

POSTER PRESENTATION

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Drinking motives and alcohol intervention for patients with HIV

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Background

For individuals with HIV, heavy drinking can interfere with medication adherence and impair liver function. Yet, many individuals with HIV drink heavily. A recent alcohol intervention trial [1] indicated that motivational interviewing (MI) enhanced with HealthCall (consisting of self-monitoring and discussion of drinking data collected through self-monitoring) was effective at reducing drinking in HIV patients. Also using this data, Elliott et al. [2,3] showed that patients' drinking motives at baseline were associated with both past-year and end-of-treatment drinking. However, it remains unknown: (a) whether motivational interventions also decreased drinking motives, and (b) whether the predictive validity of motives extended to end-of-study (i.e., 12-months post-baseline).

Materials and methods

The sample consisted of 254 HIV-infected patients with past-month heavy drinking (78% male; 94.5% minority), participating in a randomized trial of brief alcohol interventions [1]. Participants completed one of three conditions: (a) a DVD educational control; (b) MI only; (c) MI+HealthCall. Patients reported motives, drinking, and alcohol dependence symptoms at baseline, end-of-treatment, and end-of-study.

Results

The intervention conditions evidenced few differences in motives at end-of-treatment (MI+HealthCall evidenced higher drinking due to social pressure, $p < 0.05$), and no differences at end-of-study. However, baseline motives remained predictive of drinking at end-of-study (drinking to cope with negative affect associated with more

past-month drinks and dependence symptoms, $ps < 0.05$; drinking due to social pressure with fewer drinks, $p < 0.01$).

Conclusions

Although MI+HealthCall reduces drinking, it does not reduce drinking motives. Individuals participating in MI+HealthCall were more likely to transition to drinking due to social pressure, an indicator of lower-risk drinking [2]. However, motives (particularly drinking to cope) were predictive of alcohol consumption and dependence up to a year later, suggesting their importance in understanding and predicting drinking. Further work should increase attention to drinking motives in alcohol interventions for HIV patients.

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Trial registration

Clinicaltrials.gov: NCT00371969.

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