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Journal: Minerva Gastroenterologica e Dietologica (New title: Minerva Gastroenterology)

Paper code: Minerva Gastroenterol-2851

Submission date: January 22, 2021

Article type: Letter to the Editor

Files:

1. Manuscript

Version: 1

Description: Letter to the editor

File format: application/msword

The introduction of the self help groups facilitator in a hepato-alcoholic service: an innovative proposal

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The patient with alcohol related liver disease (ALD) is affected by two diseases: liver disease and alcohol use disorder (AUD). Psychiatric comorbidity is also sometimes present.¹⁻³

It is necessary that hepatological and alcoholic skills are present in the hepatological services.

Certainly, the reduction of alcohol consumption can initially be accepted, however the goal to be achieved is abstention.⁴

It is known that with abstention severe clinical pictures can regress and in any case the clinical management is certainly better.

Pharmacological and psychosocial activities are absolutely necessary, however the results at one year are still unsatisfactory. After formal treatment, meta-analyzes found abstinence from 25 to 43%. Percentages that vary in relation to the intensity of the treatment and the length of the follow-up.⁵

It should be noted that anticraving therapy in patients with ALD is not always possible and in any case under strict control of an experienced hepato-alcologist.^{6,7}

The most important challenge is maintaining abstention. At three months, there is a drop-out rate ranging from 50 to 80%. Soyka et al. affirm that "long-term abstinence rates following alcohol treatment rarely exceed 40%; many studies have shown less favorable treatment results".⁸

In particular, among ALD patients, the efficacy of behavioral interventions for pre-and post transplant alcohol relapse remains to be established.⁹

Therefore, it is good that the hepatology services become aware of self help groups (SHGs). This resource is currently the most scientifically accredited one for the long-term maintenance of alcohol abstention, even in the presence of ALD.¹⁰

In our previous report, the inclusion of SHGs in the multidisciplinary treatment of ALD patients guaranteed a period of sobriety longer in years than in a group with conventional treatment without SHGs: 6 (4-7) vs 3 (3-6) (p <0.0001). Cases of cirrhosis (20.7% vs 26.15%) and HCC (9% vs 13%) tend to be lower.

Multivariate analysis found that sobriety reduced the risk of cirrhosis by 23 times: LR 301.06 Chi-square, p <0.0001, odds ratio (95% CI): 23.5 (1:15 to 2:26), p <0.0001.¹¹

Kelly et al. affirm that Alcoholics Anonymous (AA) interventions produce similar benefits to other treatments on all drinking related outcomes except for continuous abstinence and remission, where AA is superior.¹²

Recently a Cochrane systematic review (27 studies with 10,565 participants; 21 RCTs / quasi-RCTs, 5 non-randomized studies and a study of economic relevance) found that the frequency of

AA is, relative to the achievement of abstinence, more effective than psychotherapeutic techniques such as cognitive-behavioral.¹³

Despite these results, to date few patients attend self-help groups (SHGs). In 2018, the Italian Health Minister's Report to Parliament stated that only 4.8% of patients attend them.¹⁴

In real practice it is very difficult to get patients into groups. The reasons are many. However, the most reliable are the following: distrust on the part of patients and health professionals themselves and in the daily routine there is little time available to devote to describing these realities.

It should be emphasized that a constructive relationship with the family member or with those who take care of the patient (informal caregiver - CI) is also crucial. Sometimes that contact is missing. Family members often no longer have resources available.

For this reason we have decided to introduce the facilitator to self help group facilitator (SHGF) in our service. This figure can be carried out by a healthcare professional with experience in an alcohol service and with a proven knowledge of SHGs.

Preliminary results indicate that the establishment of the SHGF can give good results. After a short follow-up period (5-9 months) the introduction of SHGF promoted the frequency to patient groups in 70% of cases with a 30% increase in abstinence and a reduction in alcohol consumption over 50%.¹⁵

It is suggestive to think that collaboration with non-professional realities can significantly affect the clinical performance of ALD patients.^{12, 16}

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26 *Authors contribution Section*

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28 *Conflicts of interest.* The author certifies that there is no conflict of interest with any financial
29 organization regarding the material discussed in the manuscript.

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31 *Authors contributions.* Conceptualization, methodology, data collection, writing: Patrizia Balbinot,
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34 The authors read and approved the final version of the manuscript.
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