i henhold til våre sjekklister. Resultater ville blitt sammenstilt, gradert og diskutert. Dette er ikke utført for denne bestillingen.

PROBLEMSTILLING

Finnes det effektforskning om følgende spørsmål:
1) Hvilken behandlingseffekt får ruspasienter av avhengighetsbehandling i daginstitusjoner?

Metode

Fasene i oppsummeringsarbeidet er skissert i figuren nedenfor og vi gjør oppmerksom på at fasene fire og fem altså ikke er utført i dette arbeidet siden vi utførte bestillingen som et litteratursøk med sortering.

LITTERATURSØK

Vi søkte systematisk etter forskningslitteratur i følgende databaser:

- Embase
- Medline
- PsycINFO
- Cochrane

Forskningsbibliotekar Astrid Merete Nøstberg planla og utførte samtlige søk i samarbeid med Therese Kristine Dalsbø. Den fullstendige søkestrategien er presentert i vedlegg 1. Vi la bestillingen til grunn ved utarbeiding av litteratursøket og søkte etter all effektforskning som oppfylte våre inklusjonskriterier. Det ble brukt egne filtre for studiedesign som er designet for å fjerne ikke-systematiske oversikter og ikke-kontrollerte enkeltstudier. Emneord og tekstord i litteratursøket ble satt sammen av en bibliotekar i samarbeid med prosjektleder.

INKLUSJONSKRITERIER

Studiedesign	Kontrollerte studier om effekt av tiltak presentert enten i form av primærforskning eller oppsummeringsartikler: 1) Kontrollerte enkeltstudier og 2) Systematiske oversikter
Populasjon	Ruspasienter
Tiltak (intervensjon)	All type rusavhengighetsbehandling
Sammenlikningstiltak	Sammenlignbare behandlingstilbud, institusjonsopphold, eller ingen behandling
Setting	Dagbehandling (out-patient), beregnet på ruspasienter

	som ellers bor hjemme eller i omsorgsbolig utenfor sykehus eller annen institusjon

EKSKLUSJONSKRITERIER

Studiedesign	1) Ikke-kontrollerte studier og observasjonsstudier 2) Ikke-systematiske oversikter og systematiske oversikter om prevalens, innsidens, forekomst eller annet som ikke dekker effekt av tiltak
Tiltak (intervensjon)	Ettervern etter dagbehandling, avrusning/avgiftning i dagbehandling, diagnostisering, kliniske verktøy, etc.
Setting	"In-patient", forberedelse til deltakelse i dagbehandling, ambulerende tjenester og oppsøkende behandling,

ARTIKKELUTVELGING

Prosjektleder gikk gjennom alle 3747 referanser til systematiske oversikter for å vurdere relevans i henhold til inklusjonskriteriene. Referanser til litteratur som åpenbart ikke skulle inkluderes ble tatt ut av prosjektleder, dette gjaldt litteratur om dyreforsøk, hjertepasienter, og andre åpenbare irrelevante treff på populasjonen og studiedesign. Deretter ble gjenværende referanser gjennomgått av prosjektleder og en medarbeider. Vurderingene ble gjort av to personer uavhengig av hverandre og sammenlignet i etterkant. Der det var uenighet om vurderingene, ble inklusjon eller eksklusjon avgjort sammen med bestiller. Vi inkluderte heller én referanse for mye enn for lite så tvilstilfeller ble tatt med.

Utvelgelse av litteratur ble kun gjort basert på tittel og sammendrag (der de var tilgjengelige). Vi bestilte ikke artiklene i fulltekst.

Mulig relevante referanser ble sortert i henhold til:

- Pasientens alder
- Pasientens (primære) rusmiddelbruk
- Avhengighetsbehandlingens form og innhold

Siden vi fant så mange mulige systematiske oversikter gikk vi ikke gjennom referanselisten fra søket etter enkeltstudier.

Resultat

SYSTEMATISKE OVERSIKTER

Søket resulterte i 4090 referanser. Etter dublettkontroll satt vi igjen med 3747 referanser. Etter å ha fjernet alle åpenbare irrelevante treff satt vi igjen med 97 referanser. Vi vurderte 22 av de identifiserte referansene til å være mulig relevante i henhold til inklusjonskriteriene. En fullstendig liste over disse referansene er tilgjengelig alfabetisk i vedlegg 3. I vedlegget ligger også sammendraget til referansen dersom det var tilgjengelig.

KONTROLLERTE ENKELTSTUDIER

Søket resulterte i 7724 referanser. Etter dublettkontroll satt vi igjen med 5203 referanser. Vi gjennomgikk ikke denne trefflisten. Vi oversendte referanselisten i sin helhet til bestiller og vi fjernet ikke irrelevante treff eller sorterte referansene for dette søket. Trefflisten er i sin helhet tilgjengelig i arkivet til Kunnskapssenteret. For problemstillinger som ikke dekkes av de innhentede systematiske oversiktene vil materialet herfra kunne brukes til å lage egne systematiske oversikter.

SORTERING AV INKLUDERTE OVERSIKTER

Tabell 1: Antall referanser til oppsummert forskning sortert etter tiltak/behandling

Tiltak (med behandlingsform)	Antall referanser
Kognitiv atferdsterapi eller annen psykoterapi (1-4)	**4**
Psykososial, rådgivning, undervisning, case management, 12-trinn, kortidshjelp og lignende (5-9)	**5**
Medikamentell, substitusjonsbehandling (10-20)	**11**

Andre, ukjent (21;22) **(To studier manglet sammendrag og er referert til her)**	**2**

Tabell 2: Antall referanser til oppsummert forskning sortert etter primærdiagnose/avhengighet

Rusmiddelbruk (primær)	Antall referanser
Heroin, opioider(6;11;14;17;18)	**5**
Alkohol (2;5;8;9;13;15)	**6**
Kokain (10;16;19)	**3**
Cannabis(3)	**1**
Amfetamin, meth-amfetamin (20)	**1**
Benzodiazepiner og BZP-liknende medikamenter(12)	**1**
Flere typer rusmidler (7)	**1**
Rusmidler, uspesifisert (1;4;21;22)	**4**

Tabell 1: Antall referanser til oppsummert forskning sortert etter alderen til deltakerne

Alderskategori	Antall referanser
Unge (1;4;5;7;11;18;22)	**7**
Voksne (10;16;19)	**3**
Eldre	**0**
Ikke oppgitt (2;3;6;8;9;12-15;17;20;21)	**12**

OMTALE AV OPPSUMMERT FORSKNING OM UNGE

Hovedforfatterens etternavn	Alder	Rusmiddel	Behandlingstiltak	Primærstudier inkludert
Becker (1)	Adolescents er oppført og ikke nærmere beskrevet	Substance abuse er oppført og ikke nærmere beskrevet	Kognitiv atferdsterapi, familieterapi, og korte motivasjonsintervensjoner	31 randomiserte studier. Mangelfull rapportering om søket etter primærstudier
Boekeloo (5)	Adolescents er oppført og ikke nærmere presentert	Alkohol	3 alkohol rådgivning, 7 lege versus ikke-leger som ga råd og veiledning om alkohol,	10 studier og manglende rapportert om når søket etter primærstudier var sluttført.
Connock (11)	Young men er oppført og ikke nærere presentert	Opioid eller heroinavhengige	Buprenorfin	Uklart hvor mange studier. Søket var oppdatert i 2005
Minozzi (18)	Adolescents er oppført det nevnes at en studie omhandlet unge mellom 14-21 år	Opiater	Medikamentell behandling med metadon, LAAM, buprenorfin og nalokson	2 studier med totalt 187 deltakere, søk oppdatert 2008
Terplan (7)	Young women er oppført og ikke nærmere beskrevet	Illegalt rusmiddelbruk er oppført og det nevnes opiat, kokain marijuana, alkohol	Contingency mangement (CM) og Motivational interviewing (MI)	5 CM og 4 MI studier og søket er fra 1996-2006
Vaughn (22)	Adolescents er oppført og ikke nærmere presentert	Substance abuse er oppført og ikke nærmere spesifisert	Sammendrag mangler	Sammendrag mangler
Waldron (4)	Adolescents er oppført og ikke	Substance abuse er oppført og ikke nærmere	Kognitiv atferdsterapi og familieterapi	17 studier fra 1998 og nyere

	nærmere presentert	spesifisert		

Diskusjon

Vi fant oppsummer forskning der det i sammendraget ikke eksplisitt fremgikk om behandlingen foregikk i institusjon (in-patient) eller i dagbehandling (out-patient). Slike referanser uten eksplisitt redegjørelse for at behandlingen foregikk som dagbehandling (out-patient) ble ekskludert og det kan ha medført at potensielt relevante oversikter ble ekskludert. Systematiske oversikter kan også ha blitt feilaktig ekskludert fordi vi ekskluderte referanser der informasjon om sentrale elementer slik som søkestrategi og vurdering av kvalitet ikke var eksplisitt presentert i sammendraget. Det er mulig at vi har inkludert irrelevante referanser fordi vi inkluderte referansen på basis av at tittelen så relevant ut, men der sammendrag manglet. Siden sammendraget manglet hadde vi ikke informasjon tilgjengelig om inklusjonskriterier, søkestrategi, metodekriterier eller lignende som vi vanligvis ser på for å vurdere om referansen er til en systematisk oversikt.

Med alle disse forbehold vil vi allikevel argumentere for at søket vi utførte var bredt, det resulterte i mange referanser og vi tror derfor at vi har en relativt sett god oversikt.

Det er en svakhet at kun en person har gjennomlest hele referanselisten til alle 3747 treffene. Muligheten for at én potensielt relevant referanse er feilaktig sortert ut i første runde er større når kun en person har lest gjennom hele listen.

Det kan hende at vi har inkludert referanser til oversikter av lav kvalitet. Tre av de 22 oversiktene som vi inkluderte som mulige relevante referanser var publisert før årtusenskiftet. Siden vi ikke hadde en nedre grense for alder til oversikten kan det hende at referanser som er presentert inneholder et utdatert kunnskapsbilde og at det vil være nødvendig med oppdatering.

Det var ikke alltid rapportert godt nok i tittel eller sammendraget til oversiktene til å si om primærstudiene omhandlet unge ruspasienter. Av og til var gjennomsnittlig alder rapportert, og da er det umulig å vite om enkelte av primærstudiene faktisk var om unge ruspasienter. Det kan derfor tenkes at det er flere av de systematiske oversiktene som også har inkludert primærstudier om unge enn det vi har omtalt.

