

High demand: How to retain participants in longitudinal studies on addiction

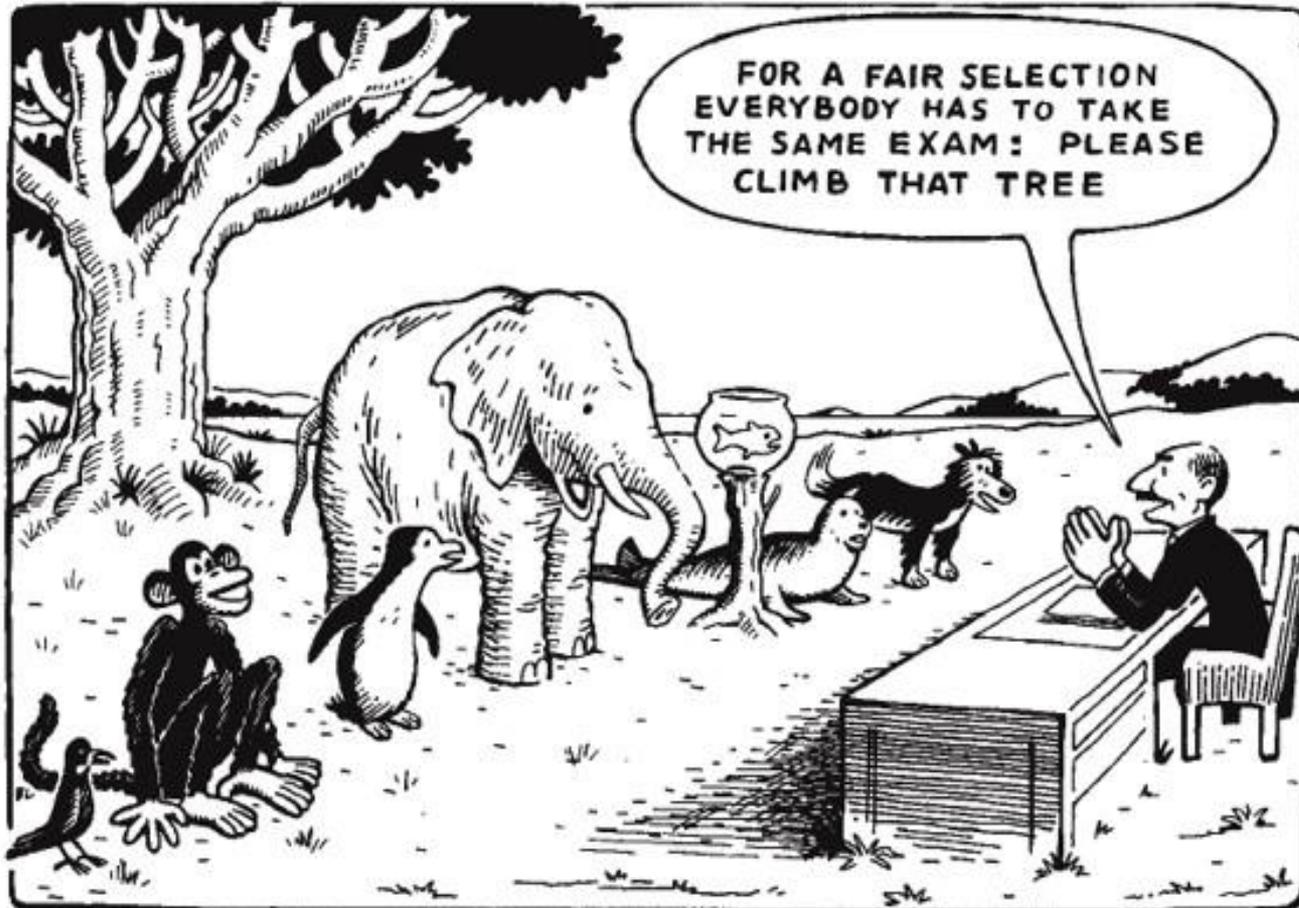
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Thomas Solgård Svendsen, Researcher. thla@sus.no

Centre for Alcohol & Drug Research, Stavanger University Hospital, Norway.

