

One question may gauge the severity of unhealthy drug and alcohol use

January 13 2014

Primary care physicians seeking to determine whether a patient's drug or alcohol use is problematic often have to rely on lengthy questionnaires containing dozens of items with multiple response options.

But a new study led by a Boston University School of Public Health [BUSPH] researcher suggests that a single screening question may not only identify unhealthy use, but can help to determine the level of alcohol and drug dependence just as well—and sometimes better—than longer screening tools.

"We found that single questions may be useful in both screening and preliminary assessment" of substance-use severity, said Dr. Richard Saitz, lead study author and chair and professor of community health sciences at BUSPH and a professor of medicine at BU School of Medicine. "Instead of extensive interviews or long questionnaires, which are a barrier to screening in [primary care](#) settings, this approach may make it much easier to identify and appropriately address unhealthy substance use."

In the study, published in the *Journal of Studies on Alcohol and Drugs*, Saitz and colleagues analyzed responses from 286 patients recruited from the Boston Medical Center primary care clinic. For alcohol use, the participants were asked how many times in the past year they had consumed five or more drinks in a day (for men), and four or more (for women). For other substance use, they were asked, "How many times in the past year have you used an illegal drug or used a prescription

medication for nonmedical reasons?"

The researchers compared [alcohol screening](#) responses with [alcohol dependence](#) reference standards, and drug screening questions with drug dependence standards.

The single alcohol screening question detected 88 percent of those with alcohol dependence, and the drug question detected 97 percent of those with drug dependence. The responses were rarely positive when the patients did not have dependence. Results with the single screening questions [SSQs] were similar to those yielded by longer screening tests.

Saitz and colleagues had previously validated a single item to identify unhealthy substance use, but such SSQs were considered of limited use because they did not gauge risk level or severity. Information on risk is necessary to "inform the goals of brief intervention for people identified as having unhealthy use—for example, to help decide how urgent it is to address the problem, or whether specialized treatments are needed," he said. Risk information is especially useful if it can be obtained quickly, at the time of the screening.

"We're moving from identifying the problem to being able to gauge, in a relatively quick and simple way, whether it is severe enough to warrant more urgent attention," Saitz said.

Screening for unhealthy alcohol use is recommended in primary care settings, but the extent of that screening is left to individual physicians. Universal screening for drug use is not recommended, except for selected patients at risk.

Effective screening tools have not been widely disseminated to date – and those that are in use often are lengthy and time-consuming.

"To determine risk level/severity has generally required questionnaires containing 3 to more than 80 items with multiple response options," the study says.

Once screened, patients with [alcohol](#) or [drug dependence](#) may be referred to specialists, programs such as Alcoholics Anonymous, pharmacotherapy, or other intensive follow-up. For patients at lower risk, brief counseling may be appropriate, the study says.

Provided by Boston University Medical Center

Citation: One question may gauge the severity of unhealthy drug and alcohol use (2014, January 13) retrieved 17 April 2024 from <https://medicalxpress.com/news/2014-01-gauge-severity-unhealthy-drug-alcohol.html>

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