Vedlegg 1 – søkestrategi etter systematiske oversikter

PSYCINFO - SYSTEMATISKE OVERSIKTER

Søk: Astrid Nøstberg
Database: PsycINFO 1806 to April Week 2 2010
Dato: 06.05.2010
Antall treff: 2715
Kommentar: Avgrenset til systematiske oversikter ved hjelp av SR-filteret som ligger i Ovid PsycINFO (Clinical queries – Reviews (min difference))

Søketermer	Søkeforklaring
1. exp Drug Abuse/ 2. exp Addiction/ 3. Marijuana Usage/ 4. Intravenous Drug Usage/ 5. Drug Withdrawal/ 6. Alcohol Withdrawal/ 7. Methadone Maintenance/ 8. exp Drug Rehabilitation/ 9. ((drug or drugs or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari#uana or hashish or cannabis or phencyclidine* or pcp or angel dust or benzodiaz* or analgesic or inhalant or multiple) adj2 (misus* or abuse* or addict* or depend*)).tw. 10. ((substance* or alcohol* or drug*) adj3 disorder*).tw. 11. sud.tw. 12. ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) adj2 disorder*).tw.	Rusmisbruk

13. drug user*.tw. 14. (drug* adj2 (overuse or problem*)).tw. 15. polydrug use*.tw. 16. glue sniffing.tw. 17. (alcoholi* or drinker* or drinking*).tw. 18. dipsomania.tw. 19. narcotism*.tw. 20. heroinism*.tw. 21. illicit drug*.tw. 22. ((withdrawal* or abstinence*) adj2 (syndrome* or symptom*)).tw. 23. ((drug* or alcohol*) adj2 withdrawal).tw. 24. (drug* adj2 (dehabituation* or rehabilitation*)).tw. 25. (methadone adj2 (treatment* or maintenance)).tw. 26. or/1-25	
27. Outpatients/ 28. exp Outpatient Treatment/ 29. Adult Day Care/ 30. Day Care Centers/ 31. Partial Hospitalization/ 32. (outpatient* or out-patient*).tw. 33. Outpatient.po. 34. outward patient*.tw. 35. ambulatory*.tw. 36. ambulant therap*.tw. 37. ambulant therap*.tw. 38. (extramural adj (care* or therap*)).tw. 39. (day hospital* or day care* or daycare* or day clinic*).tw. 40. partial hospitali#ation*.tw. 41. (clinic* adj visit*).tw. 42. pol#clinic*.tw. 43. (non-resident* or nonresident*).tw. 44. or/27-43	Dagbehandling
45. 26 and 44	Søkeresultat
46. limit 45 to "reviews (min difference)"	Ovid-filter for systematiske oversikter

MEDLINE - SYSTEMATISKE OVERSIKTER

Søk: Astrid Nøstberg
Database: Ovid MEDLINE(R) 1950 to April Week 4 2010
Dato: 06.05.2010
Antall treff: 557
Kommentar: Avgrenset til systematiske oversikter ved hjelp av SR-filteret som ligger i Ovid Medline (Clinical queries – Reviews (optimized))

Søketermer	Søkeforklaring
1. Substance-Related Disorders/ 2. exp Alcohol-Related Disorders/ 3. Amphetamine-Related Disorders/ 4. Cocaine-Related Disorders/ 5. Marijuana Abuse/ 6. exp Opioid-Related Disorders/ 7. Phencyclidine Abuse/ 8. Substance Abuse, Intravenous/ 9. exp Substance Withdrawal Syndrome/ 10. ((drug or drugs or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari#uana or hashish or cannabis or phencyclidine* or pcp or angel dust or benzodiaz* or analgesic or inhalant or multiple) adj2 (misus* or abuse* or addict* or depend*)).tw. 11. ((substance* or alcohol* or drug*) adj3 disorder*).tw. 12. sud.tw. 13. ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) adj2 disorder*).tw. 14. drug user*.tw. 15. (drug* adj2 (overuse or problem*)).tw. 16. polydrug use*.tw. 17. glue sniffing.tw. 18. (alcoholi* or drinker* or drinking*).tw. 19. dipsomania.tw.	Rusmisbruk

20. narcotism*.tw. 21. heroinism*.tw. 22. illicit drug*.tw. 23. ((withdrawal* or abstinence*) adj2 (syndrome* or symptom*)).tw. 24. ((drug* or alcohol*) adj2 withdrawal*).tw. 25. (drug* adj2 (dehabituation* or rehabilitation*)).tw. 26. (methadone adj2 (treatment* or maintenance)).tw. 27. or/1-26	
28. Outpatients/ 29. Ambulatory Care/ 30. Outpatient Clinics, Hospital/ 31. Day Care/ 32. (outpatient* or out-patient*).tw. 33. outward patient*.tw. 34. ambulatory*.tw. 35. ambulant therap*.tw. 36. (extramural adj (care* or therap*)).tw. 37. (day hospital* or day care* or daycare* or day clinic*).tw. 38. partial hospitali#ation*.tw. 39. (clinic* adj visit*).tw. 40. pol#clinic*.tw. 41. (non-resident* or nonresident*).tw. 42. or/28-41	Dagbehandling
43. 27 and 42	Søkeresultat
44. limit 43 to "reviews (optimized)"	Ovid-filter for systematiske oversikter

EMBASE - SYSTEMATISKE OVERSIKTER

Søk: Astrid Nøstberg
Database: EMBASE 1980 to 2010 Week 17
Dato: 06.05.2010
Antall treff: 784
Kommentar: Avgrenset til systematiske oversikter ved hjelp av SR-filteret som ligger i Ovid Embase (Clinical queries – Reviews (2 or more terms min difference))

Søketermer	Søkeforklaring
1. exp drug abuse/ 2. alcohol abuse/ 3. addiction/ 4. alcoholism/ 5. exp drug dependence/ 6. withdrawal syndrome/ 7. drug dependence treatment/ 8. methadone treatment/ 9. substance abuse/ 10. ((drug or drugs or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari#uana or hashish or cannabis or phencyclidine* or pcp or angel dust or benzodiaz* or analgesic or inhalant or multiple) adj2 (misus* or abuse* or addict* or depend*)).tw. 11. ((substance* or alcohol* or drug*) adj3 disorder*).tw. 12. sud.tw. 13. ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) adj2 disorder*).tw. 14. drug user*.tw. 15. (drug* adj2 (overuse or problem*)).tw. 16. polydrug use*.tw. 17. glue sniffing.tw. 18. (alcoholi* or drinker* or drinking*).tw. 19. dipsomania.tw. 20. narcotism*.tw. 21. heroinism*.tw.	Rusmisbruk

22. illicit drug*.tw. 23. ((withdrawal* or abstinence*) adj2 (syndrome* or symptom*)).tw. 24. ((drug* or alcohol*) adj2 withdrawal*).tw. 25. (drug* adj2 (dehabituation* or rehabilitation*)).tw. 26. (methadone adj2 (treatment* or maintenance)).tw. 27. or/1-26	
28. outpatient/ 29. outpatient department/ 30. outpatient care/ 31. exp ambulatory care/ 32. day care/ 33. day hospital/ 34. (outpatient* or out-patient*).tw. 35. outward patient*.tw. 36. ambulatory*.tw. 37. ambulant therap*.tw. 38. (extramural adj (care* or therap*)).tw. 39. (day hospital* or day care* or daycare* or day clinic*).tw. 40. partial hospitali#ation*.tw. 41. (clinic* adj visit*).tw. 42. pol#clinic*.tw. 43. (non-resident* or nonresident*).tw. 44. or/28-43	Dagbehandling
45. 27 and 44	Søkeresultat
46. limit 45 to "reviews (2 or more terms min difference)"	Ovid-filter for systematiske oversikter

COCHRANE LIBRARY - SYSTEMATISKE OVERSIKTER

Søk: Astrid Nøstberg
Database: Cochrane Library
Dato: 06.05.2010
Antall treff: 3218

Cochrane Database of Systematic Reviews: 22
Database of Abstracts of Reviews of Effects: 12
CENTRAL (Clinical trials): 3090
Methods Studies: 12
Technology Assessments: 1
Economic Evaluations: 81

Kommentar: Tar bare med resultatene fra CDSR og DARE (systematiske oversikter)

Søketermer	Søkeforklaring
#1 MeSH descriptor Substance-Related Disorders, this term only 1973 #2 MeSH descriptor Alcohol-Related Disorders explode all trees 2909 #3 MeSH descriptor Amphetamine-Related Disorders, this term only 83 #4 MeSH descriptor Cocaine-Related Disorders, this term only 444 #5 MeSH descriptor Marijuana Abuse, this term only 142 #6 MeSH descriptor Opioid-Related Disorders explode all trees 959 #7 MeSH descriptor Phencyclidine Abuse, this term only 5 #8 MeSH descriptor Substance Abuse, Intravenous, this term only 297 #9 MeSH descriptor Substance Withdrawal Syndrome explode all trees 1538 #10 ((drug or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari*uana or hashish or cannabis or phencyclidine* or pcp or (angel NEXT dust) or benzodiaz* or analgesic or inhalant or multiple) NEAR/3 (misus* or abuse* or	Rusmisbruk

addict* or depend*)):ti,ab,kw 6768 #11 ((substance* or alcohol* or drug*) NEAR/3 disorder*):ti,ab,kw 15707 #12 (sud):ti,ab,kw 45 #13 ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) NEAR/2 disorder*):ti,ab,kw 1042 #14 (drug NEXT user*):ti,ab,kw 443 #15 (drug* NEAR/2 (overuse or problem*)):ti,ab,kw 329 #16 (polydrug NEXT use*):ti,ab,kw 21 #17 (glue NEXT sniffing):ti,ab,kw 0 #18 (alcoholi* or drinker* or drinking*):ti,ab,kw 7132 #19 (dipsomania):ti,ab,kw 0 #20 (narcotism*):ti,ab,kw 0 #21 (heroinism*):ti,ab,kw 2 #22 (illicit NEXT drug*):ti,ab,kw 229 #23 ((withdrawal* or abstinence*) NEAR/2 (syndrome* or symptom*)):ti,ab,kw 2158 #24 ((drug* or alcohol*) NEAR/2 withdrawal*):ti,ab,kw 1432 #25 (drug* NEAR/2 (dehabituation* or rehabilitation*)):ti,ab,kw 363 #26 (methadone NEAR/2 (treatment* or maintenance)):ti,ab,kw 577 #27 (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26) 28424	
#28 MeSH descriptor Outpatients, this term only 662 #29 MeSH descriptor Ambulatory Care, this term only 3100 #30 MeSH descriptor Outpatient Clinics, Hospital, this term only 588 #31 MeSH descriptor Day Care, this term only 273 #32 (outpatient* or out-patient* or (out NEXT patient*)):ti,ab,kw 15619 #33 (outward NEXT patient*):ti,ab,kw 0	Dagbehandling

#34 (ambulatory*):ti,ab,kw 11331 #35 (ambulant NEXT therap*):ti,ab,kw 4 #36 (extramural NEAR (care* or therap*)):ti,ab,kw 11 #37 ((day NEXT hospital*) or (day NEXT care*) or daycare* or (day NEXT clinic*)):ti,ab,kw 1455 #38 (partial NEXT hospitali*ation*):ti,ab,kw 17 #39 (clinic* NEXT visit*):ti,ab,kw 806 #40 (pol*clinic*):ti,ab,kw 47 #41 (non-resident* or nonresident* or (non NEXT resident*)):ti,ab,kw 15 #42 (#28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41) 25906	
27 AND #42) 3218	Søkeresultat

Vedlegg 2 – søkestrategi etter kontrollerte enkeltstudier

MEDLINE – KONTROLLERTE STUDIER

Søk: Astrid Nøstberg
Database: Ovid MEDLINE(R) 1950 to April Week 4 2010
Dato: 06.05.2010
Antall treff: 1500
Kommentar: Avgrenset til kontrollerte studier ved hjelp av CRD og Cochrane Highly Sensitive Search Strategy - Max sensitivity and precision (Revidert 2008)

Søketermer	Søkeforklaring
1. Substance-Related Disorders/ 2. exp Alcohol-Related Disorders/ 3. Amphetamine-Related Disorders/ 4. Cocaine-Related Disorders/ 5. Marijuana Abuse/ 6. exp Opioid-Related Disorders/ 7. Phencyclidine Abuse/ 8. Substance Abuse, Intravenous/ 9. exp Substance Withdrawal Syndrome/ 10. ((drug or drugs or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari#uana or hashish or cannabis or phencyclidine* or pcp or angel dust or benzodiaz* or analgesic or inhalant or multiple) adj2 (misus* or abuse* or addict* or depend*)).tw. 11. ((substance* or alcohol* or drug*) adj3 disor-	Rusmisbruk

der*).tw. 12. sud.tw. 13. ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) adj2 disorder*).tw. 14. drug user*.tw. 15. (drug* adj2 (overuse or problem*)).tw. 16. polydrug use*.tw. 17. glue sniffing.tw. 18. (alcoholi* or drinker* or drinking*).tw. 19. dipsomania.tw. 20. narcotism*.tw. 21. heroinism*.tw. 22. illicit drug*.tw. 23. ((withdrawal* or abstinence*) adj2 (syndrome* or symptom*)).tw. 24. ((drug* or alcohol*) adj2 withdrawal*).tw. 25. (drug* adj2 (dehabituation* or rehabilitation*)).tw. 26. (methadone adj2 (treatment* or maintenance)).tw. 27. or/1-26	
28. Outpatients/ 29. Ambulatory Care/ 30. Outpatient Clinics, Hospital/ 31. Day Care/ 32. (outpatient* or out-patient*).tw. 33. outward patient*.tw. 34. ambulatory*.tw. 35. ambulant therap*.tw. 36. (extramural adj (care* or therap*)).tw. 37. (day hospital* or day care* or daycare* or day clinic*).tw. 38. partial hospitali#ation*.tw. 39. (clinic* adj visit*).tw. 40. pol#clinic*.tw. 41. (non-resident* or nonresident*).tw. 42. or/28-41	Dagbehandling
43. 27 and 42	Søkeresultat
45. randomi#ed controlled trial.pt.	Filter for kontrollerte studier

