

Physician Brief Intervention and Case Management

Barry M. Rosen, M.D.

Rich Hayward, PhD

Margie Murphy, RN, PhD

San Mateo County-CSAT Grant

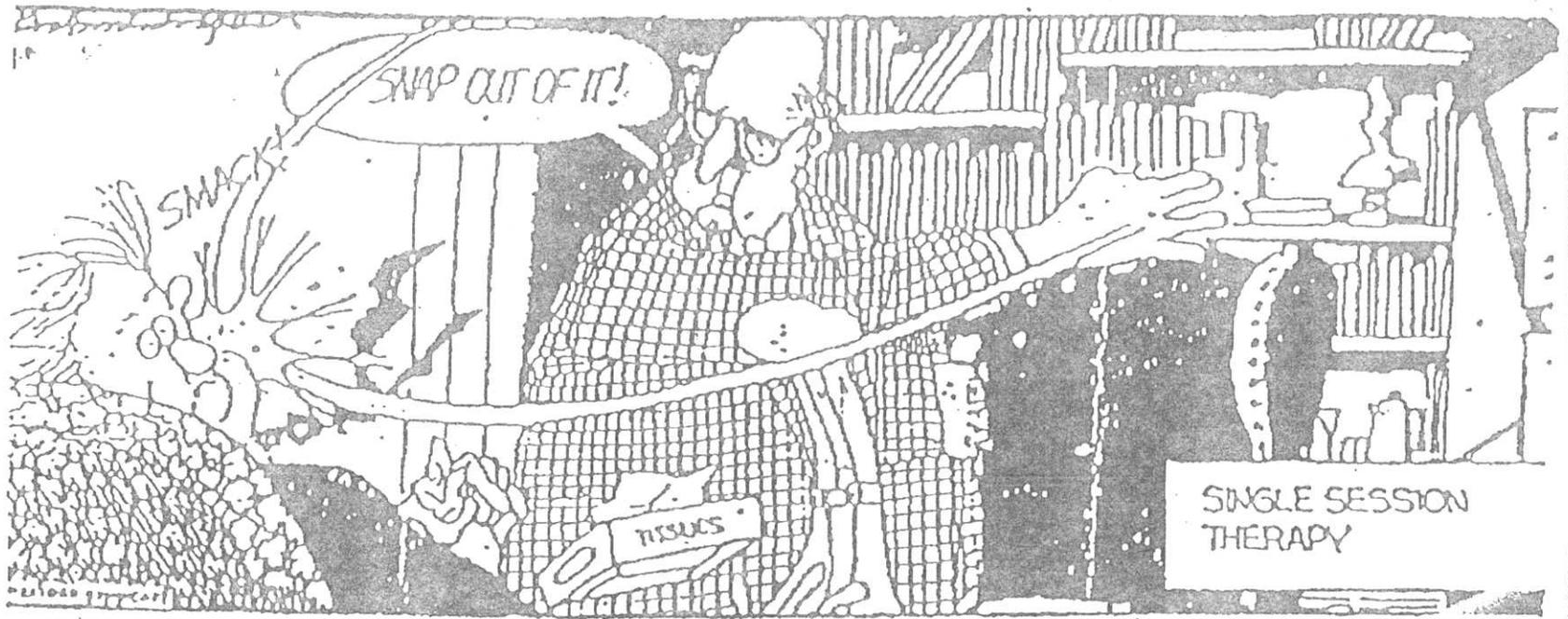
November 13th, 2002

Brief Intervention

- Brief intervention strategies have been studied
- They work
- They are more effective than doing nothing
- They are at times as effective as more extensive treatment

Really Brief Therapy In the Age of Managed Care

HAS MANAGED CARE CHANGED YOUR STYLE?



- Kristenson et. Al. 1983, Sweden. N of 585
 - Intervention group was counseled by an MD to moderate their drinking, saw a nurse monthly and MD quarterly.
 - The controls received a letter about LFT elevation and followed every other year.
 - The Brief Intervention group had greater GGT reductions, fewer sick days & hospitalizations and had 50% of the mortality over 6 year follow.

Brief Intervention

- WHO Study – Babor & Grant, 1992
- Screened over 32,000 pts in healthcare settings in 10 nations
 - (Australia, Bulgaria, Costa Rica, Kenya, Mexico, Norway, USSR, USA, Wales & Zimbabwe)
 - At 9 months, all interventions showed a 1/3rd reduction in alcohol consumption



"Give it to me straight, Doc. How long do I have to ignore your advice?"

