

Appendix 16a: Evidence profile tables A16-1 to A16-6 (brief interventions)

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Brief interventions

Table A16-1. Stand alone brief interventions

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Abstinence from stimulants (6 month follow up) (Baker2005, Bernstein2005, Marsden2006)					
3	Randomised trials	No limitations	No important inconsistency	No uncertainty	None
Abstinence from heroin (6 month follow up) (Bernstein 2005)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	Imprecise or sparse data (-1) ²
Abstinence from poly-drug use (heroin and cocaine): 6 month follow up (Bernstein2005)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	Imprecise or sparse data (-1) ²
Abstinence from cannabis (4 month follow up) (Stephens 2000, 2002)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	Strong association (+1) ³

Summary of findings

Outcome	No of patients		Effect		Quality
	Brief Interventions	Control	Relative (95% CI)	Absolute (95% CI)	

Abstinence from stimulants (6 month follow up)	201/643 (31.3%)	154/625 (24.6%)	RR 1.30 (1.09 to 1.55)	-	⊕⊕⊕⊕ High
Abstinence from heroin (6 month follow up)	151/403 (37.5%)	115/375 (30.7%)	RR 1.22 (1.00 to 1.49)	-	⊕⊕○○ Low
Abstinence from cannabis (4 month follow up)	39/203 (19.2%)	12/216 (5.6%)	RR 3.44 (1.87 to 6.33)	-	⊕⊕⊕⊕ High

Footnotes:

1. No UK study
2. 1 study
3. RR >2

Table A16-2. Adjunctive brief interventions

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Days of drug use (28 day follow up) Carroll (2006a)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1) ^{1,2}
Post-detox cocaine use Stotts (2001)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1) ¹
Completion of treatment Stotts (2001)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1) ^{1,2}

Summary of findings

Outcome	No of patients		Effect		Quality
	Brief interventions	Control	Relative (95% CI)	Absolute (95% CI)	
Days of drug use (28 day follow up)	165	171	-	SMD -0.11 (-0.36 to 0.13)	⊕⊕⊕○ Moderate
Post-detox cocaine use	23/26 (88.5%)	16/26 (61.5%)	RR 1.44 (1.03 to 2.01)	-	⊕⊕⊕○ Moderate
Abstinence from drugs and heavy	127/295 (43.1%)	128/284 (45.1%)	RR 0.96 (0.79 to 1.15)	-	⊕⊕⊕○ Moderate

drinking					
Engaged in further treatment	465/527 (88.2%)	440/529 (83.2%)	RR 1.06 (1.01 to 1.11)	-	⊕⊕⊕○ Moderate
Completion of treatment	26/52 (50%)	26/53 (49.1%)	RR 1.02 (0.69 to 1.50)	-	⊕⊕⊕○ Moderate

Footnotes:

1. 1 study
2. CIs compatible with benefit and no benefit
3. I-squared=50%

Table A16-3. Contingency management for harm reduction

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Returned for TB test or Hep B vaccination (One-off CM) (Malotte 1998, Malotte 1999, Seal 2003)					
3	Randomised trials	No limitations	Important inconsistency (-1) ²	Some uncertainty (-1) ¹	Strong association (+1) ³
Completion of full course of medication/prophylaxis (Long term CM) ((Malotte 2001, Seal 2003)					
2	Randomised trials	No limitations	Important inconsistency (-1) ²	Some uncertainty (-1) ¹	Very strong association (+2) ⁴
Proportion of HIV medication taken on time - during treatment (Longer term CM) ((Rosen 2007, Sorensen 2006)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	Strong association (+1) ⁶
Proportion of HIV medication taken on time - 1 month follow up (Longer term CM) ((Rosen 2007, Sorensen 2006)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	None

Summary of findings

Outcome	No of patients		Effect		Quality
	CM	Control	Relative (95% CI)	Absolute (95% CI)	
Returned for TB test or Hep B vaccination (One-off CM)	438/468 (93.6%)	169/363 (46.6%)	RR 2.00 (1.48 to 2.72)	-	⊕⊕⊕○ Moderate