46. controlled clinical trial.pt. 47. randomi#ed.ab,ti. 48. placebo.ab,ti. 49. Clinical Trials as Topic/ 50. randomly.ab,ti. 51. trial.ab,ti. 52. or/45-51 53. Animals/ 54. Humans/ 55. 53 not (53 and 54) 56. 52 not 55	
57. 43 and 56	Søkeresultat

EMBASE – KONTROLLERTE STUDIER

Søk: Astrid Nøstberg
Database: EMBASE 1980 to 2010 Week 17
Dato: 07.05.2010
Antall treff: 1367
Kommentar: Avgrenset til kontrollerte studier ved hjelp av Kunnskapssenterets filter basert på SIGN

Søketermer	Søkeforklaring
1. exp drug abuse/ 2. alcohol abuse/ 3. addiction/ 4. alcoholism/ 5. exp drug dependence/ 6. withdrawal syndrome/ 7. drug dependence treatment/ 8. methadone treatment/ 9. substance abuse/ 10. ((drug or drugs or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari#uana or hashish or cannabis or phencyclidine* or pcp or angel dust or benzodiaz* or analgesic or inhalant or multiple) adj2 (misus* or abuse* or addict* or depend*)).tw. 11. ((substance* or alcohol* or drug*) adj3 disorder*).tw. 12. sud.tw. 13. ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) adj2 disorder*).tw. 14. drug user*.tw. 15. (drug* adj2 (overuse or problem*)).tw. 16. polydrug use*.tw. 17. glue sniffing.tw. 18. (alcoholi* or drinker* or drinking*).tw. 19. dipsomania.tw.	Rusmisbruk

20. narcotism*.tw. 21. heroinism*.tw. 22. illicit drug*.tw. 23. ((withdrawal* or abstinence*) adj2 (syndrome* or symptom*)).tw. 24. ((drug* or alcohol*) adj2 withdrawal*).tw. 25. (drug* adj2 (dehabituation* or rehabilitation*)).tw. 26. (methadone adj2 (treatment* or maintenance)).tw. 27. or/1-26	
28. outpatient/ 29. outpatient department/ 30. outpatient care/ 31. exp ambulatory care/ 32. day care/ 33. day hospital/ 34. (outpatient* or out-patient*).tw. 35. outward patient*.tw. 36. ambulatory*.tw. 37. ambulant therap*.tw. 38. (extramural adj (care* or therap*)).tw. 39. (day hospital* or day care* or daycare* or day clinic*).tw. 40. partial hospitali#ation*.tw. 41. (clinic* adj visit*).tw. 42. pol#clinic*.tw. 43. (non-resident* or nonresident*).tw. 44. or/28-43	Dagbehandling
45. 27 and 44	Søkeresultat
47. clinical trial/ 48. randomized controlled trial/ 49. randomization/ 50. double blind procedure/ 51. single blind procedure/ 52. crossover procedure/ 53. placebo/ 54. placebo*.tw. 55. randomi#ed controlled trial*.tw. 56. rct.tw.	Filter for kontrollerte studier

57. random allocation.tw. 58. randomly allocated.tw. 59. allocated randomly.tw. 60. (allocated adj2 random).tw. 61. single blind*.tw. 62. double blind*.tw. 63. ((treble or triple) adj blind*).tw. 64. prospective study/ 65. or/47-64 66. case study/ 67. case report.tw. 68. abstract report/ 69. letter/ 70. human/ 71. nonhuman/ 72. animal/ 73. animal experiment/ 74. or/71-73 75. 74 not (70 and 74) 76. or/66-69,75 77. 65 not 76	
78. 45 and 77	Søkeresultat

PSYCINFO - KONTROLLERTE STUDIER

Søk: Astrid Nøstberg
Database: PsycINFO 1806 to April Week 2 2010
Dato: 07.05.2010
Antall treff: 1767
Kommentar: Avgrenset til kontrollerte studier ved hjelp av Kunnskapssenterets filter basert på McKibbon og SIGN

Søketermer	Søkeforklaring
1. exp Drug Abuse/ 2. exp Addiction/ 3. Marijuana Usage/ 4. Intravenous Drug Usage/ 5. Drug Withdrawal/ 6. Alcohol Withdrawal/ 7. Methadone Maintenance/ 8. exp Drug Rehabilitation/ 9. ((drug or drugs or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari#uana or hashish or cannabis or phencyclidine* or pcp or angel dust or benzodiaz* or analgesic or inhalant or multiple) adj2 (misus* or abuse* or addict* or depend*)).tw. 10. ((substance* or alcohol* or drug*) adj3 disorder*).tw. 11. sud.tw. 12. ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) adj2 disorder*).tw. 13. drug user*.tw. 14. (drug* adj2 (overuse or problem*)).tw. 15. polydrug use*.tw. 16. glue sniffing.tw. 17. (alcoholi* or drinker* or drinking*).tw. 18. dipsomania.tw.	Rusmisbruk

19. narcotism*.tw. 20. heroinism*.tw. 21. illicit drug*.tw. 22. ((withdrawal* or abstinence*) adj2 (syndrome* or symptom*)).tw. 23. ((drug* or alcohol*) adj2 withdrawal).tw. 24. (drug* adj2 (dehabituation* or rehabilitation*)).tw. 25. (methadone adj2 (treatment* or maintenance)).tw. 26. or/1-25	
27. Outpatients/ 28. exp Outpatient Treatment/ 29. Adult Day Care/ 30. Day Care Centers/ 31. Partial Hospitalization/ 32. (outpatient* or out-patient*).tw. 33. Outpatient.po. 34. outward patient*.tw. 35. ambulatory*.tw. 36. ambulant therap*.tw. 37. ambulant therap*.tw. 38. (extramural adj (care* or therap*)).tw. 39. (day hospital* or day care* or daycare* or day clinic*).tw. 40. partial hospitali#ation*.tw. 41. (clinic* adj visit*).tw. 42. pol#clinic*.tw. 43. (non-resident* or nonresident*).tw. 44. or/27-43	Dagbehandling
45. 26 and 44	Søkeresultat
47. Empirical Methods/ 48. Experimental Methods/ 49. Quasi Experimental Methods/ 50. Experimental Design/ 51. Between Groups Design/ 52. Followup Studies/ 53. Repeated Measures/ 54. Experiment Controls/ 55. Experimental Replication/	Filter for kontrollerte studier

56. exp "Sampling (experimental)"/ 57. Placebo/ 58. Clinical Trials/ 59. Treatment Effectiveness Evaluation/ 60. Experimental Replication.md. 61. Followup Study.md. 62. Prospective Study.md. 63. Treatment Outcome Clinical Trial.md. 64. placebo$.tw. 65. randomi#ed controlled trial$.tw. 66. rct.tw. 67. random allocation.tw. 68. (randomly adj1 allocated).tw. 69. (allocated adj2 random).tw. 70. ((singl$ or doubl$ or treb$ or tripl$) adj (blind$3 or mask$3)).tw. 71. (clinic$ adj (trial? or stud$3)).tw. 72. or/47-71 73. Comment reply.dt. 74. Editorial.dt. 75. Letter.dt. 76. Clinical Case Study.md. 77. Nonclinical Case Study.md. 78. Animal.po. 79. Human.po. 80. 78 not (78 and 79) 81. or/73-77,80 82. 72 not 81	
83. 45 and 82	Søkeresultat

COCHRANE LIBRARY - KONTROLLERTE STUDIER

Søk: Astrid Nøstberg
Database: Cochrane Library
Dato: 07.05.2010
Antall treff: 3218

Cochrane Database of Systematic Reviews: 22
Database of Abstracts of Reviews of Effects: 12
CENTRAL (Clinical trials): 3090
Methods Studies: 12
Technology Assessments: 1
Economic Evaluations: 81

Kommentar: Tar bare med resultatene fra CENTRAL (kontrollerte studier)

Søketermer	Søkeforklaring
#1 MeSH descriptor Substance-Related Disorders, this term only 1973 #2 MeSH descriptor Alcohol-Related Disorders explode all trees 2909 #3 MeSH descriptor Amphetamine-Related Disorders, this term only 83 #4 MeSH descriptor Cocaine-Related Disorders, this term only 444 #5 MeSH descriptor Marijuana Abuse, this term only 142 #6 MeSH descriptor Opioid-Related Disorders explode all trees 959 #7 MeSH descriptor Phencyclidine Abuse, this term only 5 #8 MeSH descriptor Substance Abuse, Intravenous, this term only 297 #9 MeSH descriptor Substance Withdrawal Syndrome explode all trees 1538 #10 ((drug or substance* or alcohol* or opioid* or opiate* or opium or narcotic* or heroin or morphine* or amphetamine* or cocaine or mari*uana or hashish or cannabis or phencyclidine* or pcp or (angel NEXT dust) or benzodiaz* or analgesic or inhalant or multiple) NEAR/3 (misus* or abuse* or	Rusmisbruk

addict* or depend*)):ti,ab,kw 6768 #11 ((substance* or alcohol* or drug*) NEAR/3 disorder*):ti,ab,kw 15707 #12 (sud):ti,ab,kw 45 #13 ((amphetamine* or cocaine or cannabis or opioid* or phencyclidine or pcp) NEAR/2 disorder*):ti,ab,kw 1042 #14 (drug NEXT user*):ti,ab,kw 443 #15 (drug* NEAR/2 (overuse or problem*)):ti,ab,kw 329 #16 (polydrug NEXT use*):ti,ab,kw 21 #17 (glue NEXT sniffing):ti,ab,kw 0 #18 (alcoholi* or drinker* or drinking*):ti,ab,kw 7132 #19 (dipsomania):ti,ab,kw 0 #20 (narcotism*):ti,ab,kw 0 #21 (heroinism*):ti,ab,kw 2 #22 (illicit NEXT drug*):ti,ab,kw 229 #23 ((withdrawal* or abstinence*) NEAR/2 (syndrome* or symptom*)):ti,ab,kw 2158 #24 ((drug* or alcohol*) NEAR/2 withdrawal*):ti,ab,kw 1432 #25 (drug* NEAR/2 (dehabituation* or rehabilitation*)):ti,ab,kw 363 #26 (methadone NEAR/2 (treatment* or maintenance)):ti,ab,kw 577 #27 (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26) 28424	
#28 MeSH descriptor Outpatients, this term only 662 #29 MeSH descriptor Ambulatory Care, this term only 3100 #30 MeSH descriptor Outpatient Clinics, Hospital, this term only 588 #31 MeSH descriptor Day Care, this term only 273 #32 (outpatient* or out-patient* or (out NEXT patient*)):ti,ab,kw 15619 #33 (outward NEXT patient*):ti,ab,kw 0	Dagbehandling

#34 (ambulatory*):ti,ab,kw 11331 #35 (ambulant NEXT therap*):ti,ab,kw 4 #36 (extramural NEAR (care* or therap*)):ti,ab,kw 11 #37 ((day NEXT hospital*) or (day NEXT care*) or daycare* or (day NEXT clinic*)):ti,ab,kw 1455 #38 (partial NEXT hospitali*ation*):ti,ab,kw 17 #39 (clinic* NEXT visit*):ti,ab,kw 806 #40 (pol*clinic*):ti,ab,kw 47 #41 (non-resident* or nonresident* or (non NEXT resident*)):ti,ab,kw 15 #42 (#28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41) 25906	
27 AND #42) 3218	Søkeresultat

