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Determinants for the implementation of the German Guideline on Screening, Diagnosis and Treatment of Alcohol-Related Disorders

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Background

- The German Guideline „Screening, Diagnoses and Treatment of Alcohol-Related Disorders“ was published in 2014 to close the translation gap between evidence and clinical practice
- The aim of the IMPELA project is to develop tailored implementation strategies of evidence-based recommendations for screening, diagnosis and treatment of AUD in relevant settings

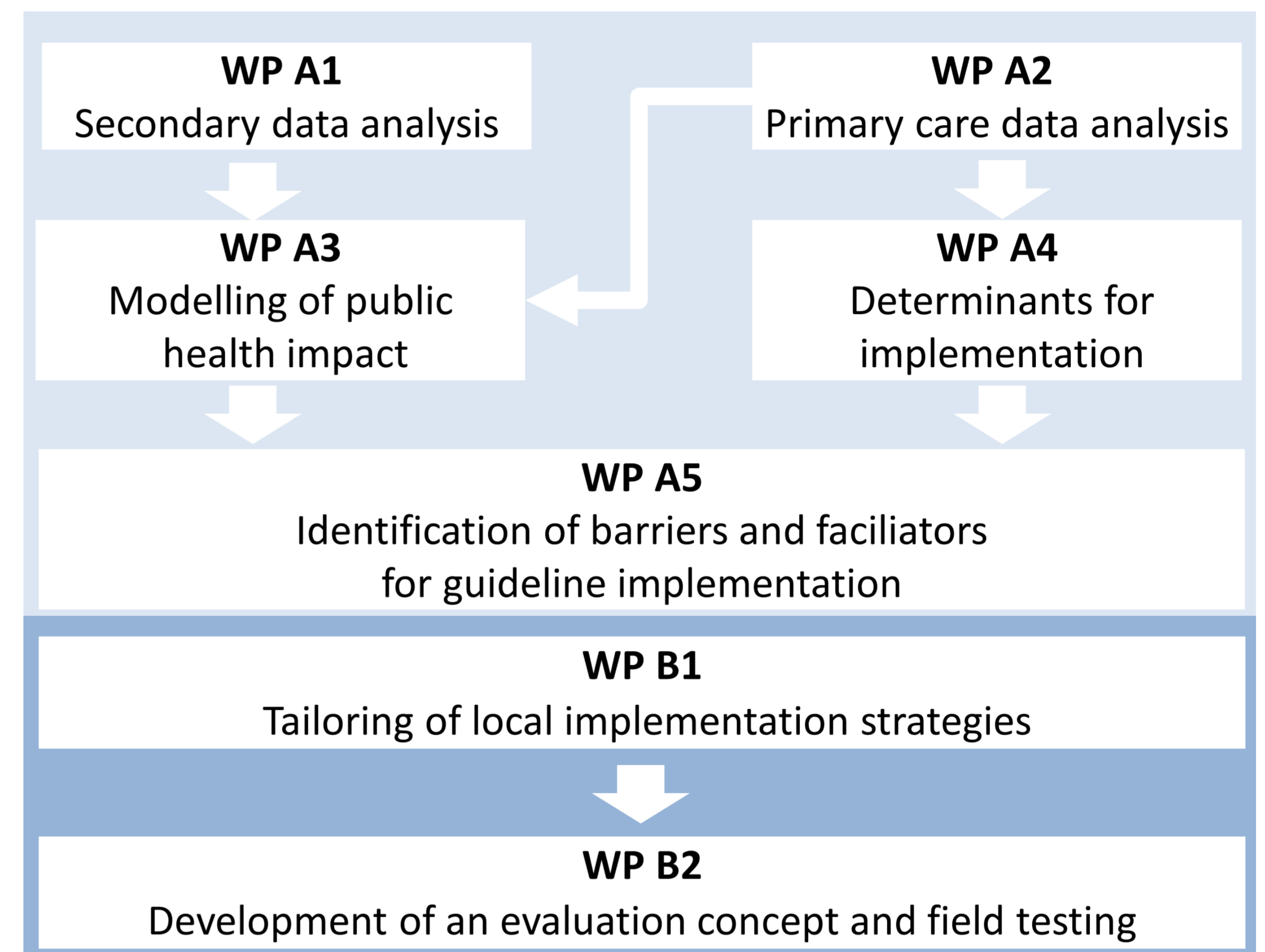
Objective

- Identification of barriers and facilitators for the guideline implementation in routine care (Work package A4)

