MCA Medical Council on Alcohol
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Alcoholis

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In this issue

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Editor

From the Editor

Welcome to the Autumn 2025 issue of Alcoholis, including news of some of our recent activities.

Whilst so much of our professional lives happens online, face to face communication is irreplaceable and we are much looking forward to reconnecting with old and new colleagues at our Annual Symposium on Alcohol and Health next month. This provides invaluable learning and networking opportunities so we very much hope to see you there.

In this issue

Lauren Halsall and colleagues look at the fraught issue of co-morbidity in mental health. Despite AUD and bipolar disease often co-occurring, the authors show that patients with AUD are frequently excluded from trials of interventions for bipolar disease. This is likely to apply also to other co-morbid diagnoses, to the detriment of the many patients with more than one condition who could benefit from inclusion in research to determine effective interventions.

MCA Competitions

We have just completed judging the annual Essay Prize, on the theme of No/Lo alcohol; and are currently judging the biennial NAAD competition on alcohol and cancer. The essay winners are announced in this newsletter and the winning essay will be published in our annual report. The NAAD winning entries will be exhibited at our Symposium. This stream of our work reflects our commitment to give health professionals in training an opportunity to deepen and demonstrate their interest in the alcohol and health area. Watch out for imminent news of next year's Essay competition for medical students and Health Improvement prize for recently qualified medical graduates.

Alcohol news

After decades of stasis, it seems that the government is finally considering decreasing the legal blood alcohol limit for driving, which would bring the rest of the UK in line with Scotland. Given the toll of avoidable death and injury from driving under the influence, this is excellent news. The proposal is part of the new Road Safety Strategy expected to be announced this autumn. The MCA has of course expressed its support for this development in a letter to the Secretary of State for Transport and was also involved with a BMA initiative last year resulting in a consensus statement which made the same recommendation. On a rather different note, Alcoholis is recommending a series on Apple TV which features alcohol in another light. Drops of God is a Franco-Japanese series with a wine tasting theme which may be of interest to readers.

MCA Annual Symposium and Max Glatt Memorial Lecture 19 November 2025, RCP London

The 2025 MCA Symposium on Alcohol and Health will be held on 19th November in person at the RCP in London. The excellent programme this year is particularly focussing on alcohol and the workplace and features speakers working in occupational health, in safety critical settings and involved in testing. In addition, we are delighted that the Max Glatt lecture will be given by Dr Ed Day, a wonderful speaker who will be talking about recovery in addiction. Throughout the day there will be plenty of time for discussion and networking which delegates find particularly valuable. The full programme is published in this edition of Alcoholis and on the MCA website, please do book your place now.

2025 MCA Symposium on Alcohol & Health

Wednesday 19 November 2025 at the RCP, London

#MCASymp2025

Programme

09:00 Registration & Refreshments

09:30 Welcome

09:40 **Dr David Fox, Health Partners UK,** *'The assessment of an employee with an alcohol problem'*

10:05 **Dr Zaid Al-Najjar, Practitioner Health,** Supporting NHS Health professionals

10:30 Q&A Discussion

10:50 Refreshments Break and visit Exhibitor Stands

11:10 MCA Annual General Meeting (AGM) *MCA members only

11:50 Competition Winners' Presentations

12:00 **Max Glatt Lecture, Dr Ed Day, UK Government National Recovery Champion,** *'Recovery Orientated Systems of Care: Art or Science?'*

13:00-13.50 Lunch and visit Exhibitor Stands

13:50 Welcome Back - Afternoon session

13:55 **Dr Mark Cairns, Civil Aviation Authority,** *'Drunk Pilots in 2025; The Reality Behind the Headlines'*

14:20 **Dr Nick Jenkins, DVLA,** *'Alcohol Use Disorder and Driver Licensing'*

14:45 **Prof Kim Wolff, King's College London,** Testing and monitoring

15:10 Q&A Panel and Discussion

15:35 Close – Refreshments available

Booking & Pricing	
MCA Member	£160
MCA Member - Student & Retired	£110
Non-Member	£235
Non-Member - Student & Retired	£160
SOM & FOM Member	£200

To book CLICK HERE

SOM & FOM Members: email contact@m-c-a.org.uk for discounted online booking code.

Signed up delegates will be able to view the entire symposium online after the event.

Competition Winners

MCA Student Essay Competition 2025

No and Low Alcohol products – solution or contributor to alcohol-related harms?

1st Prize: **Lucy Pringle, University of Glasgow**

Joint 2nd Prize: **Juliana Louw, University of Oxford**

Radu Polschi, University College London

Josiah Wilson, University of Liverpool

Alcohol use across trials of psychological interventions for bipolar: A systematic review and meta-analysis

Lauren Halsall (Lancaster University), Prof. Steven Jones (Lancaster University), Dr. Zoe Swithenbank (Lancaster University), Dr. Anastasia Ushakova (Lancaster University), & Dr. Laura Goodwin (Lancaster University).