Vedlegg 3 – mulige relevante referanser

Study	Amato L, Minozzi S, Pani PP, Davoli M. **Antipsychotic medications for cocaine dependence.** Cochrane Database of Systematic Reviews: Reviews. In: Cochrane Database of Systematic Reviews 2007 Issue 3. Chichester (UK): John Wiley & Sons, Ltd; 2007. Ref ID: 4069	
Populasjon	Cocaine dependence	Seven controlled trials involving a total of 293 adults, mean age 40 years.
Intervensjon	Antipsychotic medications	risperidone, olanzapine , haloperidol
Setting	In-patient	USA
	Out-patient	USA
Sammendrag	Abstract: BACKGROUND: Cocaine dependence is a public health problem characterized by recidivism and a host of medical and psychosocial complications. Cocaine dependence remains a disorder for which no pharmacological treatment of proven efficacy exists, although considerable advances in the neurobiology of this addiction could guide future medication development OBJECTIVES: To evaluate the efficacy and the acceptability of antipsychotic medications for cocaine dependence SEARCH STRATEGY: We searched the following sources: MEDLINE (1966 to October 2006), EMBASE (1980 to October 2006), CINAHL (1982 to October 2006), Cochrane Drug and Alcohol Group Specialised Register (October 2006). We also searched the reference lists of trials, the main electronic sources of ongoing trials (National Research Register, meta-Register of Controlled Trials; Clinical Trials.gov) and conference proceedings likely to contain trials relevant to the review. All searches included also non-English language literature. SELECTION CRITERIA: All randomised controlled trials and controlled clinical trials with focus on the use of any antipsychotic medication for cocaine dependence DATA COLLECTION AND ANALYSIS: Two authors independently evaluated the papers, extracted data, rated methodological quality MAIN RESULTS: Seven small studies were included (293 participants): the antipsychotic drugs studied were risperidone, olanzapine and haloperidol. No significant differences were found for any of the efficacy measures comparing any antipsychotic with placebo. Risperidone was found to be superior to placebo in diminishing the number of dropouts, four studies, 178 participants, Relative Risk (RR) 0.77 (95% CI 0.77 to 0.98). Most of the included studies did not report useful results on important outcomes such as side effects, use of cocaine during treatment and craving.The results on olanzapine and haloperidol come from studies too small to give conclusive results. AUTHORS' CONCLUSIONS: Although caution is needed when assessing results from a limited number of small clinical trials there is no current evidence, at the present , supporting the clinical use of antipsychotic medications in the treatment of cocaine dependence. Furthermore, most of the included studies did not report useful results on important outcomes such as side effects, use of cocaine during the treatment and craving. Aiming to answer the urgent demand of clinicians, patients, families, and the community as a whole for an adequate treatment for cocaine dependence, larger randomised investigations should be designed investigating relevant outcomes and reporting data to allow comparison of results between studies. Moreover some efforts should be done also to investigate the efficacy of other type	

	medications, like anticonvulsant, currently used in clinical practice. ANTIPSYCHOTIC MEDICATIONS FOR COCAINE DEPENDENCE: Cocaine dependence is often associated with medical, psychological and social problems for the individual and public health problems for the community. Users have a role in the spread of the infectious diseases AIDS, hepatitis and tuberculosis as well as crime, violence and neonatal drug exposure. Medication with antidepressants, anticonvulsants such as carbamazepine, and dopamine agonists to assist in stopping cocaine use is not supported by evidence from Cochrane reviews. Use of antipsychotic agents has also been considered, particularly because cocaine can induce hallucinations and paranoia that mimic psychosis. When all trial results comparing any antipsychotic drug to placebo were grouped together, antipsychotic drugs did not have any benefit in reducing dependency on cocaine. The review authors identified seven controlled trials involving a total of 293 adults, mean age 40 years. The studies were conducted in USA in both inpatient and outpatient settings and had a duration of 5 to 168 days (mean 61 days). Six trials randomised participants to receive an antipsychotic drug or placebo; the seventh compared olanzapine to haloperidol. The antipsychotic medications used were risperidone (three studies, 1 to 4 mg/day); olanzapine (three studies, 10 mg/day); and haloperidol (two studies, 4 and 10 mg/day). Risperidone treatment reduced the number of people who dropped out from treatment (three studies, 144 participants; relative risk 0.77, range 0.77 to 0.98); in individual studies olanzapine and haloperidol showed better results than placebo but the results come from studies to small to give them conclusive (34 participants) and (31participants) respectively. Information on acceptability of treatment in terms of side effects, abstinence from cocaine use and withdrawal symptoms was limited.The methodological quality of the small number of identified trials was good but the number of participants was small and a variety of ways of reporting results were used

Study	Becker SJ, Curry JF. **Outpatient interventions for adolescent substance abuse: a quality of evidence review.** J Consult Clin Psychol 2008;76(4):531-43. Ref ID: 29
Populasjon	adolescent substance abuse
Intervensjon	ecological family therapy, brief motivational interventions, and cognitive-behavioral therapy.
Setting	outpatient interventions
Sammendrag	Abstract: Previous reviews of outpatient interventions for adolescent substance abuse have been limited in the extent to which they considered the methodological quality of individual studies. The authors assessed 31 randomized trials of outpatient interventions for adolescent substance abuse on 14 attributes of trial quality. A quality of evidence score was calculated for each study and used to compare the evidence in support of different outpatient interventions. Across studies, frequently reported methodological attributes included presence of an active comparison condition, reporting of baseline data, use of treatment manuals, and verification of self-reported outcomes. Infrequently reported attributes included power and determination of sample size, techniques to randomize participants to condition, specification of hypotheses and primary outcomes, use of treatment adherence ratings, blind assessment, and inclusion of dropouts in the analysis. Treatment models with evidence of immediate superiority in 2 or more methodologically stronger studies included ecological family therapy, brief motivational interventions, and cognitive-behavioral therapy. [References: 75]

Study	Bertholet N, Daeppen JB, Wietlisbach V, Fleming M, Burnand B. **Reduction of alcohol consumption by brief alcohol intervention in primary care: systematic review and meta-analysis.** Arch Intern Med 2005;165(9):986-95. Ref ID: 119
Populasjon	individuals with a wide range of alcohol disorders
Intervensjon	brief alcohol intervention
Setting	outpatients
Sammendrag	Abstract: BACKGROUND: Numerous trials of the efficacy of brief alcohol intervention have been conducted in various settings among individuals with a wide range of alcohol disorders. Nevertheless, the efficacy of the intervention is likely to be influenced by the context. We evaluated the evidence of efficacy of brief alcohol interventions aimed at reducing long-term alcohol use and related harm in individuals attending primary care facilities but not seeking help for alcohol-related problems. METHODS: We selected randomized trials reporting at least 1 outcome related to alcohol consumption conducted in outpatients who were actively attending primary care centers or seeing providers. Data sources were the Cochrane Central Register of Controlled Trials, MEDLINE, PsycINFO, ISI Web of Science, ETOH database, and bibliographies of retrieved references and previous reviews. Study selection and data abstraction were performed independently and in duplicate. We assessed the validity of the studies and performed a meta-analysis of studies reporting alcohol consumption at 6 or 12 months of follow-up. RESULTS: We examined 19 trials that included 5639 individuals. Seventeen trials reported a measure of alcohol consumption, of which 8 reported a significant effect of intervention. The adjusted intention-to-treat analysis showed a mean pooled difference of -38 g of ethanol (approximately 4 drinks) per week (95% confidence interval, -51 to -24 g/wk) in favor of the brief alcohol intervention group. Evidence of other outcome measures was inconclusive. CONCLUSION: Focusing on patients in primary care, our systematic review and meta-analysis indicated that brief alcohol intervention is effective in reducing alcohol consumption at 6 and 12 months. [References: 58]

Study	Boekeloo BO, Griffin MA. **Review of clinical trials testing the effectiveness of physician approaches to improving alcohol education and counseling in adolescent outpatients.** Current Pediatric Reviews 2007;3(1):93-101. Ref ID: 692
Populasjon	adolescents
Intervensjon	alcohol education and counseling services by physicians
Setting	outpatient
Sammendrag	Abstract: Objective: Conduct a review of clinical trials to identify effective approaches for improving physician provision of alcohol education and counseling services among outpatient adolescents. Methods: Reviewed all peer-reviewed, published clinical trials identified through computerized searches evaluating alcohol education and counseling services to outpatient adolescents by physicians. Results: Three trials were identified examining changes in physician provision of alcohol education and counseling services. One of the trials resulted in increased adolescent self-reported refusal skills, while another trial resulted in reduction of adolescent self-reported alcohol use and binge drinking. Seven trials were identified that compared physician with non-physician provision of alcohol education and counseling services. Four of the trials showed some reduction in adolescent self-reported alcohol use. Conclusion: Trials indicate that further reduction in adolescent alcohol use is possible with non-physicians as interventionists and perhaps physicians as interventionists, if physicians are supported by patient counseling guides and resources. Opportunities for personalized, interactive adolescent education with goal setting appears key to intervention success. The physician role that is tested in most trials is confined to a single brief encounter with little attention to: development of physician skills, systems-level resources, the parental role, or the impact of incorporating prevention into an ongoing adolescent-physician relationship. copyright 2007 Bentham Science Publishers Ltd

Study	Connock M, Juarez-Garcia A, et al. **Methadone and buprenorphine for the management of opioid dependence: a systematic review and economic evaluation.** Health Technol Assess 2007;11(9):1-171. Ref ID: 66	
Populasjon	opioid-dependent individuals, mainly young men	
Intervensjon	buprenorphine maintenance therapy (BMT)	methadone maintenance therapy (MMT)
Setting	outpatient clinic setting	primary care
Sammendrag	Abstract: OBJECTIVES: To assess the clinical effectiveness and cost-effectiveness of buprenorphine maintenance therapy (BMT) and methadone maintenance therapy (MMT) for the management of opioid-dependent individuals. DATA SOURCES: Major electronic databases were searched from inception to August 2005. Industry submissions to the National Institute for Health and Clinical Excellence were accessed. REVIEW METHODS: The assessment of clinical effectiveness was based on a review of existing reviews plus an updated search for randomised controlled trials (RCTs). A decision tree with Monte Carlo simulation model was developed to assess the cost-effectiveness of BMT and MMT. Retention in treatment and opiate abuse parameters were sourced from the meta-analysis of RCTs directly comparing flexible MMT with flexible dose BMT. Utilities were derived from a panel representing a societal perspective. RESULTS: Most of the included systematic reviews and RCTs were of moderate to good quality, and focused on short-term (up to 1-year follow-up) outcomes of retention in treatment and the level of opiate use (self-report or urinalysis). Most studies employed a trial design that compared a fixed-dose strategy (i.e. all individuals received a standard dose) of MMT or BMT and were conducted in predominantly young men who fulfilled criteria as opiate-dependent or heroin-dependent users, without significant co-morbidities. RCT meta-analyses have shown that a fixed dose of MMT or BMT has superior levels of retention in treatment and opiate use than placebo or no treatment, with higher fixed doses being more effective than lower fixed doses. There was evidence, primarily from non-randomised observational studies, that fixed-dose MMT reduces mortality, HIV risk behaviour and levels of crime compared with no therapy and one small RCT has shown the level of mortality with fixed-dose BMT to be significantly less than with placebo. Flexible dosing (i.e. individualised doses) of MMT and BMT is more reflective of real-world practice. Retention in treatment was superior for flexible MMT than flexible BMT dosing but there was no significant difference in opiate use. Indirect comparison of data from population cross-sectional studies suggests that mortality with BMT may be lower than that with MMT. A pooled RCT analysis showed no significant difference in serious adverse events with MMT compared with BMT. Although treatment modifier evidence was limited, adjunct psychosocial and contingency interventions (e.g. financial incentives for opiate-free urine samples) appeared to enhance the effects of both MMT and BMT. Also, MMT and BMT appear to be similarly effective whether delivered in a primary care or outpatient clinic setting. Although most of the included economic evaluations were considered to be of high quality, none used all of the appropriate parameters, effectiveness data, perspective and comparators required to make their results generalisable to the NHS context. One company (Schering-Plough) submitted cost-effectiveness evidence based on an economic model that had a 1-year time horizon and sourced data from a single RCT of flexible-dose MMT compared with flexible-dose BMT and utility values obtained from the literature; the results showed that for MMT vs no drug therapy, the incremental cost-effectiveness ratio (ICER) was pound 12,584/quality-adjusted life-year (QALY), for BMT versus no drug therapy, the ICER was pound 30,048/QALY and in a direct comparison, MMT was found to be slightly more effective and less costly than BMT. The assessment group model found for MMT versus no drug therapy that the ICER was pound 13,697/QALY, for BMT versus no drug therapy that the ICER was pound 26,429/QALY and, as with the industry model, in direct comparison, MMT was slightly more effective and less costly than BMT. When	

	considering social costs, both MMT and BMT gave more health gain and were less costly than no drug treatment. These findings were robust to deterministic and probabilistic sensitivity analyses. CONCLUSIONS: Both flexible-dose MMT and BMT are more clinically effective and more cost-effective than no drug therapy in dependent opiate users. In direct comparison, a flexible dosing strategy with MMT was found be somewhat more effective in maintaining individuals in treatment than flexible-dose BMT and therefore associated with a slightly higher health gain and lower costs. However, this needs to be balanced by the more recent experience of clinicians in the use of buprenorphine, the possible risk of higher mortality of MMT and individual opiate-dependent users' preferences. Future research should be directed towards the safety and effectiveness of MMT and BMT; potential safety concerns regarding methadone and buprenorphine, specifically mortality and key drug interactions; efficacy of substitution medications (in particular patient subgroups, such as within the criminal justice system, or within young people); and uncertainties in cost-effectiveness identified by current economic models. [References: 23]

