

In the 1980s the Windsor Clinic **alcohol treatment unit** in Liverpool cut inpatient stays from eight to four weeks with no significant impact on drinking outcomes ❶. Now the clinic has reached the same conclusion after cutting its **day programme** from ten to six weeks ❷. Compacting the cognitive-behavioural programme was achieved by devoting less time to problem solving or managing low mood and anxiety. Apart from this, patients (typically very heavy drinking unemployed men) and programmes were similar.

In the longer programme 22% of patients who started it stayed the course. Cutting it to six weeks meant that more (39%) completed but, 11 months after first being assessed, their outcomes were virtually identical. Such differences as there were favoured the shorter programme. For example, after this 71% (versus 64%) had drunk heavily on no more than seven days. With the difference in completion rates, it meant that about 16% of 10-week treatment starters had unequivocally good outcomes compared to 27% after the shorter treatment.

The study is one of several to reduce treatment lengths with no reduction in effectiveness and sometimes an improvement in completion rates, itself a predictor of good outcomes. They include a **British study** of reducing a five-week cognitive-behavioural inpatient alcohol re-

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gime to two weeks in total of of inpatient detoxification followed by day-patient treatment ▶ *Links*.

❶ Booth P.G. *et al.* "A follow-up study of problem drinkers offered a goal choice option." *Journal of Studies on Alcohol*. 1992, 53(6), p. 594–600. **AC**

❷ Bamford Z. *et al.* "Treatment outcome following day care for alcohol dependency: the effects of reducing programme length." *Health & Social Care in the Community*. 2003, 11(5), p. 440–445. **AC**