This article is based on a scientific article published in the Journal of Affective Disorders; full citation: Halsall, L., Jones, S., Swithenbank, Z., Ushakova, A., & Goodwin, L. (2025). Alcohol use across trials of psychological interventions for bipolar: A systematic review and meta-analysis. Journal of Affective Disorders, 119745. https://doi.org/10.1016/j.jad.2025.119745.

Introduction

People diagnosed with bipolar disorder are at increased risk for alcohol use disorder (AUD), with up to 40% of people with bipolar experiencing AUD.[1] For the management of bipolar, clinical treatment guidelines currently recommend psychological interventions, such as cognitive behavioral therapy or interpersonal therapy, combined with pharmacological treatment.[2] As guidance for the management of co-occurring disorders outlines that people should not be excluded from mental health treatment due to their substance use,[3] it is likely that people with co-occurring AUD will be receiving the same psychological interventions for bipolar.

People with comorbidities are often excluded from clinical trials ,[4] and people with substance or alcohol use disorders are commonly excluded from trials of mental health interventions specifically.[5] Therefore, there are questions about whether the evidence base from existing clinical trials for bipolar applies to people with co-occurring problems. Furthermore, as AUD may influence the clinical course of bipolar, for example by reducing medication compliance or delaying diagnosis,[6,7] it remains possible that bipolar treatment effects may be influenced by co-occurring AUD. Consequently, if people with AUD are commonly excluded from trials of psychological interventions for bipolar, conclusions around intervention effectiveness may differ. The current systematic review therefore aimed to establish the frequency of alcohol-related exclusion within trials of psychological interventions for bipolar and to explore whether this exclusion was associated with the overall effectiveness of the trial.

Systematic review methods

The databases of MEDLINE, PsycINFO, EMBASE, and SCOPUS, as well as the CENTRAL register, were all searched in December 2024 using terms that captured bipolar disorder and psychological interventions. Any randomised controlled trials (RCTs) that compared psychological interventions for bipolar to any comparator condition were included if they reported one of the primary outcomes (bipolar symptoms, severity of bipolar, or relapse rates). After duplicates were removed, 7220 titles and abstracts were screened, and 407 relevant full texts were identified. After all screening was completed, 92 trials were identified for inclusion in the review.

Findings and discussion

Frequency of alcohol-related exclusion

Across the 92 trials of psychological interventions for bipolar, 33.7% excluded people with AUD or other alcohol-related conditions (such as 'alcohol dependence'). Although this decision is rarely justified within the study itself, alcohol-related exclusion may occur for many reasons. Importantly, one reason may be because researchers feel that including people with a co-occurring AUD may reduce the likelihood of the intervention being effective overall. However, excluding people with AUD from bipolar treatment trials is particularly problematic given the common co-occurrence between the two disorders; preventing evidenced-based treatment decisions being made for a substantial proportion of people diagnosed with bipolar.

Impact of alcohol-related exclusion

When RCTs of psychological interventions for bipolar i) including and ii) excluding people with co-occurring AUD were compared, no differences were found in either manic or depressive symptoms at follow-up. Importantly, this finding may indicate that alcohol-related exclusion is not associated with intervention effectiveness, suggesting that people with co-occurring AUD should not be excluded in an attempt to increase the likelihood of trial success. Instead, it is recommended that researchers should aim to recruit a representative sample of people with bipolar for future trials of psychological interventions, including those with co-occurring AUD. This would enable evidenced-based treatment decisions to be made for people with bipolar more broadly, and is particularly important given that clinical guidance for co-occurring disorders emphasizes that individuals should not be excluded from mental health treatment due to their substance use.[3]

Due to a lack of available evidence, the primary outcomes of relapse rates and bipolar severity, as well as all secondary outcomes included in the review (general functioning, quality of life, alcohol use, and hospitalization rates) could not be investigated using meta-analyses, and so were instead investigated narratively. Notably, clear differences between trials including and excluding people with co-occurring AUD were not evident for any outcome, although the certainty of evidence was very low. Importantly, for some people with bipolar disorder, these outcomes may be of central importance to recovery,[8] and so should be investigated in future trials to ensure that treatment efficacy is not inappropriately based entirely on symptom reduction.

Conclusion

Overall, although bipolar and AUD commonly co-occur, individuals with AUD are frequently excluded from trials of psychological interventions for bipolar. However, no differences in intervention effectiveness were found between trials including and excluding people with co-occurring AUD. Resultingly, it is recommended that future trials of psychological interventions for bipolar aim to recruit a representative sample that includes people with co-occurring AUD, to allow evidenced-based treatment decisions to be made for this population.

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