Engaging with digital interventions for reducing hazardous or harmful alcohol consumption in community-dwelling populations: a systematic review

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Funded by:
Outline

• Aim and background
• Methods and analytic approach
• Synthesis results
• Conclusions
Aim

To identify, critically appraise and synthesise literature describing drinker engagement with digitally delivered alcohol interventions for reducing hazardous or harmful alcohol consumption.
Methods

• Robust and comprehensive search
• Inclusion criteria expanded with respect to population
• Outcomes relating to engagement with interventions, e.g. acceptability, usability, barriers and facilitators, satisfaction, attitudes, values, beliefs
• Quality assessment (Downe & Walsh 2006) to assess relevance and contribution to synthesis, not to exclude
• Thematic synthesis of the qualitative studies (further work to be completed with quantitative studies)
Results: characteristics of studies

• 14 studies included – both rich (n=10) and thin (n=4)
• General community, students, disadvantaged men, pregnant women, veterans, ethnic minorities
• US, UK, mainland Europe, Australia, New Zealand
• Interventions mostly web-based but also mobile, CD-ROM
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Synthesis (1)

- Appearance
- Ease of use/navigation
- Clear presentation
- Ability to return to intervention
- Animation/interactivity

Technical aspects

Intervention components

User perceptions & values
Results: technical aspects

• “Easy to follow. Didn’t take very long. Very easy to use” (Patient [P]016). (Goodyear-Smith 2013) A5

• “I like colour… when it is very clinically written, I just sit back. But when it is colour and it gives a genuine feeling of welcome, then I wanted to have a look...” (Kay-Lambkin et al 2011) A1

• “It was short, simple, to the point, which is always easiest with military people - very impatient, just get to the point.” (Veteran G) (Lapham et al 2012) A3
Synthesis (2)

**Feedback**
- Taking Responsibility
- Advice
- Menu of options
- Empathy
- Self-efficacy

**Technical aspects**
- Appearance
- Ease of use/navigation
- Clear presentation
- Ability to return to intervention

**Intervention components**

**User perceptions & values**
Results: intervention components

• “You think to yourself ‘I don’t drink too much’ and ‘it causes no harm,’ but then it appears that it does...” (Fraeyman et al 2012) D1 D4

• “...it definitely makes me reflect. I think, “Well, hold on a second, you know, it would be better not to drink quite so much at those times.” (Veteran A) (Lapham et al 2012) D1

• “…to me I think, when these websites say don’t do this, don’t do that, I don’t want to listen...whereas if it says if you are going to do it, do it responsibly... that is more interesting.” [Member of 16-25 year groups] (Kay-Lambkin et al 2011) F1
Synthesis (3)

- Appearance
- Ease of use/navigation
- Clear presentation
- Ability to return to intervention

- Feedback
- Taking Responsibility
- Advice
- Menu of options
- Empathy
- Self-efficacy

- Privacy
- Security of data
- Trust
- Adherence/compliance
- Relevance
- Cultural appropriateness

Technical aspects

Intervention components

User Perceptions/Values
Results: User Perceptions/Values

- “Could be honest about things you might not want to say to the doctor” (P087). (Goodyear-Smith 2013) I2
- “I don’t like the idea of the answers being on record for anyone to see, e.g., insurance companies” (P078). (Goodyear-Smith 2013) I4
- “…you could… send yourself an SMS text … to remind yourself to eat between drinks, or alternate your drinks…” (Kay-Lambkin et al 2011) J2
- Digital is “easier to ignore”, whereas face to face “make[s] treatment real” (Kay-Lambkin et al 2011) J1
- the feedback explains… that most women of childbearing age who are members of Southwest tribes are not current drinkers (Gorman 2013) A1 H1 H2
Summary and next steps

• Synthesised 14 qualitative studies to explore engagement with digital interventions
• New area but conclusions are not restricted to a particular population
• Engagement depends on the interplay between technology, intervention and user perceptions and values
• Next step: incorporate with quantitative (non-trial) studies
Thank you for listening.
Any questions?

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