

**E-health and risky drinking in primary care:
results of a non-inferiority RCT in Friuli-Venezia Giulia Region**

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Brief intervention is a technique used to initiate behavioural change for risky lifestyles such as smoking, lack of exercise or alcohol misuse. It is a preventive approach typically carried out by health experts to help people at risk make an informed choice. While it is effective in primary care [1], little is known about its online application. Internet interventions based on behaviour change techniques may be helpful to tackle these barriers [2]. By providing facilitated access to selected websites, physicians may encourage the use of such interventions not only in addictive disorders but also in health promotion and chronic diseases management [3]. Strengthening patients' perception of their physician's endorsement of a website could facilitate the development of an effective alliance among patient, the general practitioner (GP) and the application [4].

We aimed to evaluate whether a facilitated access to an alcohol reduction website for risky drinkers is not inferior to a face-to-face brief intervention conducted by the GPs. 58 Friuli-VG GPs encouraged all their patients >18, to access an online screening website. Positive were randomly assigned to receive either online counselling (intervention) or face-to-face brief intervention, as usual, by their GPs (control). The major outcome measure was the Audit-C questionnaire. EQ5D, for quality of life, was also utilized as secondary outcome measure [5].

9080 patients received facilitated access and 4529 (49.9%) logged-on to the website. The 16.8% (n = 763) screened positive and were randomised either to the experimental Internet intervention, 45.5% (n = 347) or to the control group, 54.4% (n = 416), and were seen by their GPs. Follow-up rates of 94% and 82% were achieved at 3 and 12 months, respectively. Patients engagement with the website positively correlated risk reduction with the number of visited pages, older age, computer literacy and low risky drinking. 3 and 12 months follow-ups do not confirm non-inferior or better website performance in respect to face-to-face interventions. EQ5D showed similar benefits

Behavioural change is a difficult process to be proposed because it deals with personal and private issues. Websites interventions, even if slightly inferior to the GPs performance, are strategic tools if proposed by PC experts because they respect privacy, are of limited cost and can help in busy days. Connections can also be created with social and health services promoting, thus, an integrated strategic alliance development.

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