Study	Denis C, Lavie E, Fatseas M, Auriacombe M. **Psychotherapeutic interventions for cannabis abuse and/or dependence in outpatient settings**. Cochrane Database Syst Rev 2006;3:CD005336. Ref ID: 78	
Populasjon	cannabis abuse and/or dependence	
Intervensjon	Psychotherapeutic interventions	different therapeutic modalities, Group and individual sessions of cognitive behavioral therapy (CBT)
Setting	outpatient settings	United States, Australia
Sammendrag	Abstract: BACKGROUND: Cannabis use disorder is the most common illicit substance use disorder in general population. Despite that, only a minority seek assistance from a health professional, but the demand for treatment is now increasing internationally. Trials of treatment have been published but to our knowledge, there is no published systematic review . OBJECTIVES: To evaluate the efficacy of psychosocial interventions for cannabis abuse or dependence. SEARCH STRATEGY: We searched the Cochrane Central Register of Trials (CENTRAL) The Cochrane Library Issue 3, 2004; MEDLINE (January 1966 to August 2004), PsycInfo (1985 to October 2004), CINAHL (1982 to October 2004), Toxibase (until September 2004) and reference lists of articles. We also contacted researchers in the field. SELECTION CRITERIA: All randomized controlled studies examining a psychotherapeutic intervention for cannabis dependence or abuse in comparison with a delayed-treatment control group or combinations of psychotherapeutic interventions. DATA COLLECTION AND ANALYSIS: Two authors independently assessed trial quality and extracted data MAIN RESULTS: Six trials involving 1297 people were included. Five studies took place in the United States, one in Australia. Studies were not pooled in meta-analysis because of heterogeneity. The six included studies suggested that counseling approaches might have beneficial effects for the treatment of cannabis dependence. Group and individual sessions of cognitive behavioral therapy (CBT) had both efficacy for the treatment of cannabis dependence and associated problems, CBT produced better outcomes than a brief intervention when CBT was delivered in individual sessions. Two studies suggested that adding voucher-based incentives may enhance treatment when used in combination with other effective psychotherapeutic interventions. Abstinence rates were relatively small overall but favored the individual CBT 9-session (or more) condition. All included trials reported a statistically significant reductions in frequency of cannabis use and dependence symptoms. But other measures of problems related to cannabis use were not consistently different. AUTHORS' CONCLUSIONS: The included studies were too heterogenous and could not allow to draw up a clear conclusion. The studies comparing different therapeutic modalities raise important questions about the duration, intensity and type of treatment. The generalizability of findings is also unknown because the studies have been conducted in a limited number of localities with fairly homogenous samples of treatment seekers. However, the low abstinence rate indicated that cannabis dependence is not easily treated by psychotherapies in outpatient settings. [References: 58]	

Study	Denis C, Fatseas M, Lavie E, Auriacombe M. **Pharmacological interventions for benzodiazepine mono-dependence management in outpatient settings.** Cochrane Database Syst Rev 2006;3:CD005194. Ref ID: 79
Populasjon	benzodiazepine mono-dependence
Intervensjon	Pharmacological interventions Buspirone, Progesterone, Carbamazepine
Setting	outpatient settings
Sammendrag	Abstract: BACKGROUND: The improved safety profile of benzodiazepines compared to barbiturates has contributed to a high rate of prescription since the seventies. Although benzodiazepines are highly effective for some disorders, they are potentially addictive drugs and they can provide reinforcement in some individuals. OBJECTIVES: To evaluate the effectiveness of pharmacological interventions for benzodiazepine mono-dependence. SEARCH STRATEGY: We searched the Cochrane Drugs and Alcohol Group' Register of Trials (October 2004), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 4, 2004), MEDLINE (January 1966 to October 2004), EMBASE (January 1988 to October 2004), PsycInfo (1985 to October 2004), CINAHL (1982 to October 2004), Pascal, Toxibase, reference lists of articles. SELECTION CRITERIA: Randomized trials of benzodiazepines dependence management regardless of type, dose (daily and total) and duration of benzodiazepine treatment. DATA COLLECTION AND ANALYSIS: Reviewers independently assessed trials for inclusion, rated their methodological quality and extracted data. MAIN RESULTS: Eight trials involving 458 participants were included. The studies included could not be analysed cumulatively because of heterogeneity of inteventions and participants' characteristics. Results support the policy of gradual rather than abrupt withdrawal of benzodiazepine. Progressive withdrawal (over 10 weeks) appeared preferable if compared to abrupt since the number of drop-outs was less important and the procedure judged more favourable by the participants. Short half-life benzodiazepine, associated with higher drop-out rates, did not have higher withdrawal symptoms scores. Switching from short half-life benzodiazepine to long half-life benzodiazepine before gradual taper withdrawal did not receive much support from this review. The role of propanolol in benzodiazepine withdrawal was unclear; adding tricyclic antidepressant (dothiepin) decreased the intensity of withdrawal symptoms but did not increase the rate of benzodiazepine abstinence at the end of the trial. Buspirone and Progesterone failed to suppress any benzodiazepine symptoms. Carbamazepine might have promise as an adjunctive medication for benzodiazepine withdrawal, particularly in patients receiving benzodiazepines in daily dosages of 20 mg/d or more of diazepam (or equivalents). AUTHORS' CONCLUSIONS: The results of this systematic review point to the potential value of carbamazepine as an effective intervention for benzodiazepine gradual taper discontinuation. Carbamazepine has shown rather modest benefit in reducing withdrawal severity, although it did significantly improve drug-free outcome. Larger controlled studies are needed to confirm these benefits, to assess adverse effects and to identify when its clinical use might be most indicated. Other suggested treatment approaches to benzodiazepine discontinuation management should be explored (antidepressants, benzodiazepine receptors modulator). [References: 53]

Study	Garbutt JC, et.al. **Pharmacological treatment of alcohol dependence: a review of the evidence.** JAMA 1999;281(14):1318-25. Ref ID: 283	
Populasjon	alcohol-dependent patients, aged 18 years or older	
Intervensjon	Pharmacological treatments	disulfiram, naltrexone and nalmefene, acamprosate, various serotonergic agents (including selective serotonergic reuptake inhibitors), and lithium.
Setting	outpatient settings	inpatient
Sammendrag	Abstract: CONTEXT: Alcoholism affects approximately 10% of Americans at some time in their lives. Treatment consists of psychosocial interventions, pharmacological interventions, or both, but which drugs are most effective at enhancing abstinence and preventing relapse has not been systematically reviewed. OBJECTIVE: To evaluate the efficacy of 5 categories of drugs used to treat alcohol dependence--disulfiram, the opioid antagonists naltrexone and nalmefene, acamprosate, various serotonergic agents (including selective serotonergic reuptake inhibitors), and lithium. DATA SOURCES: Reports of randomized controlled trials, nonrandomized trials, and other study designs in English, French, and German identified from multiple searches of MEDLINE, EMBASE, and specialized databases; hand searching bibliographies of review articles; searches for unpublished literature; and discussions with investigators in the field. STUDY SELECTION: We included all studies on alcohol-dependent human subjects aged 18 years or older from all inpatient and outpatient settings between 1966 and December 1997 that met our inclusion criteria. DATA EXTRACTION: We abstracted the following information: study design and blinding, diagnostic instrument and severity assessment, drug interventions and cointerventions, demographic and comorbidity details about patients, compliance, and numerous outcome measures (eg, relapse, return to drinking, drinking or nondrinking days, time to first drink, alcohol consumed per unit of time, craving). We graded quality of the individual articles (scale, 0-100) independently from the strength of evidence for each drug class (A, strong and consistent evidence of efficacy in studies of large size and/or high quality; B, mixed evidence of efficacy; C, evidence of lack of efficacy; and I, insufficient evidence). DATA SYNTHESIS: Of 375 articles evaluated, we abstracted and analyzed data from 41 studies and 11 follow-up or subgroup studies. Naltrexone (grade A) reduces the risk of relapse to heavy drinking and the frequency of drinking compared with placebo but does not substantially enhance abstinence, ie, avoidance of any alcohol consumption. Acamprosate (grade A, from large-scale studies in Europe) reduces drinking frequency, although its effects on enhancing abstinence or reducing time to first drink are less clear. Controlled studies of disulfiram (grade B) reveal a mixed outcome pattern--some evidence that drinking frequency is reduced but minimal evidence to support improved continuous abstinence rates. The limited data on serotonergic agents were not very promising (grade I), although most studies were confounded by high rates of comorbid mood disorders. Lithium lacks efficacy (grade C) in the treatment of primary alcohol dependence. CONCLUSIONS: Recent reports documenting that naltrexone and acamprosate are more effective than placebo in the treatment of alcoholism justify clinical interest in use of these medications for alcohol-dependent patients. Use of disulfiram is widespread but less clearly supported by the clinical trial evidence; however, targeted studies on supervised administration of disulfiram may be warranted. Use of existing serotonergic agents or lithium for patients with primary alcohol dependence does not appear to be supported by the efficacy data available at this time; these medications may still have a positive effect in patients with coexisting psychiatric disorders	

Study	Kirchmayer U, Davoli M, Verster AD, Amato L, Ferri A, Perucci CA**. A systematic review on the efficacy of naltrexone maintenance treatment in opioid dependence**. Addiction 2002;97(10):1241-9. Ref ID: 206	
Populasjon	opioid dependence	
Intervensjon	naltrexone maintenance treatment	naltrexone in addition to behavioural treatment
Setting	in- and out-patients	
Sammendrag	Abstract: AIM: To evaluate the efficacy of naltrexone maintenance treatment in preventing relapse in opioid addicts after detoxification. DESIGN: A systematic review according to the methodology developed by the Cochrane Collaboration based on either randomized controlled trials (RCTs) or controlled clinical trials (CCTs). PARTICIPANTS: Seven hundred and seven heroin dependent in- and out-patients, or former heroin addicts dependent on methadone and participating in a naltrexone treatment programme; 89% were male. INTERVENTION: Maintenance treatments on opiate dependent people after detoxification, comparing naltrexone with placebo, pharmacological or behavioural treatments. MEASUREMENTS: The outcomes considered were successfully completed treatment, opioid use under treatment (re)-incarcerations during the study period, mean duration of treatment. FINDINGS: The outcomes tended to be slightly although not significantly in favour of the naltrexone groups. Use of naltrexone in addition to behavioural treatment significantly decreased the probability of (re-)incarceration (OR=0.30; 95% CI 0.12, 0.76). The difficulties in producing a quantitative analysis were due mainly to the heterogeneity of the included studies. CONCLUSIONS: From the available clinical trials performed up to this time, there is insufficient evidence to justify the use of naltrexone in maintenance treatment of opioid addicts. [References: 51]	

