

Treatment rates for alcohol use disorders: a systematic review and meta-analysis

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Background and objectives

Harmful use of alcohol resulted in 3 million deaths worldwide. However, many people with alcohol use disorders (AUDs) left untreated and the 2001 World Health Report made recommendations to halt this treatment gap.

Critical to effective international policy is contemporary data that takes into account advances in health systems and treatment approaches.

The purpose of this systematic review was therefore to investigate whether a change in AUDs treatment rates has occurred since the 2001 World Health Report.

We have also examined if the rates are varied based on the economic status of the Countries.

Methods

This study followed the PRISMA guideline and pre-registered ([CRD42020161683](https://doi.org/10.1111/CRD4.2020161683)).

Eligibility

Population – General adult population

Exposure – AUDs assessed based on DSM/ICD criteria

Outcome – Treatment rate/ service use for AUDs

Study type – Observational studies

Search Strategy

Four database searches (PubMed, EMBASE, PsycINFO, and CINAHL) were conducted.

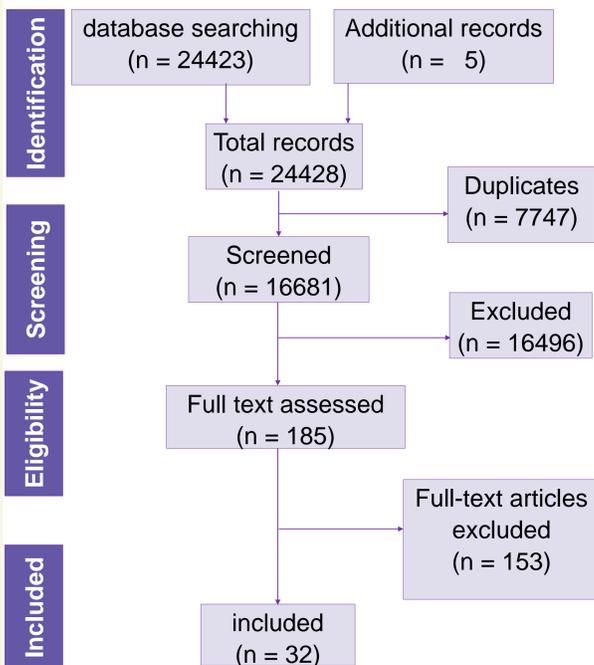


Figure 1: PRISMA flow chart

Findings

Among people with AUDs, there were only small proportion who get treatment.

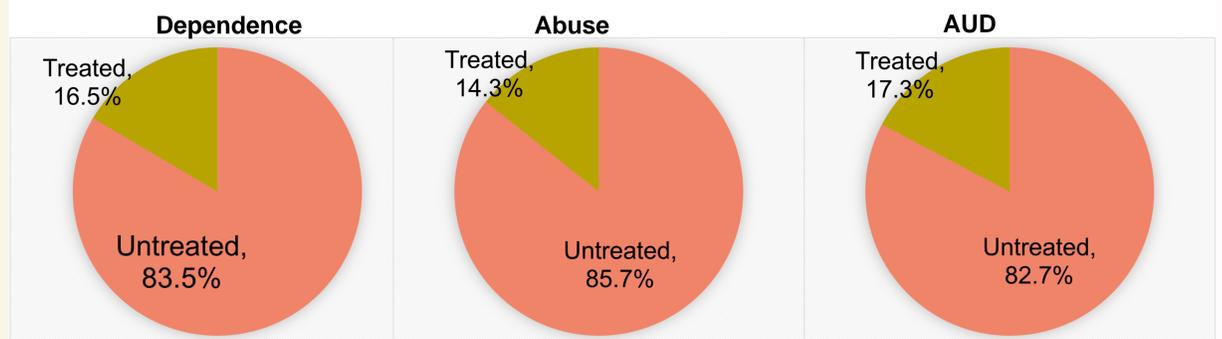


Figure 2: overall treatment rates of AUDs

The subgroup analysis by World Bank economic classification of countries indicated that the treatment rate was very low in lower-income and lower-middle-income countries (Table 1)

Table 1: Treatment rates of AUDs by Countries economic level

Country	Dependence	Abuse	AUD
High-income	20.8%	15.7%	20.4%
Upper-middle	11.2%	13.6%	20.3%
Low-income	0	0	9.3%

Implications

Studies examining the treatment rate for AUDs are limited and vary rare in low income countries

The treatment rate for AUDs did not improved despite the 2001 World Health Report and the hereafter activities.

The available evidence-based interventions for AUDs are underutilized. Low treatment rate is then a missed opportunity to effectively treat AUDs.

Given the low treatment rate, even in high income Countries, availability of AUDs services alone cannot increase the treatment seeking.

Conclusion

Studies in treatment rate of AUDs are limited and substantial inter-studies heterogeneity was identified.

Meta-analysis of these moderate quality studies showed that the treatment rate for AUDs is low in the global setting, with the lowest treatment rates observed in low-income and lower-middle-income countries.

Given the limitation of generalizability in this review, further high-quality treatment rate estimation studies are required, particularly in low income countries.

Key References

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Wisdom at the source of the Blue Nile