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| Titel | Overcoming Addictions, a Web-Based Application, and SMART Recovery, an Online and In-Person Mutual Help Group for Problem Drinkers, Part 1: Three-Month Outcomes of a Randomized Controlled Trial(1) | Design and Development of a Web Application for Matching Drug Addiction Treatment Services with Substance Users(2) | Trends in telemedicine use in addiction treatment(3) | The Role of Technology-Based Interventions for Substance Use Disorders in Primary Care: A Review of the Literature(4) |  |  |
| Search Enginge | Google Scholar | Google Scholar | Google Scholar | Pubmed |  |  |
| Keywords | web application addiction | web application addiction | web application addiction treatment | Web Application Addiction Treatment |  |  |
|  |  | Sie machten studie aus 2 User-Perspektien: Süchtige und therpeuten  Sehr dettailiert beschrieben  User Requirements  Systems Req  Software Design Planning….  Sie wollten Design-Featuers erforschen die sie als Gaps betrachteten! | investigated the adoption of telemedicine services among purchasers of addiction treatment in five states and one county  Auch wurde die Auswirkung von Kosten diskutiert, the lack of payment mechanisms als Barriere |  |  |  |
| Abstract | SMART Programm | web application that we refer to as DrugHelp.  It **also provides an ecosystem** for the treatment **facilities** with an easy-to-use interface to constantly update their complex information along with automatic email reminders and data completion progress indicators. | Telemedicine use in addiction treatment and recovery services is limited. Yet, because it removes barriers of time and distance, telemedicine offers great potential for enhancing treatment and recovery for people with substance use disorders (SUDs)  The project assessed purchasers’ interest in and perceived facilitators and barriers to implementing one or more of the following telemedicine modalities: telephone-based care, web-based screening, web-based treatment, videoconferencing, smartphone mobile applications (apps), and virtual worlds.  Purchasers **expressed the most interest in implementing videoconferencing and smartphone mobile devices**  his paper discusses why the project participants selected or rejected different telemedicine modalities and the policy implications that purchasers and regulators of addiction treatment services should consider for expanding their use of telemedicine  Conclusions  This analysis provides initial observations into how telemedicine is being implemented in addiction services in five states and one county. The project demonstrated that despite the considerable interest in telemedicine, implementation challenges exist. Future studies should broaden the sample analyzed and track technology implementation longitudinally to help the research and practitioner communities develop a greater understanding of technology implementation trends and practices. | **Abstract**  The burden of alcohol and drug use disorders (substance use disorders [SUDs]) has intensified efforts to expand access to cost-effective psychosocial interventions and pharmacotherapies. This article provides an overview of technology-based interventions (eg, computer-based and Web-based interventions, **text messaging, interactive voice recognition, smartphone apps, and emerging technologies**) that are extending the reach of effective addiction treatments both in substance use treatment and primary care settings. It **discusses the efficacy of existing** technology-based interventions for SUDs, prospects for emerging technologies, and special considerations when integrating technologies in primary care (eg, privacy and regulatory protocols) to enhance the management of SUDs.  Keywords: Addiction; Mobile; Substance-related disorders; Technology. |  |  |
| Funct-  ionalities | 1. cognitive-behavioral Web application 2. additional activities to enhance motivation for change; 3. track urges over time (with feedback); 4. practice mindfulness exercises for preventing relapse [14], 5. set goals, and make Change Plans | Das was sie in betracht nahmen: HIGH LEVEL   1. To show the availability and waitlists for admission dynamically 2. To show the constraints on or restriction for admission to particular treatment or service 3. (3) To provide accurate information, verified and updated by treatment facilities themselves 4. (4) To provide quick access buttons such as call, directions, or website 5. (4) To provide quick access buttons such as call, directions, or website 6. (6) To provide options to filter and sort the list of treatment facilities based on various attributes including availability and waitlists 7. (7) To provide a flexible design that supports both traditional computers and mobile devices.   LOW LEVEL:  In addition to the above high-level user requirements, we also decided on a set of lower level features after interviews … the look and feel of the treatment search pages **that have clean and comfortable user interface design.** The following are the design characteristics to consider while designing the user interfaces:  (1) Minimal use of colors;  (2) Use of non-flashy colors;  (3) Loosely placed user interface components;  (4) Enough room to perform mouse click;  (5) Less or zero auto-changing contents; (6) Easy navigation between components;  (7) Collapsible components to hide unwanted text;  (8) Highlighting important buttons.  