Study	Mason BJ, Ownby RL. **Acamprosate for the treatment of alcohol dependence: A review of double- blind, placebo-controlled trials.** CNS Spectrums 2000;5(2):58-69. Ref ID: 1092
Populasjon	alcohol dependence
Intervensjon	Acamprosate
Setting	outpatients 11 European countries
Sammendrag	Abstract: Acamprosate (calcium acetyl-homotaurine) is a synthetic compound that crosses the blood-brain barrier and has a chemical structure similar to that of the naturally occurring amino acid neuromediators, homotaurine and gamma-aminobutyric acid (GABA). Acamprosate appears to act primarily by restoring normal N-methyl-D-aspartate (NMDA) receptor tone in the glutamate system, and has been shown to have a specific close-dependent effect on decreasing voluntary alcohol intake in animals with no effects on food and water consumption. The safety and efficacy of acamprosate in alcohol-dependent outpatients is currently under evaluation in the United States. Acamprosate has been available by prescription since 1989 in France and more recently in most European and Latin American countries as well as Australia, South Africa, and Hong Kong. More than 4 million people have been treated with acamprosate since it became commercially available. The purpose of this article is to review all available double-blind, placebo-controlled clinical trials evaluating the safety and efficacy of acamprosate treatment of alcohol dependence. This work encompasses 16 controlled clinical trials conducted across 11 European countries and involves more than 4,500 outpatients with alcohol dependence. Fourteen of 16 studies found alcohol-dependent patients treated with acamprosate had a significantly greater rate of treatment completion, time to first drink, abstinence rate, and/or cumulative abstinence duration than patients treated with placebo. Additionally, a multinational open-label study of acamprosate in 1,281 patients with alcohol dependence found acamprosate to be equally effective across four major psychosocial concomitant treatment programs in maintaining abstinence and reducing consumption during any periods of relapse. An absence of known strong predictors of response to acamprosate, in conjunction with a modest but consistent effect on prolonging abstinence, and an excellent safety profile, lead support to the use of acamprosate across a broad range of patients with alcohol dependence

Study	Mayet S, Farrell M, Ferri M, Amato L, Davoli M. **Psychosocial treatment for opiate abuse and dependence**. Cochrane Database Syst Rev 2005;(1):CD004330. Ref ID: 131	
Populasjon	opiate abuse and dependence	
Intervensjon	psychosocial interventions	Contingency Management, Brief Reinforcement Based Intensive Outpatient Therapy coupled with Contingency Management, Cue Exposure therapy, Alternative Program for Methadone Maintenance Treatment Program Drop-outs (MMTP) and Enhanced Outreach-Counselling Program
Setting	Outpatient	Brief Reinforcement Based Intensive Outpatient Therapy
Sammendrag	Abstract: BACKGROUND: Substance dependence is a major social and public health problem; therefore it is a priority to develop effective treatments. The treatment of opioid dependence is complex. Previous Cochrane reviews have explored the efficacy of pharmacotherapy for opiate dependence. This current review focuses on the role of psychosocial interventions alone for the treatment of opiate dependence. There are many different psychosocial interventions offered to opiate addicts, which are widely spread. There is some evidence for the effectiveness of psychosocial interventions, but no systematic review has even been carried out. OBJECTIVES: To assess the efficacy and acceptability of psychosocial interventions alone for treating opiate use disorders. SEARCH STRATEGY: Electronic searches of Cochrane Library, EMBASE, MEDLINE, and LILACS; reference searching; personal communication; conference abstracts; unpublished trials; book chapters on treatment of opioid abuse/ dependence. SELECTION CRITERIA: The inclusion criteria for all randomised-controlled trials were that they should focus on psychosocial interventions alone for treating opioid use disorders. DATA COLLECTION AND ANALYSIS: Reviewers extracted the data independently using relative risks, weighted mean difference and number needed to treat estimated, when possible. The reviewers assumed that people who died or dropped out had no improvement (intention to treat analysis) and tested the sensitivity of the final results to this assumption. MAIN RESULTS: Five studies fit the study criteria. These analysed Contingency Management, Brief Reinforcement Based Intensive Outpatient Therapy coupled with Contingency Management, Cue Exposure therapy, Alternative Program for Methadone Maintenance Treatment Program Drop-outs (MMTP) and Enhanced Outreach-Counselling Program. All the treatments were studied against the control (standard) treatment; therefore it was not possible to identify which type of psychosocial therapy was most effective. The main findings were that both Enhanced Outreach Counselling and Brief Reinforcement Based Intensive Outpatient Therapy coupled with Contingency Management had significantly better outcomes than standard therapy within treatment. This was regarding relapse to opioid use, re-enrollment in treatment and retention in treatment. At 1-month and 3- month follow up the effects of Reinforcement Based Intensive Outpatient Therapy were not sustained. There was no further follow up of the Enhanced Outreach Counselling group. The Alternative Program for MMTP Drop-outs and the behavioural therapies of Cue Exposure and Contingency Management alone were no better than the control (standard) therapy. As the studies were heterogeneous, it was not possible to pool the results and perform a meta-analysis. AUTHORS' CONCLUSIONS: The available evidence has low numbers and is heterogeneous. At present psychosocial treatments alone are not adequately proved treatment modalities or superior to any other type of treatment. It is important to develop a better evidence base for psychosocial interventions to assist in future rationale planning of opioid use drug treatment services. Large-scale randomised trials are required with longer follow up stating methods of randomisation, allocation concealment and blinding. Where possible	

	this should include intention to treat analysis, with power calculations performed prior to the trial. These studies can be designed and delivered to provide usable data for better understanding of this important component of intervention in the field of dependence. [References: 47]

Study	Minozzi S, Amato L, Davoli M, Farrell M, Lima Reisser Anelise ARL, Pani PP, et al. **Anticonvulsants for cocaine dependence.** Cochrane Database of Systematic Reviews: Reviews. In: Cochrane Database of Systematic Reviews 2008 Issue 2. Chichester (UK): John Wiley & Sons, Ltd; 2008. Ref ID: 4068	
Populasjon	cocaine dependence, mean age 36	
Intervensjon	Anticonvulsants	carbamazepine, gabapentin, lamotrigine, phenytoin, tiagabine, topiramate, valproate
Setting	Out-patient	
Sammendrag	Abstract: BACKGROUND: Cocaine dependence is a major public health problem that is characterized by recidivism and a host of medical and psychosocial complications. Although effective pharmacotherapy is available for alcohol and heroin dependence none exists currently for cocaine dependence despite two decades of clinical trials primarily involving antidepressant, anti convulsivant and dopaminergic medications. There has been extensive consideration of optimal pharmacological approaches to the treatment of cocaine dependence with consideration of both dopamine antagonists and agonists. Anticonvulsants have been candidates for the treatment of addiction based on the hypothesis that seizure kindling-like mechanisms contribute to addiction. OBJECTIVES: To evaluate the efficacy and the acceptability of anticonvulsants for cocaine dependence SEARCH STRATEGY: We searched the Cochrane Drugs and Alcohol Groups specialised register (issue 4, 2007), MEDLINE (1966 - march 2007), EMBASE (1988 - march 2007), CINAHL (1982- to march 2007) SELECTION CRITERIA: All randomised controlled trials and controlled clinical trials which focus on the use of anticonvulsants medication for cocaine dependence DATA COLLECTION AND ANALYSIS: Two authors independently evaluated the papers, extracted data, rated methodological quality MAIN RESULTS: Fifteen studies (1066 participants) met the inclusion criteria for this review: the anticonvulsants drugs studied were carbamazepine, gabapentin, lamotrigine, phenytoin, tiagabine, topiramate, valproate. No significant differences were found for any of the efficacy measures comparing any anticonvulsants with placebo. Placebo was found to be superior to gabapentin in diminishing the number of dropouts, two studies, 81 participants, Relative Risk (RR) 3.56 (95% CI 1.07 to 11.82) and superior to phenythoin for side effects, two studies, 56 participants RR 2.12 (95% CI 1.08 to 4.17). All the other single comparisons are not statistically significant. AUTHORS' CONCLUSIONS: Although caution is needed when assessing results from a limited number of small clinical trials at present there is no current evidence supporting the clinical use of anticonvulsants medications in the treatment of cocaine dependence. Aiming to answer the urgent demand of clinicians, patients, families, and the community as a whole for an adequate treatment for cocaine dependence, we need to improve the primary research in the field of addictions in order to make the best possible use out of a single study and to investigate the efficacy of other pharmacological agent. COCAINE IS AN ILLICIT DRUG USED AS A POWDER FOR INTRANASAL OR INTRAVENOUS USE OR SMOKED AS CRACK. SHORT AND LONG-TERM USE OF THIS DRUG SPREADS INFECTIOUS DISEASES (FOR EXAMPLE AIDS, HEPATITIS AND TUBERCULOSIS), CRIME, VIOLENCE AND PRENATAL DRUG EXPOSURE. COCAINE DEPENDENCE HAS MEDICAL AND PSYCHOSOCIAL COMPLICATIONS AND IS A MAJOR PUBLIC HEALTH PROBLEM. NO PROVEN PHARMACOLOGICAL TREATMENT EXISTS FOR COCAINE DEPENDENCE. ANTIDEPRESSANT, ANTICONVULSANTS AND DOPAMINERGIC MEDICATIONS HAVE ALL BEEN TRIALLED. THE PRESENT REVIEW LOOKED AT THE EFFICACY AND SAFETY OF ANTICONVULSANT DRUGS FOR TREATING COCAINE DEPENDENCE, AS A CLASS AND INDIVIDUALLY. THE REVIEW AUTHORS IDENTIFIED 17 RANDOMISED CONTROLLED TRIALS INVOLVING 1194 PARTICIPANTS, 80% MALE, WITH A MEAN AGE OF 36 YEARS. THE MEAN DURATION OF THE TRIALS WAS 11 WEEKS (RANGE 1 TO 24 WEEKS). ALL THE TRIALS WERE CONDUCTED IN	

	USA, 16 AS OUTPATIENTS. VERY LIMITED EVIDENCE CAN BE DRAWN FROM THE INCLUDED TRIALS. NO SIGNIFICANT DIFFERENCES WERE FOUND BETWEEN A PLACEBO AND ANY ANTICONVULSANT IN REDUCING THE NUMBER OF DROPOUTS FROM TREATMENT, USE OF COCAINE, CRAVING, AND SEVERITY OF DEPENDENCE, DEPRESSION OR ANXIETY. PLACEBO WAS SUPERIOR TO GABAPENTIN IN REDUCING THE NUMBER OF DROPOUTS FROM TREATMENT (TWO STUDIES) AND USE OF COCAINE. GABAPENTIN (ONE STUDY, 95 PARTICIPANTS) AND PHENYTOIN (TWO STUDIES, 56 PARTICIPANTS) HAD A GREATER NUMBER OF SIDE EFFECTS THAN THE PLACEBO.: Although the methodological quality of the included studies was good, the sample sizes were small. Most anticonvulsants were used in single studies. Health effects of various substances of abuse seem to be strongly dependent on social context and the location of the studies could affect the treatment effect. Different rating systems were used and symptoms were not categorised as mild, moderate or severe to allow comparison of results between studies

