

FINDING THE EVIDENCE FOR TALKING THERAPIES

In an attempt to prove that counselling works for reducing drinking in concurrent problem alcohol and illicit drug users, Jan Klimas ended up on a journey through research and review. Read the full article in the November issue of the Forum Magazine (Volume 31, Issue 10)

Four years ago, an interview with a family physician in Tallaght, a rough Dublin suburb, opened my eyes about talking therapies for drink problems among illicit drug users. “Does counselling work for these people?” he asked. “Yes”, I was absolutely convinced about it, but I had no evidence for my faith. Surprised by his interest, I sent him the only two research papers on the topic that I knew of; never heard back from him.

I searched for more studies without any success. Many clinical trials on general population showed up in my internet search, but none for people who also used other drugs.

This made me doubt my beliefs. At that time, a national funding agency announced a call for Cochrane training fellowships. Cochrane collaboration hosts the largest database of systematic reviews to inform healthcare decisions. Cochrane reviews are the jaguars of medical evidence synthesis. The fellowship was a godsend. I could use the funding to learn from Cochrane gurus and answer the Tallaght doctor’s question by making the most of all available literature. My supervisor introduced me to a Cochrane author, Dr Glynn, who reviewed self-management strategies for high blood pressure. He agreed to mentor my fellowship. We booked

the title for our review with the Cochrane Drugs and Alcohol Review Group in Italy and started working on it when we got the funding.

The review found very few trials, most of which didn't have a control group or randomised patients without drink problems; we couldn't give any recommendations to doctors.

As a next step in the quest for the answer, we interviewed patients with dual drug and alcohol problems and fed their suggestions back to the experts. Experts often use consensus consultations to formulate recommendations when they can't trust the evidence. In our case, the expert group had to rely on semi-structured interviews with doctors and patients and low-quality evidence from my review. The result of their consensus was a clinical guideline for family doctors.

Having developed the guideline, we tested its value to answer our original question: "Does it work?" Our media-savvy student helped us to produce a teaching video, which we use to encourage doctors to discuss alcohol issues with people who use illicit drugs and to help those who have mild problems; severe problems are best treated by specialists. Sixteen general practices (GPs) in two deprived regions are randomised to receive the guideline-based training or to keep doing what they do. The latter group will be trained later.

Inspired by the success of the student video project, we decided to create and evaluate a training-through-research programme for medical students, facilitated by a seasoned researcher. Equipping the new generation of doctors with critical literature review and appraisal skills was my contribution to the improvement of addiction healthcare delivery. We offered online

webinars, methodological advice, mentoring, and one-one interaction. Our medical school emailed all students and we randomly selected a handful needed for our research projects. Biostatisticians, psychiatrists and public health specialists aided the programme.

Fourteen students went through the first two rounds of the programme. Almost all were female in their mid-twenties. We asked them the same question before and after the training: “On a scale from 1 to 5, how would you rate your overall competence and confidence in literature reviewing?” Their ratings went up by 36% after the training. As one of the students commented about the webinars, “They were clear and pointed us in the right direction with regards to the lit reviews.” The students presented their work at four conferences and wrote three academic papers for medical journals.

Teaching literature reviews to medical students was a rewarding learning experience. I learned that the quality and commitment of students varied; different expectations led to different work ethics and outputs. Some students submitted their work in more finished stage than others; competing priorities precluded achievement of higher standards. The write-up and publication processes were too long for short student projects, although some students persevered and remained involved until the end.

From a personal perspective, starting a Cochrane review took me on a journey that led from a single clinical question to policy development, medical education and new research in a very short time. I still don't know whether counselling works for drink problems in people who also use other drugs, but I've learned how to query the literature when doctors need evidence. I

have worked with healthcare professionals, statisticians and national stakeholders who informed our educational and research programme. The national guideline formulation taught me how to make experts agree on difficult questions. Mentoring medical students recharged my passion for research and sparked ideas for new projects. I hope some of my passion and love for evidence passed on the new generation of doctors.