6. Evidensprofil

Family and network involvement compared to not family and network involvement for substance use problems among ADULTS

Patient or population: patients with substance use problems among ADULTS
Settings:
Intervention: family and network involvement
Comparison: not family and network involvement

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk **Not family and network involvement**	Corresponding risk **Family and network involvement**				
treatment entry (Meads 2007)	**98 per 1000**	**380 per 1000** (232 to 924)	**OR 5.65** (2.79 to 111.44)	246 (5 studies)	⊕⊕⊖⊖ **low**[1,2]	
alcohol abstinence rates (Meads 2007) Follow-up: 3-48 months	**307 per 1000**	**472 per 1000** (283 to 669)	**OR 2.01** (0.89 to 4.55)	1390 (10 studies)	⊕⊕⊖⊖ **low**[3,4,5]	
alcohol abstinent days (Meads 2007) Follow-up: 3-18 months		The mean alcohol abstinent days (meads 2007) in the intervention groups was **0.40 standard deviations higher** (0.24 to 0.55 higher)		1052 (8 studies[6])	⊕⊕⊕⊖ **moderate**[7]	
positive relationship functioning (for drinker) (Meads 2007) Follow-up: 3-12 months		The mean positive relationship functioning (for drinker) (meads 2007) in the intervention groups was **0.58 standard deviations higher** (0.36 to 0.8 higher)		332 (8 studies[6])	⊕⊕⊕⊖ **moderate**[8]	
treatment entry (Edwards 1995) Follow-up: 0-24 months	The mean treatment entry (Edwards 1995) ranged across control groups from **0-31 percent**	The mean treatment entry (edwards 1995) in the intervention groups was **1.83 standard deviations higher** (0 to 0 higher)[9]		130 (4 studies)	⊕⊕⊖⊖ **low**[10,11,12]	
reduction in alcohol consumption after primary treatment (Edwards 1995) Follow-up: 0-24 months	The mean reduction in alcohol consumption after primary treatment (Edwards 1995) ranged across control groups from **0-91 percent**	The mean reduction in alcohol consumption after primary treatment (edwards 1995) in the intervention groups was **0.86 standard deviations higher** (0 to 0 higher)[13]		577 (10 studies)	⊕⊕⊕⊖ **moderate**[11,12,14]	
reduction in alcohol consumption after relapse prevention (Edwards 1995) Follow-up: 12 months	The mean reduction in alcohol consumption after relapse prevention (Edwards 1995) in the control groups was **0**	The mean reduction in alcohol consumption after relapse prevention (edwards 1995) in the intervention groups was **0.94 standard deviations higher** (0 to 0 higher)[9]		95 (2 studies[15])	⊕⊕⊖⊖ **low**[9,11,16]	
days abstinent or without heavy use -		The mean days abstinent or without heavy use - post		769 (13	⊕⊕⊕⊖	

post treatment (Meis 2013)		treatment (meis 2013) in the intervention groups was **0.27 standard deviations higher** (0.13 to 0.41 higher)	studies)	**modera te**[17]
days abstinent or without heavy use - 6 months follow up (Meis 2013)		The mean days abstinent or without heavy use - 6 months follow up (meis 2013) in the intervention groups was **0.46 standard deviations higher** (0.32 to 0.61 higher)	759 (13 studies)	⊕⊕⊕ ⊖ **modera te**[17]
days abstinent or without heavy use - 12 months follow up (Meis 2013)		The mean days abstinent or without heavy use - 12 months follow up (meis 2013) in the intervention groups was **0.47 standard deviations higher** (0.34 to 0.61 higher)	858 (13 studies)	⊕⊕⊕ ⊖ **modera te**[17]

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **OR:** Odds ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Tre av fem studier har ikke beskrevet randomiseringsprosedyre. Frafall 0-6 prosent, tre studier har ikke beskrevet frafallsprosent.
[2] Stort konfidensintervall, 2.79 - 11.44.
[3] Fem av ti studier beskriver ikke hvordan randomiseringen har foregått. Frafall mellom 0 og 25 prosent.
[4] Selv om det samlet sett er høy heterogenitet (I2= 85.1%), så skyldes dette at intervensjonen (familieterapi) er sammenlignet med mange ulike kontrollgrupper.
[5] Stort konfidensintervall. Odds ratio fra 0.89 til 4.55
[6] Den niende studien er det ikke oppgitt SMD (standardised mean difference) for.
[7] Fire av åtte studier beskriver ikke hvordan randomiseringen har foregått. Frafall mellom 0 og 27.9 prosent.
[8] Seks av åtte har ikke beskrivelser av randomiseringen. Frafall mellom 0 og 25 prosent; en studie har ikke oppgitt frafall.
[9] Konfidensintervall oppgis ikke.
[10] To av fire studier beskriver ikke/har ikke prosedyrer for randomisering.
[11] Resultatene peker i samme retning.
[12] Konfidensintervall er ikke oppgitt, men flere av studiene har små utvalg. Variasjon i effektstørrelser.
[13] Konfidensintervall oppgis ikke. Den sammenlagte effektstørrelsen er noe usikker pga at intervensjonene er sammenlignet med flere kontrollgrupper.
[14] Ni av ti studier oppgir prosedyre for randomisering.
[15] Den tredje studien oppgir ingen effektstørrelse.
[16] I den ene av to studier er frafallet på mer enn 20 prosent. Randomisering er beskrevet i begge studier.
[17] Halvparten av studiene er utført av samme forskergruppe (Fals-Stewart et al). Forfatterne av metaanalysen har derfor analysert de andre studiene separat og funnet nesten men ikke helt tilsvarende samlede effektstørrelser. Forfatternes gjennomgang av kvaliteten på de inkluderte studiene viser at majoriteten av studiene har "fair RCT quality".

Family and network involvement compared to not family and network involvment for substance abuse problems among ADOLESCENTS

Patient or population: patients with substance abuse problems among ADOLESCENTS
Settings:
Intervention: family and network involvement
Comparison: not family and network involvement

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk	Corresponding risk	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Not family and network involvment	**Family and network involvement**				
reduction in alcohol use among adolescents - family therapy vs not family therapy, aggregated (Tripodi 2010) Follow-up: 2-12 months		The mean reduction in alcohol use among adolescents - family therapy vs not family therapy, aggregated (tripodi 2010) in the intervention groups was **0.46 standard deviations higher** (0.26 to 0.66 higher)[1]		676 (7 studies[2])	⊕⊕⊕⊕ **high**[3,4]	
reduction in marihuana use among adolescents - family therapy vs not family therapy, aggregated (Bender 2011) Follow-up: 1-12 months		The mean reduction in marihuana use among adolescents - family therapy vs not family therapy, aggregated (bender 2011) in the intervention groups was **0.40 standard deviations higher** (0.2 to 0.61 higher)		780 (8 studies[2])	⊕⊕⊕⊕ **high**[4,5]	

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Liten men signifikant effektstørrelse.
[2] Alle studiene som sammenligner familiebasert terapi med ikke-familiebasert terapi.
[3] Én av syv studier hadde ikke randomiserte grupper. To av syv studier fikk ikke opplysningene bekreftet av andre kilder ("no collateral verification"). Én av syv studier vurderte ikke frafall i sammenheng med resultatet. (Dette er alle ulike studier.)
[4] Ulike typer familiebasert/involvert behandling er her slått sammen, så heterogeniteten er stor men har en forklaring.
[5] Kvalitetsvurderingen av de inkluderte studiene er lite beskrevet men anslått til god.