Study	Minozzi S, Amato L, Vecchi S, Davoli M. **Maintenance agonist treatments for opiate dependent pregnant women.** Cochrane Database of Systematic Reviews: Reviews. In: Cochrane Database of Systematic Reviews 2008 Issue 2. Chichester (UK): John Wiley & Sons, Ltd; 2008. Ref ID: 4075	
Populasjon	opiate dependent pregnant women	
Intervensjon	Maintenance agonist treatments	Methadone, buprenorphine, oral slow morphine
Setting	Out-patient, Austria	In-patient, USA
Sammendrag	Abstract: BACKGROUND: The prevalence of opiate use among pregnant women ranges from 1% to 2% to as much as 21%. Heroin crosses the placenta and pregnant opiate dependent women experience a six fold increase in maternal obstetric complications such as low birth weight, toxaemia, 3rd trimester bleeding, malpresentation, puerperal morbidity, fetal distress and meconium aspiration. Neonatal complications include narcotic withdrawal, postnatal growth deficiency, microcephaly, neurobehavioral problems, increased neonatal mortality and a 74-fold increase in sudden infant death syndrome. OBJECTIVES: To assess the effectiveness of any maintenance treatment alone or in combination with psychosocial intervention compared to no intervention, other pharmacological intervention or psychosocial interventions on child health status, neonatal mortality, retaining pregnant women in treatment, and reducing use of substances SEARCH STRATEGY: We searched Cochrane Drugs and Alcohol Group' Register of Trials (June 2007), PubMed (1966 - June 2007), CINAHL (1982- June 2007), reference lists of relevant papers, sources of ongoing trials, conference proceedings, National focal points for drug research. Authors of included studies and experts in the field were contacted. SELECTION CRITERIA: Randomised controlled trials enrolling opiate dependent pregnant women DATA COLLECTION AND ANALYSIS: The authors assessed independently the studies for inclusion and methodological quality. Doubts were solved by discussion. MAIN RESULTS: We found three trials with 96 pregnant women. Two compared methadone with buprenorphine and one methadone with oral slow morphine. For the women there was no difference in drop out rate RR 1.00 (95% CI 0.41 to 2.44) and use of primary substance RR 2.50 (95% CI 0.11 to 54.87) between methadone and buprenorphine, whereas oral slow morphine seemed superior to methadone in abstaining women from the use of heroin RR 2.40 (95% CI 1.00 to 5.77) For the newborns in one trial buprenorphine performed better than methadone for birth weight WMD -530 gr (95% CI -662 to -397), this result is not confirmed in the other trial. For the APGAR score both studies didn't find significant difference . No differences for NAS measures used. Comparing methadone with oral slow morphine no differences for birth weight and mean duration of NAS. The APGAR score wasn't considered. AUTHORS' CONCLUSIONS: We didn't find any significant difference between the drugs compared both for mother and for child outcomes; the trials retrieved were too few and the sample size too small to make firm conclusion about the superiority of one treatment over another. There is an urgent need of big randomised controlled trials. SOME WOMEN CONTINUE TO USE OPIATES WHEN THEY ARE PREGNANT. YET HEROIN READILY CROSSES THE PLACENTA. OPIATE DEPENDENT WOMEN EXPERIENCE A SIX-FOLD INCREASE IN MATERNAL OBSTETRIC COMPLICATIONS AND GIVE BIRTH TO LOW-WEIGHT BABIES. THE NEWBORN MAY EXPERIENCE NARCOTIC WITHDRAWAL (NEONATAL ABSTINENCE SYNDROME), HAVE DEVELOPMENT PROBLEMS, INCREASED NEONATAL MORTALITY AND A 74-FOLD INCREASED RISK OF SUDDEN INFANT DEATH SYNDROME. MAINTENANCE TREATMENT WITH METHADONE PROVIDES A STEADY CONCENTRATION OF OPIATE IN THE PREGNANT WOMAN'S BLOOD AND SO PREVENTS THE ADVERSE EFFECTS ON THE FETUS OF REPEATED WITHDRAWALS. BUPRENORPHINE IS ALSO USED. THEY REDUCE ILLICIT DRUG USE, IMPROVE COMPLIANCE WITH OBSTETRIC CARE AND IMPROVE BIRTH WEIGHT BUT ARE STILL ASSOCIATED WITH NEONATAL	

	ABSTINENCE SYNDROME. THE PRESENT REVIEW FOUND FEW DIFFERENCES IN NEWBORN OR MATERNAL OUTCOMES FOR PREGNANT OPIATE-ADDICTED WOMEN WHO WERE MAINTAINED ON METHADONE, BUPRENORPHINE OR ORAL SLOW MORPHINE FROM A MEAN GESTATIONAL AGE OF 23 WEEKS TO DELIVERY. ONLY THREE RANDOMISED CONTROLLED TRIALS SATISFIED THE CRITERIA FOR THE REVIEW, TWO FROM AUSTRIA (OUTPATIENTS) AND ONE FROM THE USA (INPATIENTS). THE TRIALS CONTINUED FOR 15 TO 18 WEEKS. TWO COMPARED METHADONE WITH BUPRENORPHINE (48 PARTICIPANTS) AND ONE COMPARED METHADONE WITH ORAL SLOW MORPHINE (48 PARTICIPANTS). THE NUMBER OF WOMEN WHO DROPPED OUT FROM TREATMENT AND THE USE OF PRIMARY SUBSTANCE APPEARED TO BE THE SAME FOR METHADONE AND BUPRENORPHINE. ORAL SLOW MORPHINE SEEMED SUPERIOR TO METHADONE FOR THE NUMBER OF WOMEN WHO USED HEROIN IN THEIR THIRD TRIMESTER BUT WITHOUT A CLEAR IMPROVEMENT IN INFANT BIRTH WEIGHT OR DURATION OF NEONATAL ABSTINENCE SYNDROME.: The number of participants in the trials was very small and may not be sufficient to detect differences. Only one study reported on the number of cigarettes the women smoked, a mean of 29 cigarettes per day at enrolment and 14 cigarettes per day at delivery. All the included studies ended immediately after the baby was born. No severe complications were noted

Study	Minozzi S, Amato L, Davoli M. **Maintenance treatments for opiate dependent adolescent**. Cochrane Database of Systematic Reviews: Reviews. In: Cochrane Database of Systematic Reviews 2009 Issue 2. Chichester (UK): John Wiley & Sons, Ltd; 2009. Ref ID: 4076	
Populasjon	opioid dependent adolescent (13 to 18 years old)	
Intervensjon	maintenance treatment	Pharmacotherapy; Methadone, LAAM, buprenorphine, naloxone
Setting	outpatient	
Sammendrag	Abstract: BACKGROUND: The scientific literature examining effective treatments for opioid dependent adults clearly indicates that pharmacotherapy is a necessary and acceptable component of effective treatments for opioid dependence. Nevertheless no studies have been published which systematically assess the effectiveness of the pharmacological maintenance treatment among adolescent. OBJECTIVES: To assess the effectiveness of any maintenance treatment alone or in combination with psychosocial intervention compared to no intervention, other pharmacological intervention or psychosocial interventions on retaining adolescents in treatment, reducing the use of substances and reducing health and social status SEARCH STRATEGY: We searched the Cochrane Drugs and Alcohol Group's trials register (august 2008), MEDLINE (January 1966 to august 2008), EMBASE (January 1980 to august 2008), CINHAL (January 1982 to august 2008) and reference lists of articles SELECTION CRITERIA: Randomised and controlled clinical trials comparing any maintenance pharmacological interventions alone or associated with psychosocial intervention with no intervention, placebo, other pharmacological intervention included pharmacological detoxification or psychosocial intervention in adolescent (13-18 years) DATA COLLECTION AND ANALYSIS: Two reviewers independently assessed trial quality and extracted data MAIN RESULTS: Two trials involving 187participants were included. One study compared methadone with LAAM for maintenance treatment lasting16 weeks after which patients were detoxified, the other compared maintenance treatment with buprenorphine - naloxone with detoxification with buprenorphine. No meta-analysis has been performed because the two studies assessed different comparisons. Maintenance treatment seems more efficacious in retaining patients in treatment but not in reducing patients with positive urine at the end of the study. Self reported opioid use at 1 year follow up was significantly lower in the maintenance group even if both group reported high level of opioid use and more patients in the maintenance group were enrolled in other addiction treatment at 12 month follow up. AUTHORS' CONCLUSIONS: It is difficult to draft conclusions on the basis of only two trials. One of the possible reason for the lack of evidence could be the difficulty to conduct trial with young people due to practical and ethic reasons. MAINTENANCE TREATMENTS FOR OPIATE DEPENDENT ADOLESCENTS: It is difficult to draw conclusions about the use of maintenance pharmacological interventions from only two trials. Substance abuse among adolescents (13 to 18 years old) is a serious and growing problem. The most common drugs used by young people worldwide are cannabis and inhalants. Psychostimulants (ecstasy and amphetamines), cocaine, LSD, heroin and other opioids are also used. Many adolescents who use heroin start by snorting it but some progress to injection. Heroin is used sporadically by the majority who use it, but it can become an addictive disorder. In adults, pharmacotherapy is a necessary and acceptable part of effective treatment for opioid dependence. Among adolescents, medications have been used infrequently and a choice has to be made between detoxification and maintenance treatment. The review authors searched the literature and identified two controlled trials from the USA that involved 187 heroin addicts, aged 14 to 21 years; the participants were treated as outpatients. One study of 37 participants compared methadone with LAAM for maintenance treatment. After 16 weeks of maintenance treatment the adolescents were detoxified. The two maintenance treatments gave similar improvements in social functioning. No side	

	effects were reported. The second trial of 150 adolescents compared buprenorphine and naloxone as maintenance treatment with buprenorphine detoxification over 14 days. The maintenance treatment for nine weeks followed by tapered doses up to 12 weeks seemed to be more effective in retaining patients in treatment but not in reducing the use of drugs of abuse. At one-year follow up, self-reported opioid use was clearly less in the maintenance group and more adolescents were enrolled in other addiction programs. The most common side effect in both groups was headache. No participants left the study because of side effects. Conducting trials with young people may be difficult for both practical and ethical reasons

Study	Pani PP, Trogu E, Vacca R, Amato L, Vecchi S, Davoli M. **Disulfiram for the treatment of cocaine dependence**. Cochrane Database of Systematic Reviews: Reviews 2010 Issue 1 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD007024.pub2. In: Chichester (UK): John Wiley & Sons, Ltd; 2010. Ref ID: 4073
Populasjon	cocaine dependence, mean age was 38 years
Intervensjon	disulfiram
Setting	outpatient
Sammendrag	Abstract: BACKGROUND: Cocaine dependence is a disorder for which no pharmacological treatment of proven efficacy exists, advances in the neurobiology could guide future medication development. OBJECTIVES: To evaluate the efficacy and the acceptability of disulfiram for cocaine dependence. SEARCH STRATEGY: We searched: PubMed, EMBASE, CINAHL (up to January 2008), the Cochrane Central Register of Controlled Trials (CENTRAL-The Cochrane Library, 1, 2009), reference lists of trials, main electronic sources of ongoing trials, conference proceedings. SELECTION CRITERIA: Randomised and controlled clinical trials comparing disulfiram alone or associated with psychosocial intervention with no intervention, placebo, or other pharmacological intervention for the treatment of cocaine dependence. DATA COLLECTION AND ANALYSIS: Three reviewers independently assessed trial quality and extracted data. MAIN RESULTS: Seven studies, 492 participants, met the inclusion criteriaDisulfiram versus placebo: no statistically significant results for dropouts but a trend favouring disulfiram, two studies, 87 participants, RR 0.82 (95% CI 0.66 to 1.03). One more study, 107 participants, favouring disulfiram, was excluded from meta-analysis due high heterogeneity, RR 0.34 (95% CI 0.20 to 0.58). For cocaine use, it was not possible to pool together primary studies, results from single studies showed that, one, out of four comparisons, was in favour of disulfiram (number of weeks abstinence, 20 participants, WMD 4.50 (95% CI 2.93 to 6.07).Disulfiram versus naltrexone: no statistically significant results for dropouts but a trend favouring disulfiram, three studies, 131 participants, RR 0.67 (95% CI 0.45 to 1.01). No significant difference for cocaine use was seen in the only study that considered this outcome.Disulfiram versus no pharmacological treatment: for cocaine use: a statistically significant difference in favour of disulfiram, one study, two comparisons, 90 participants: maximum weeks of consecutive abstinence, WMD 2.10 (95% CI 0.69 to 3.51); number of subjects achieving 3 or more weeks of consecutive abstinence, RR 1.88 (95% CI 1.09 to 3.23). AUTHORS' CONCLUSIONS: There is low evidence, at the present, supporting the clinical use of disulfiram for the treatment of cocaine dependence. Larger randomised investigations are needed investigating relevant outcomes and reporting data to allow comparisons of results between studies. Results from ongoing studies will be added as soon as their results will be available. DISULFIRAM AS A MEDICATION FOR THE TREATMENT OF COCAINE DEPENDENCE: Cocaine is used as powder for intranasal or intravenous use, or smoked as crack. Dependence on cocaine can cause major public health problems because of its psychological, social and medical impacts, including the spread of infectious diseases such as AIDS, hepatitis and tuberculosis. No proven pharmacological treatment of cocaine dependency exists as yet. Disulfiram is marketed for the treatment of alcoholism and interferes with the metabolism of alcohol. It may also be useful in treating cocaine dependence. Evidence from randomised controlled trials to support the clinical use of disulfiram in people with cocaine dependence is limited. The review authors identified seven controlled studies that randomised a total of 492 participants to receive disulfiram, a placebo, no pharmacological treatment or naltrexone in addition to psychosocial treatment. Their mean age was 38 years and the studies took place in an outpatient setting over a mean time of 12 weeks. All trials but one were conducted in the USA. Five studies enrolled patients with cocaine dependence and alcohol abuse or dependence. Two enrolled people with concurrent opioid

	addiction who were undergoing treatment with buprenorphine or methadone. Disulfiram showed a trend toward fewer dropouts from psychosocial treatment when compared to placebo (three trials) or naltrexone (three trials) but this was not statistically significant. Assessing cocaine use, single studies were in favour of disulfiram on number of weeks of abstinence in one out of four comparisons when compared with placebo and on maximum weeks of consecutive abstinence and number of people achieving three or more weeks of consecutive abstinence in one study comparing disulfiram to no pharmacological treatment. The included studies did not specifically investigate the adverse effects of disulfiram itself or its potential to increase alcohol and cocaine adverse effects

Study	Prendergast ML, Podus D, Chang E. **Program factors and treatment outcomes in drug dependence treatment: an examination using meta-analysis** (DARE structured abstract). Subst Use Misuse 2000;35:1931-65. Ref ID: 4087
Populasjon	?
Intervensjon	drug dependence treatment
Setting	?
Sammendrag	?

