



## **Program of Research to Integrate Substance Use Issues into Mainstream Healthcare**

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### **PRISM Meeting Notes**

**June 7, 2007**

**Philadelphia, PA**

On June 7, 2007 the Program of Research to Integrate Substance Use Issues into Mainstream Healthcare (PRISM) convened a meeting to present and discuss evidence on alcohol and its effects on overall health. The one-day conference was held at the Treatment Research Institute (TRI) in Philadelphia, Pennsylvania and was headed by Dr. Barbara J. Turner, Professor of Medicine at the University of Pennsylvania and A. Thomas McLellan, Ph.D., Professor of Psychiatry at the University of Pennsylvania and the Co-founder and CEO of TRI.

Featured presentations were those by Dr. Kenneth Mukamal, Professor of Medicine at Harvard and Timothy Roehrs, Director of Research at the Sleep Disorders and Research Center of the Henry Ford Hospital. Participants included representatives from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, Boston University, Cornell, University of California – Los Angeles, New York University and the University of Oklahoma.

Dr. Mukamal presented multifaceted evidence of benefits from moderate intake of alcohol (3-4 drinks per week) on coronary heart disease (CHD). His data, drawn from numerous randomized trials of adult men and women, showed consistent improvements in HDL cholesterol levels, insulin sensitivity and serum fibrinogen levels, among other beneficial physiological effects. A number of studies show a linear dose-response curve in regard to alcohol use and these favorable effects. In regards to adverse health effects, some studies found an increase in serum triglyceride levels and risk of breast cancer in women with a regular intake of alcohol at moderate consumption levels.

The overwhelming consensus was that more research is urgently needed, ideally using a randomized, controlled trial design, to evaluate both favorable and unfavorable effects of alcohol consumption on intermediate clinical outcomes and CHD endpoints. This is especially important because of concerns about confounding in observational studies and some evidence that heavy drinking increases the risk of CHD. The meeting attendees agreed that it is essential to establish safe upper limits of alcohol intake and identify persons who are able to maintain alcohol consumption at moderate levels. There was no concordance among those present on the issue of integrating this information into actual advice for practicing clinicians. Specifically, the debate centered on who should be targeted with this information, the physician or the patient, and the best types of educational interventions. The group saw a need to assist physicians to engage patients in evidence-based discussions about the benefits and risks of drinking at various levels.

Dr. Roehrs' presentation reviewed evidence of impacts from alcohol use on sleep quality and duration, including suppression of REM sleep and sustained sleep disturbances in abstinent alcoholics. He noted that despite the fact that alcohol has only short-term benefits as a sleep aid, many people with sleep disturbances continue to self-medicate with alcohol. He raised concerns about the dangerous effects of alcohol for persons with sleep apnea, those who are sleep deprived, and patients who are prescribed hypnotics such as Ambien.

The subsequent discussion focused on how to educate physician and patients about the myriad of effects of alcohol on sleep. Participants agreed on the need for more research to integrate this education into daily practice and the effect of this counseling on subsequent patient behavior.

The remainder of the conference was devoted to discussion of PRISM project proposals presented by the American Geriatrics Society (AGS), the American Academy of Family Physicians (AAFP) and the American College of Physicians (ACP).