Completion of full course of medication/prophylaxis (Long term CM)	66/103 (64.1%)	13/103 (12.6%)	RR 6.38 (1.00 to 40.54)	-	⊕⊕⊕⊕ High
Proportion of HIV medication taken on time - during treatment (Longer term CM)	62	60	-	SMD -1.16 (-1.55 to -0.78)	⊕⊕⊕⊕ High
Proportion of HIV medication taken on time - 1 month follow up (Longer term CM)	62	60	-	SMD -0.49 (-0.85 to -0.13)	⊕⊕⊕○ Moderate

Footnotes:

1. No UK studies
2. I-squared > 50%
3. RR =2
4. RR > 5
5. SMD > 0.8

Table A16-4. HIV psychoeducation versus HIV standard education

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Injection risk behaviour Kotranski (1998), Siegal (1995), Epstein (2003)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	Imprecise or sparse data (-1) ³
Sexual risk behaviour Eldridge (1997), Kotranski (1998), Malow (1994), Epstein (2003), Weschberg (2004)					
6	Randomised trials	No limitations	Important inconsistency (-1) ²	Some uncertainty (-1) ¹	None
Reduction in injection risk behaviour Avants (2004), Baker (1993), O'Neill (1996)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	None
reduction in sexual risk behaviour Avants (2004), Baker (1993), Eldridge (1997), Harris (1998), O'Neill (1996)					
5	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	None

Summary of findings

Outcome	No of patients		Effect		Quality
	HIV Psychoeducation	HIV Standard Education	Relative (95% CI)	Absolute (95% CI)	
Injection risk behaviour	81/401 (20.2%)	105/440 (23.9%)	RR 0.95 (0.73 to 1.23)	-	⊕⊕○○ Low

Sexual risk behaviour	312/592 (52.7%)	292/531 (55%)	RR 0.91 (0.73 to 1.12)	-	⊕⊕○○ Low
Reduction in injection risk behaviour	176	177	-	SMD -0.21 (-0.42 to 0.00)	⊕⊕⊕○ Moderate
reduction in sexual risk behaviour	278	263	-	SMD -0.30 (-0.47 to -0.13)	⊕⊕⊕○ Moderate

Footnotes:

1. No UK studies
2. I-squared ~50%
3. CIs compatible with benefit and no benefit

Table A16-5. HIV psychoeducation versus standard education (for at risk population)

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Safer Injecting risk behaviour (end of treatment) Colon (1993), Kotranski (1998), Siegal (1995)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	Imprecise or sparse data (-1) ³
Safer sexual behaviour (end of treatment) Colon (1993), Kotranski (1998), Malow (1994)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	None

Summary of findings

Outcome	No of patients		Effect		Quality
	HIV psychoeducation	Standard education	Relative (95% CI)	Absolute (95% CI)	
Safer Injecting risk behaviour (end of treatment)	333/598 (55.7%)	342/663 (51.6%)	RR 1.09 (0.98 to 1.21)	-	⊕⊕○○ Low

Safer sexual behaviour (end of treatment)	143/570 (25.1%)	97/625 (15.5%)	RR 1.56 (1.25 to 1.95)	-	 Moderate
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Footnotes:

1. No UK studies
2. CIs compatible with benefit and no benefit

Table A16-6. HIV psychoeducation versus self help leaflet

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
reduction in injection risk behaviour Baker (1993), Sorensen (1994: MMT), Sorensen (1994: Detox)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	Imprecise or sparse data (-1) ³
reduction in sexual risk behaviour (post-treatment) (Baker (1993), Schilling (1991), Sorensen (1994: MMT), Sorensen (1994: Detox)					
4	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) ¹	None

Summary of findings

Outcome	No of patients		Effect		Quality
	HIV psychoeducation	self help leaflet	Relative (95% CI)	Absolute (95% CI)	
reduction in injection risk behaviour	85	81	-	SMD -0.02 (-0.33 to 0.29)	⊕⊕○○ Low
reduction in sexual risk behaviour (post-treatment)	131	119	-	SMD -0.32 (-0.57 to -0.07)	⊕⊕⊕○ Moderate

Footnotes:

1. No UK studies
2. I-squared ~ 50%
3. CIs compatible with benefit and no benefit