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**FIRST Trial Clinician Feedback Form Guide**

**INTEPRETING THE PERSONAL FEEDBACK FORM TO PATIENTS**

The original copy of the feedback form is given to the patient and a copy is retained in the study chart, maintained by the research coordinator. The feedback form contains data based on assessments completed by the patient as part of the study (AUDIT-C; Timeline Follow Back for Alcohol Use; Addiction Severity Index; and laboratory data). When the psychologist has finished presenting the feedback, the patient may take home the feedback form plus a copy of the accompanying “Personal Feedback Report” guide. If a session ends partway through the feedback process, the psychologist retains the original feedback form, sending it home with the patient only after the review of the feedback is completed.

**HELPFUL INFORMATION FOR REVIEWING THE FEEDBACK FORM WITH YOUR PATIENTS**

**Alcohol Consumption**

The idea of a standard drink is an important concept. Explain that all alcohol beverages – beer, wine, spirits – contain the same kind of alcohol, ethyl alcohol. They just contain different amounts of this drug. Use the “Standard Drink” graphic to explain this. We are using, as a standard drink, any beverage that contains half an ounce of ethyl alcohol. Thus the following beverages are each equal to one standard drink:



Explain that the number of standard drinks per week is calculated from the patient’s own report of their alcohol consumption over the past month.

Total number of heavy drinking days over the past 3 weeks is defined for men as >5 drinks per day and for women as >4 drinks per day.

The tables below demonstrate self-reported alcohol consumption based on a national survey of the U.S. population, conducted in 2001-2002 (reference: Chan *Add Beh* 2007; 32: 967-976) and allows us to provide feedback about drinking norms by gender and age:



The AUDIT-C score is a three item instrument that asks about alcohol consumption (frequency, quantity, and binge alcohol use). Higher scores are associated with greater levels of alcohol use and greater risk of alcohol-related harms.

The VACS Index is a composite variable, based on age, HIV biomarkers (CD4 count and HIV viral load), Hepatitis C status, anemia, liver function, and kidney function which predicts morbidity and mortality. It is sensitive to changes in HIV medication adherence. Observational data demonstrate that AUDIT-C scores are associated with VACS Index scores, with higher scores [greater mortality risk] observed for lower levels of alcohol use among patients living with HIV than uninfected patients. These data suggest that patients living with HIV are more sensitive to the harmful effects of alcohol than similar patients without HIV. Ref: Justice AC et al. Risk of mortality and physiologic injury evident with lower alcohol exposure among HIV infected compared with uninfected men. *Drug and Alcohol Dependence*. 2016; April 1; 161:95-103.

**Blood tests**

These serum assays can be elevated by excessive drinking and thereby reflect the physical impact of alcohol on the body. It is noteworthy that many heavy and problematic drinkers have normal scores on serum assays. The physical damage reflected by elevations on these scales may emerge much later than other types of problems. Also, normal scores on these tests *cannot* be interpreted as the absence of physical damage from drinking. The destruction of liver cells near the portal vein where blood enters, for example, can occur before liver enzymes reflect a warning. When these scales *are* elevated, then it is information to be taken seriously.

Psychologists should clarify that, as a nonmedical professional, you are not qualified to interpret these findings in detail and they can review them with the Addiction Psychiatrist or their primary care provider.

The following information will help explain to patients the basic processes underlying these assays and what they mean:

**AST/ALT:** AST – aspartate aminotransferase and ALT – alanine transferase – are enzymes that reflect the health of the liver. The liver is important in metabolism of food and energy and also filters and neutralizes poisons and impurities in the blood. When the liver is damaged, as happens from heavy drinking, it becomes less efficient in these tasks and begins to leak enzymes into the bloodstream. These two are general indicators, reflecting overall health of the liver.

**Hepatitis C serology and Hepatitis C viral load:** This is a measure of prior exposure to hepatitis C infection based on the presence of an antibody to hepatitis C. A positive result indicates the patient has been exposure to hepatitis C. The presence of a detectable Hepatitis C viral load indicates the presence of active infection.

**FIB-4 score:** Based on AST, ALT and platelets, the FIB-4 score is a non-invasive measure of liver fibrosis (i.e. scarring). Scores <1.45 have a negative predictive value (i.e. rule out) of 90% for advanced fibrosis; scores greater than 1.45 are concerning for potential for advanced fibrosis.

**CD4 count:** These cells are specifically attacked by the HIV virus. When these cells drop below 200, a patient has a substantially increased risk to infections, known as opportunistic infections, and is considered to have AIDS. Within the United States, it is recommended that HIV treatment be considered for all patients regardless of their CD4 count.

**HIV-1 RNA viral load:** This reflects how much HIV virus is circulating in a patient’s blood. The goal of HIV treatment is for this value to be undetectable. Given the advances in HIV treatment, this is possible for most patients if they consistently take their medications.

**VACS Index:** This is a composite variable, based on age, HIV biomarkers (CD4 count and HIV viral load), Hepatitis C status, anemia, liver function, and kidney function which predicts morbidity and mortality. It is sensitive to changes in HIV medication adherence.