Was für den User Therpeut:  (1) To develop a dashboard for administrators;  (2) To provide the option to register, update, and delete a service;  (3) To provide the option to register multiple sub-services under a service based on location and hours of operation;  (4) To provide the option to add multiple contact persons to a particular service;  (5) To send email reminders to constantly update the availability and waitlists of the treatment services; (6) To show a data entry progress indicator for every service that is registered. | **For web-based** **alcohol screening**, **assessment**, and **feedback** or **brief** **intervention**, the Drinker’s Check-up (DCU) has demonstrated positive results in several clinical trials   1. a **brief screening** that utilizes the Alcohol Use Disorders Identification Test (AUDIT) 2. **an in-depth assessment** 3. a full **motivational session tailored** to the individual’s assessment results 4. **computerized cognitive treatment options** that link to web-based mutual aid groups   Videoconferencing  Mobile devices (smartphones and tablets) make substance abuse treatment and recovery support available 24 h a day, 7 days a week. An early meta-analysis of mobile device use in overall health care determined that it is **too early** to pool effects of this technology, and that the **positive** **effects** that have been realized **are primarily attributed to texting interventions** within the mobile device apps [26]. Smartphones and tablets offer the same services as telephone-based, web-based, and videoconferencing services  A-CHESS is delivered through a smartphone and contains the following key features: **a secure discussion board; an “ask an expert” forum**;  **a panic button** that provides supportive information;  **individualized reminders of reasons to not use;**  automatic messages requesting assistance from people identified as supportive of the patient’s recovery;  a GPS-enabled function that sends a warning if a patient is approaching a previously identified high-risk location;  **a daily check-in assessment of substance use;**  and a **mutual-aid meeting locator**.  **A weekly survey of recovery risk**  and **protection factors** is also pushed through the phones,  **with graphs showing changes over time**.  **Counselors have access to the daily check-in assessment and weekly survey results.**  Another mobile app called Location-Based Monitoring and Intervention System for Alcohol Use Disorders (LBMI-A) has reduced hazardous drinking days and drinks per day [29]. This app provides numerous features, similar to A-CHESS,  **for intervening with ongoing drinking, craving,**  **connecting with supportive others,**  **managing life problems,**  **high-risk location alerting,**  **and activity scheduling.**  **Virtual Avatars to control…** | It primarily focuses on  **computer-based and Web-based interventions,**  **text messaging,**  **interactive voice recognition,**  and smartphone applications supported by randomized controlled trials and evidence-based behavior change models (eg, **cognitive behavior therapy [CBT],**  **community reinforcement approach [CRA],** therapeutic education system) |  |  |
| Ergebnisse | additional activities to enhance motivation for change; track urges over time (with feedback); practice mindfulness exercises for preventing relapse [14], set goals, and make Change Plans |  | Telemedicine can increase access to addiction treatment service **by removing the barriers of geography and stigma**  Web-based telemedicine services are accessible to many patients and are typically “asynchronous,” meaning that people can access them any time, at their convenience.  Web-based treatment  The **lack of payment mechanisms to support the costs of using web-based** …  Web-based treatment  The lack of payment mechanisms to support the costs of using web-based treatment systems is a major barrier to their adoption by specialty substance use treatment organizations. Because their use involves asynchronous (not in real time) use by the patient, without the immediate involvement of a clinician, the services do not fit the existing fee-for-service reimbursement system. Yet, there are costs to an organization for using computerized treatment, including annual licensing fees, training patients on the use of a system, providing ongoing support as needed, and the clinical time needed to monitor progress reports generated by the system. |  |  |  |
| Bemerkung |  | User Requirement Studies haben sie gemacht  Sie sagen das 2 Typen User gibt:   * substance users and their family members and friends * treatment providers and first responders who want to find available, compatible treatment options for clients seeking substance abuse treatment   Sie haben herausgefunden die Lücken die Süchtige:   * **(**1)The **substance users would not know the admission policies** ….no admission i.E who are pregnant or patients who are on Medicaid * (2) The substance users would **not know the availability or the wait time of a particular treatment or service** unless and until they make a phone call to every facility that they are interested in * (3) Existing websites are often very cluttered and maybe filled with ads.. and make it **very difficult for them to find .. treatment facility** * (4) Existing applications do not offer **a way for a user to make a phone call to a treatment facility by simply clicking a link in the application.** |  |  |  |  |

Funktionalitäten

Quellen

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