Baseline	Quarterly	Biweekly follow-up	
Quality register	CPT II	SMS tracker on substance abuse and treatment status.	
Alcohol Use Disorder Identification Test (AUDIT) (105)	MOCA		
Drug Use Disorder Identification Test (DUDIT) (106)	AUDIT		
The Symptom Checklist-90-R (SCL-90-R) (90)	DUDIT		
Snaith – Hamilton pleasure scale (SHAPS) (92, 93)	SHAPS		
Satisfactions with life Scale (SWLS) (94)	SWLS		
Pittsburgh sleep Quality Index (PSQI) (95, 107)	SCL-90		
The Montreal Cognitive Assessment (MOCA) (98)	Quality register		
Wechsler Abbreviated Scale of Intelligence (WASI) (99)			The biweekly follow-up consisted of a SMS with the following question; what is the answer to question number one, (1-5) and question number two? (yes/no)
Iowa gambling task (IGT) (108)			
Stroop (100)			
Word fluency (101)			
Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A) (109)			
Trail Making TEST (TMT) Part A and B (110)			
Conner's Continuous Performance Test II Version 5 (CPT II V.5) (111)			
Adult ADHD Self-Report Scale (ASRS-v1.1) (91)			
NEO Personality Inventory (NEO-PI-R) (112)			

How do we do it?



Strategies

- Technical strategies used:
 - “community involvement”, “study personnel”, “study description”, “contact and scheduling methods”, “reminders and visit characteristics”, “financial incentives”
- Psychosocial common factors:
 - “early working alliance”, “feedback on submitted data”, “individualization”, “availability” and “continuity”
- Biweekly SMS monitoring, quarterly assessments

Results

- 89 % completion rate at the first annual assessment
- 5 participants dropped out from the study all together the first 12 months of the study

Demographic variables for participants, grouped according adherence to follow-up visits during the first year of study

	100 % participation (n=81)	Partly missing data (n=48)	Drop out (n=17)
Age, mean (SD)	29.0 (\pm 9.6)	30.5 (\pm 9.9)	34.7 (\pm 11.2)
Years of education, mean (SD)	11.7 (\pm 1.9)	12.24 (\pm 2.5)	12.15 (\pm 2.0)
Male gender, n (%)	50 (61.7 %)	37 (77.1 %)	12 (70.6 %)
Permanent housing, n (%) [*]	49 (60.5 %)	26 (54.2 %)	11 (64.7 %)
Regular income, n (%) [*]	59 (72.8 %)	32 (66.7 %)	14 (82.4 %)
Employed or other activity, n (%) [*]	52 (64.2 %)	33 (68.7 %)	15 (88.2 %)
Debut-age of drug use, mean (SD)	13.2 (\pm 1.9)	13.3 (\pm 2.4)	13.3 (\pm 2.4)

^{*} Number of participants who respond positive to a yes/no question

Drug of choice for participants (N=146), grouped according to adherence to follow-up visits during the first year of study

	100 % participation (n=81)**	Partly missing data (n=48)	Drop out (n=17)
<i>Preferred substance abuse, n (%)*</i>	78 (97.3 %)	48 (100 %)	15 (88.2 %)
Alcohol, n (%)*	14 (17.3 %)	9 (18.6 %)	7 (41.2 %)
Cannabis, n (%)*	25 (30.9 %)	12 (25 %)	3 (17.6 %)
Stimulants, n (%)*	16 (19.8 %)	15 (31.3 %)	2 (11.8 %)
GHB/GBL, n (%)*	4 (4.9 %)	1 (2.1 %)	0 (0.0 %)
Opiates, n (%)*	15 (18.5 %)	10 (20.8 %)	4 (23.5 %)
Addictive medication, n (%)*	4 (4.9 %)	1 (2.1 %)	0 (0.0 %)
Cocaine, n (%)*	0 (0.0 %)	0 (0.0 %)	1 (5.9 %)

* Number of participants who respond positive to a yes/no question.

** 3 cases missing information about preferred drug

Conclusions:

- By using a variety of strategies, adapted to the individual participant, it is possible to keep retention high in a demanding and long-lasting project
- The strategies used seem not to compensate for a very demanding assessment-scheme for those few participants with alcohol as the preferred drug

Thank you for your attention



Conflict of interest: None