Study	Rose ME, Grant JE. **Pharmacotherapy for methamphetamine dependence: a review of the pathophysiology of methamphetamine addiction and the theoretical basis and efficacy of pharmacotherapeutic interventions.** Ann Clin Psychiatry 2008;20(3):145-55. Ref ID: 34	
Populasjon	Methamphetamine (METH) dependence	
Intervensjon	Pharmacotherapy	bupropion, mirtazapine, baclofen, and topiramate
Setting	outpatient setting	
Sammendrag	Abstract: BACKGROUND: Methamphetamine (METH) dependence is a significant public health, criminal justice, and social service concern, and although abuse of this drug spans the past 40 years in the U.S., effective treatments have only recently been developed and evaluated. Psychosocial therapies comprise the mainstay of treatment, yet many patients experience ongoing impairments in mood, cognition, emotional control, and motivation, suggesting a role for pharmacotherapy. METHODS: A search of the literature was performed to identify drug therapies utilized with METH dependent patients and the outcome of these trials. RESULTS: With the exception of bupropion, most trials employing direct monoamine agonists yielded negative or inclusive results, a counterintuitive finding. Positive results were produced by a trial of the mixed monoamine agonist/antagonist mirtazapine and by several studies employing indirect dopamine- and glutamate-modulating GABA agonists. Most trials were hampered by high rates of subject attrition, mirroring the difficulty in treating these patients in the outpatient setting. CONCLUSIONS: Although considered preliminary, several therapeutic agents were identified that may prove beneficial in treating METH-dependent patients, including bupropion, mirtazapine, baclofen, and topiramate. Psychosocial therapy remains the cornerstone of treatment, and drug therapy should be regarded as an adjunct, rather than a replacement for psychosocial approaches. [References: 77]	

Study	Terplan M, Lui S. **Psychosocial interventions for pregnant women in outpatient illicit drug treatment programs compared to other interventions.** Cochrane Database of Systematic Reviews: Reviews. In: Cochrane Database of Systematic Reviews 2007 Issue 4. Chichester (UK): John Wiley & Sons, Ltd; 2007. Ref ID: 4066	
Populasjon	pregnant women	
Intervensjon	Psychosocial interventions	Contingency management Motivational interviewing
Setting	outpatient	illicit drug treatment programs
Sammendrag	Abstract: BACKGROUND: Illicit drug use in pregnancy is a complex social and public health problem. It is important to develop and evaluate effective treatments. There is evidence for the effectiveness of psychosocial in this population; however, to our knowledge, no systematic review on the subject has been undertaken. OBJECTIVES: To evaluate the effectiveness of psychosocial interventions in pregnant women enrolled in illicit drug treatment programs on birth and neonatal outcomes, on attendance and retention in treatment, as well as on maternal and neonatal drug abstinence. In short, do psychosocial interventions translate into less illicit drug use, greater abstinence, better birth outcomes, or greater clinic attendance.? SEARCH STRATEGY: We searched the Cochrane Drugs and Alcohol Group's trial register (May 2006), the Cochrane Central Register of Trials (Central- The Cochrane Library, Issue 3, 2005); MEDLINE (1.1996-8.2006); EMBASE (1.1996-8.2006); CINAHL (1.1982-8.2006), and reference lists of articles. SELECTION CRITERIA: Randomised studies comparing any psychosocial intervention versus pharmacological interventions or placebo or non-intervention or another psychosocial intervention for treating illicit drug use in pregnancy. DATA COLLECTION AND ANALYSIS: Two reviewers independently assessed trial quality and extracted data. MAIN RESULTS: Nine trials involving 546 pregnant women were included. Five studies considered contingency management (CM), and four studies considered manual based interventions such as motivational interviewing (MI). The main finding was that contingency management led to better study retention. There was only minimal effect of CM on illicit drug abstinence. In contrast, motivational interviewing led towards poorer study retention, although this did not approach statistical significance. For both, no difference in birth or neonatal outcomes was found, but this was an outcome rarely captured in the studies. AUTHORS' CONCLUSIONS: The present evidence suggests that CM strategies are effective in improving retention of pregnant women in illicit drug treatment programs as well as in transiently reducing illicit drug use. There is insufficient evidence to support the use of MI. Overall the available evidence has low numbers and, therefore, it is impossible to accurately assess the effect of psychosocial interventions on obstetrical and neonatal outcomes. It is important to develop a better evidence base to evaluate psychosocial modalities of treatment in this important population. PSYCHOSOCIAL INTERVENTIONS FOR PREGNANT WOMEN IN OUTPATIENT ILLICIT DRUG TREATMENT PROGRAMS COMPARED TO OTHER INTERVENTIONS: The effectiveness of psychosocial interventions in pregnant women enrolled in illicit drug treatment programs.Women who use illicit drugs while pregnant are more likely to give birth early and have low weight infants that are at risk of neonatal abstinence syndrome and requiring intensive care. A pregnant woman reduces the risk of these complications by undergoing prenatal drug treatment. Maternal concern for the infant can also motivate her. The length of time on treatment is important. Psychosocial interventions may help to overcome the many barriers to staying in a treatment program and reduce the use of illicit drugs.Contingency management uses positive, supportive reinforcement with, for example, monetary vouchers or giving work and a salary only when abstaining from drug use or attending treatment to change behaviour. Manual based interventions include motivational interviewing with a directive,	

	counselling style. This systematic review found that contingency management is effective in improving retention of pregnant women in illicit drug treatment programs but with minimal effects on their abstaining from illicit drugs. Motivational interviewing over three to six sessions may, if anything, lead to poorer retention in treatment. These findings are based on nine controlled trials over 14 days to 24 weeks, five studies used contingency management (346 women) and four studies (266 women) that considered motivational interviewing.All but one took place in the United States. Many of the young women were African American, single, never married or divorced, and unemployed. They were receiving methadone maintenance, using cocaine, or opiate dependent and marijuana and alcohol use was also involved in six studies. In two trials, almost all women were nicotine dependent. No difference in birth outcomes or length of hospital detoxification for the newborns was found, from two studies.None of the included studies stated how the women were referred to treatment. Manual based interventions are less likely to be effective among coerced individuals. it is also unlikely to be used on their own in clinical practice

Study	Tonigan JS, Toscova R, Miller WR**. Meta-analysis of the literature on Alcoholics Anonymous: sample and study characteristics moderate findings.** J Stud Alcohol 1996;57(1):65-72. Ref ID: 345
Populasjon	client
Intervensjon	Alcoholics Anonymous (AA)
Setting	outpatient
	inpatient settings
Sammendrag	Abstract: OBJECTIVE: Reviews of research on Alcoholics Anonymous (AA) have speculated how findings may differ when grouped by client and study characteristics. A meta-analytic review by Emrick et al. in 1993 provided empirical support for this concern but did not explore its implications. This review divided results of AA affiliation and outcome research by sample origin and global rating of study quality. The review also examined the statistical power of studies on AA. METHOD: Meta-analytic procedures were used to summarize the findings of 74 studies that examined AA affiliation and outcome. Results were divided by whether samples were drawn from outpatient or inpatient settings and a global rating of study quality that jointly considered use of subject selection and assignment, reliability of measurement and corroboration of self-report. Efficacy of dividing study results was examined by changes in magnitude of correlations and unexplained variance. RESULTS: AA participation and drinking outcomes were more strongly related in outpatient samples, and better designed studies were more likely to report positive psychosocial outcomes related to AA attendance. In general, AA studies lacked sufficient statistical power to detect relationships of interest. CONCLUSIONS: AA experiences and outcomes are heterogeneous, and it makes little sense to seek omnibus profiles of AA affiliates or outcomes. Well-designed studies with large outpatient samples may afford the best opportunity to detect predictors and effects of AA involvement

Study	Vaughn MG, Howard MO. **Adolescent substance abuse treatment: a synthesis of controlled evaluations** (DARE structured abstract). Research on Social Work Practice 2004;14:325-35. Ref ID: 4079
Populasjon	adolescents
Intervensjon	Substance abuse treatment
	?
Setting	?
Sammendrag	?

Study	Waldron HB, Turner CW. **Evidence-based psychosocial treatments for adolescent substance abuse.** J Clin Child Adolesc Psychol 2008;37(1):238-61. Ref ID: 37
Populasjon	adolescent substance abuse
Intervensjon	individual cognitive behavior therapy (CBT), group CBT, family therapy, minimal treatment control conditions
Setting	outpatient treatments
Sammendrag	Abstract: This review synthesized findings from 17 studies since 1998 regarding evaluation of outpatient treatments for adolescent substance abuse. These studies represented systematic design advances in adolescent clinical trial science. The research examined 46 different intervention conditions with a total sample of 2,307 adolescents. The sample included 7 individual cognitive behavior therapy (CBT) replications (n = 367), 13 group CBT replications (n = 771), 17 family therapy replications (n = 850) and 9 minimal treatment control conditions (n = 319). The total sample was composed of approximately 75% males, and the ethnic/racial distribution was approximately 45% White, 25% Hispanic, 25% African American, and 5% other groups. Meta-analysis was used to evaluate within-group effect sizes as well as differences between active treatment conditions and the minimal treatment control conditions. Methodological rigor of studies was classified using Nathan and Gorman (2002) criteria, and treatments were classified using criteria for well-established and probably efficacious interventions based on Chambless et al. (1996). Three treatment approaches, multidimensional family therapy, functional family therapy, and group CBT emerged as well-established models for substance abuse treatment. However, a number of other models are probably efficacious, and none of the treatment approaches appeared to be clearly superior to any others in terms of treatment effectiveness for adolescent substance abuse. [References: 167]

Study	Wilk AI, Jensen NM, Havighurst TC. **Meta-analysis of randomized control trials addressing brief interventions in heavy alcohol drinkers.** J Gen Intern Med 1997;12(5):274-83. Ref ID: 330
Populasjon	heavy alcohol drinkers
Intervensjon	brief interventions motivational counseling techniques
Setting	outpatient settings
Sammendrag	Abstract: OBJECTIVE: To assess the effectiveness of brief interventions in heavy drinkers by analyzing the outcome data and methodologic quality. DESIGN: (1) Qualitative analysis of randomized control trials (RCTs) using criteria from Chalmers' scoring system; (2) calculating and combining odds ratios (ORs) of RCTs using the One-Step (Peto) and the Mantel-Haenszel methods. STUDY SELECTION AND ANALYSIS: A MEDLINE and PsycLIT search identified RCTs testing brief interventions in heavy alcohol drinkers. Brief interventions were less than 1 hour and incorporated simple motivational counseling techniques much like outpatient smoking cessation programs. By a single-reviewer, nonblinded format, eligible studies were selected for adult subjects, sample sizes greater than 30, a randomized control design, and incorporation of brief alcohol interventions. Methodologic quality was assessed using an established scoring system developed by Chalmers and colleagues. Outcome data were combined by the One-Step (Peto) method; confidence limits and chi 2 test for heterogeneity were calculated. RESULTS: Twelve RCTs met all inclusion criteria, with an average quality score of 0.49 + or - 0.17. This was comparable to published average scores in other areas of research (0.42 + or - 0.16). Outcome data from RCTs were pooled, and a combined OR was close to 2 (1.91; 95% confidence interval 1.61-2.27) in favor of brief alcohol interventions over no intervention. This was consistent across gender, intensity of intervention, type of clinical setting, and higher-quality clinical trials. CONCLUSIONS: Heavy drinkers who received a brief intervention were twice as likely to moderate their drinking 6 to 12 months after an intervention when compared with heavy drinkers who received no intervention. Brief intervention is a low-cost, effective preventive measure for heavy drinkers in outpatient settings

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