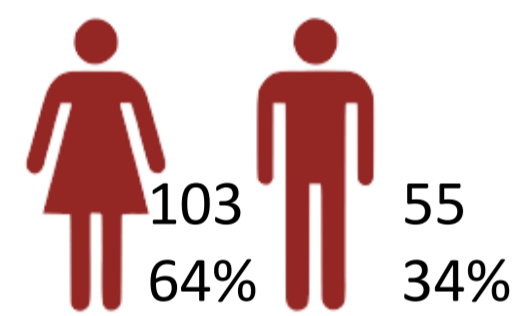
Method

- Postal survey to relevant health care providers as well as to patients with AUD in the city of Bremen
- Conduction of qualitative interviews to validate and deepen the quantitative findings

IMPELA Framework and work-packages



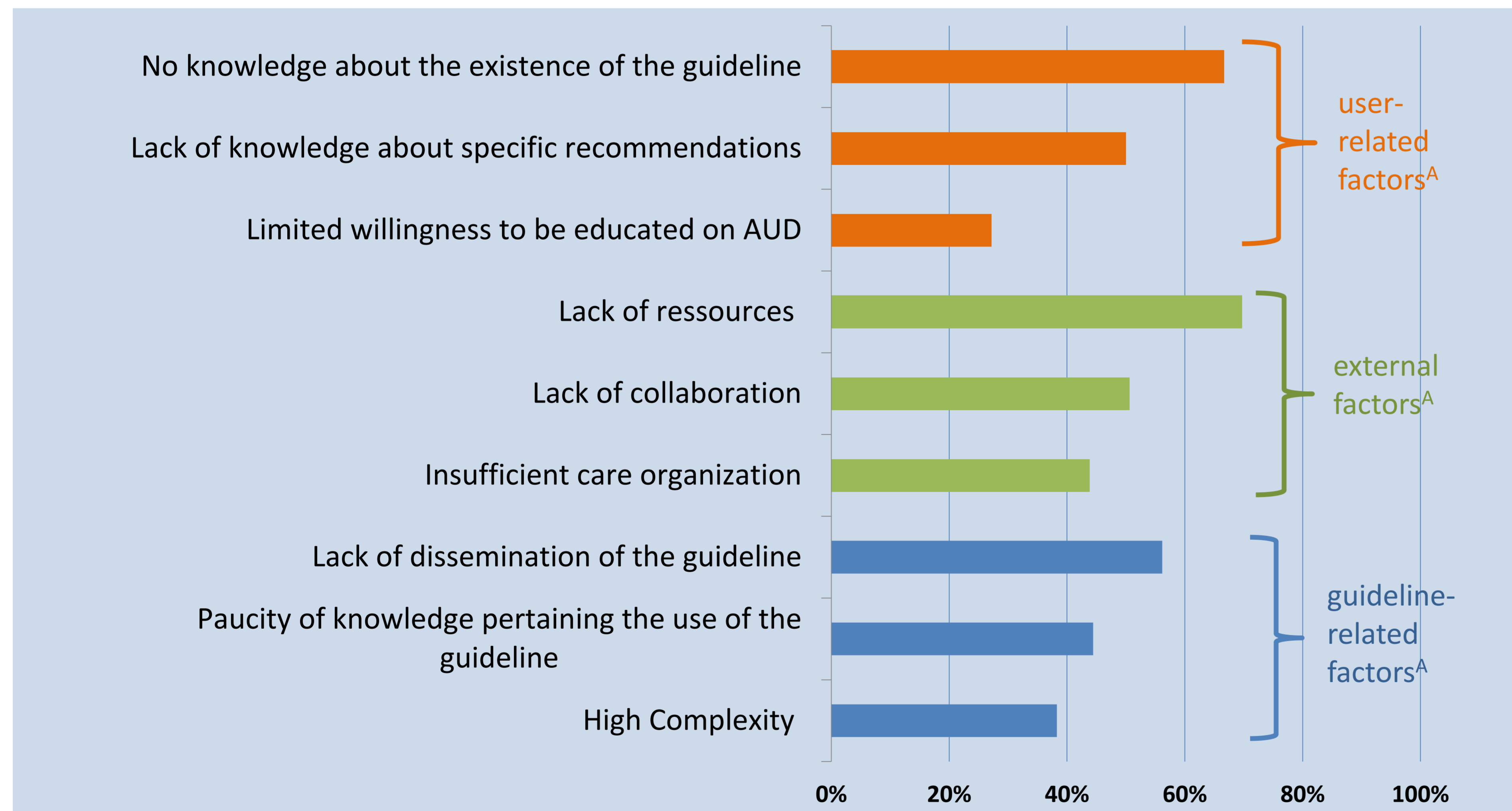
Results: Health care professionals (N=163)



age: m = 51.7 years (SD = 10.3; range: 23-73) / work experience: m = 22.8 years (SD = 10; range: 2-45)

Barriers for guideline implementation

(^A Participants were asked to state the 3 most important barriers for each section)

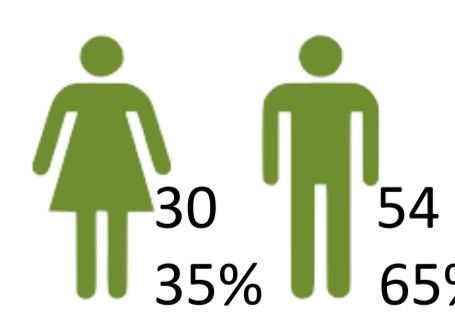


Facilitators for implementation

(results from qualitative interviews)

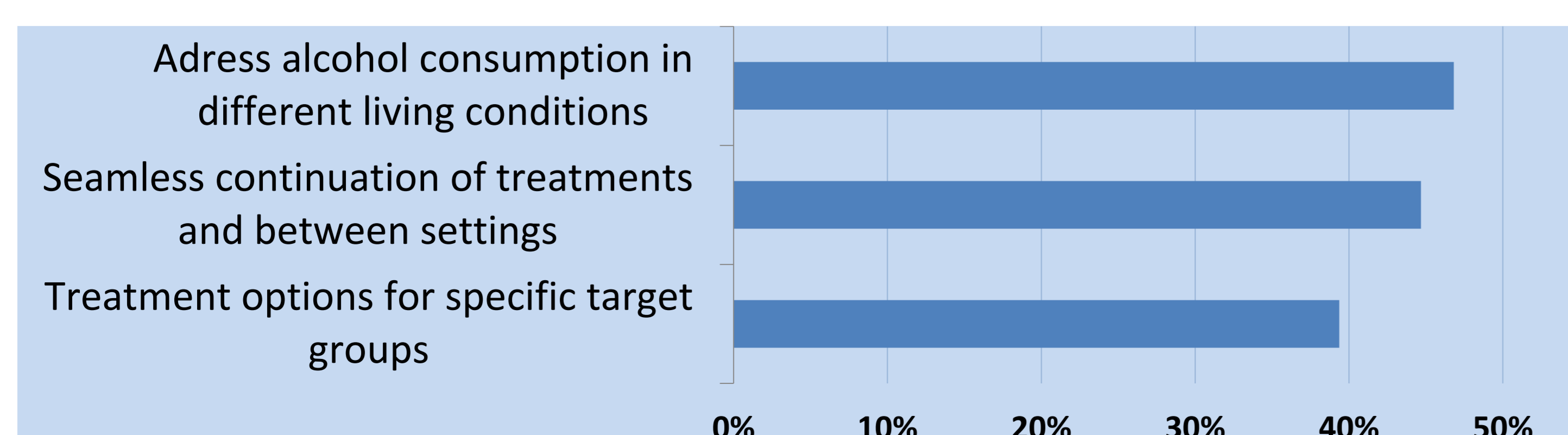
- Graphical aids**
 - graphs & charts
 - clinical pathways
- Short version of the guideline**
 - pocket card set
 - fact-sheet
- Adaption of the guideline**
 - consideration of different healthcare sectors
 - local conditions
 - work place
- Design of the guideline**
- Communications policies**

Results: Patients with AUD (N=84)



age: m = 47.7 years; (SD = 14.3; range: 23-73)
AUDIT-C score = 9.19 (SD = 4.9)

Facilitators for implementation



Discussion

- The S3-Guideline is unknown to the majority of the participants
- Barriers mentioned were lack of knowledge, lack of dissemination of the guideline as well as limited time resources
- Patients with AUD stated the importance to approach alcohol consumption and to see the different needs for certain groups
- The implementation of the S3-Guideline should be preceded by a dissemination strategy
- This strategy should adress patient- and provider interests