Brief Intervention

- FRAMES

- F- Feedback to the patient
- R- Responsibility of the patient to change
- A- Advice to reduce or stop drinking
- M- Menu of choices for action
- E- Empathy is central to the intervention
- S- Self-efficacy of the patient to change

Brief Intervention

- On going follow up is helpful
- Helping facilitate the referrals for the pt
- Follow up phone calls
- More severe (gamma) alcoholics may be less responsive to this than the less dependent (alpha) alcoholics

Conclusions

- Brief intervention is better than no treatment
- Brief intervention is often comparable to more extensive treatment
- Problem drinkers most frequently see care givers who are not addiction experts but who can be very impactful and helpful



Questions about
Brief Intervention?

The background is a dark blue gradient. A thin, light blue curved line starts from the left edge and curves downwards towards the center. A larger, light blue shape, resembling a stylized 'C' or a partial circle, is positioned in the lower right quadrant, overlapping the dark blue background.

The Nature of addiction

Nature of Addiction

- Loss of control
- Harmful Consequences
- Continued Use Despite Consequences
- Denial



*"That is not one of the seven habits
of highly effective people."*

Understanding the disease

- BPSS:
Bio-Psycho-Social-Spiritual Model

Bio-Psycho-Social-Spiritual Model

- Four Unique Dimensions of Life
- Each with defining hunger
- Each restructured by addiction
- Each with info about loss of control

The Main Inquiry...

- Why do people continue to drink and use despite profound consequences?
- Why the loss of control?

Biological Lens

... hunger for food & sex

- Genetic predisposition
 - Animal Breeding Studies
 - Family Tree Studies
 - Adoption and Twin Studies
 - High-Risk Inheritance Paradigms
- Neurotransmitters shifts
 - Dopamine & Reward Pathways
 - Serotonin & Appetitive Behaviors
 - Opiates & Mood Regulation
 - GABA, Glutamate (NMDA), other neuropeptides
- Homeostasis & Allostasis

Case Presentation

- 64 y.o. eastern European, Jewish woman with no family hx of etoh, using alcohol to manage benign essential tremors, sent for consultation, too embarrassed to acknowledge “alcohol problem,” who went for ablation cryosurgery and went into DT’s post-op. Family brought her in for treatment.

Biological Lens

- Take home points-
 - Pre-addicts are different biologically
 - Addicts are “normal” under the influence
 - Using gets hooked to primal needs



*"This next one is a sad little blues tune about love and pain
that I wrote before I started taking Celexa."*

Psychological Lens

... hunger for love

- Complex Denial system
- Shame, Guilt, Self-Hatred, Acting-Out
- Personality Changes
- The Question of “Underlying Disorders”

Co-morbidity

- Psychiatric Disturbances
(esp. Axis II character disorders)
- Concurrent Pain Disorders/HIV
- Co-Morbid Environment

Psychological Lens

- Denial
 - An essential coping strategy
 - Protects one from the painful core of shame
 - Protects one from the *work* of recovery

...of not only tolerance but also environmentalism, having waged a successful campaign to control de-

...other side of the lagoon. The town has had a variety of past lives, among them as a seaside resort for

...the post-hippie coalition still controls the town, including the existing

...for the haves. It used to be a town of alternative lifestyles, people who figured out how to live on a pretty mini-

...ment than the stock market," he said, before heading out to the swells. "Because there's only one Bolinas."

Advocate of Moderation for Heavy Drinkers Learns Sobering Lesson

By SAM HOWE VERHOVEK

SEATTLE, July 6 — After she founded a self-help program called Moderation Management seven years ago, Audrey Kishline became a national spokeswoman for the notion that problem drinkers could be taught to cut back without abstaining altogether. Groups like Alcoholics Anonymous that favor abstinence sharply criticized her and the book she wrote, "Moderate Drinking: The New Option for Problem Drinkers."

Now Ms. Kishline says she may well become a spokeswoman again, probably from behind prison bars.

Having pleaded guilty to two counts of vehicular homicide after a binge drinking episode last March during which she became so intoxicated she barely remembers climbing into her pickup truck, Ms. Kishline said through her lawyer that she has a new message: Moderation Management involves a lot of "alcoholics covering up their problem."

Ms. Kishline, 43, was driving the wrong way down an interstate freeway near Cle Elum, in central Washington, and smashed head-on into a car, killing Danny Davis, a 38-year-old electrician, and his 12-year-old daughter, LaSchell. Prosecutors said her blood-alcohol level was three times the legal limit.

With her plea last week, Ms. Kishline, who is in a treatment program in Oregon, is almost certainly headed to prison when she is sentenced on Aug. 11. The prosecutor is seeking four and a half years, although the maximum penalty is life.

Ms. Kishline declined a request for an interview, but in a statement she made with her lawyer at the Kittitas County Courthouse, she expressed profound remorse and described herself as "a housewife and mother who woke up in a trauma unit of a hospi-

tal on March 25th to find out that I am the cause of the deaths of two innocent people."

She added: "I am giving this statement in a public forum because I pray that my story can touch at least one other alcoholic. When I failed at moderation, and then failed at abstinence, I was too full of embarrassment and shame to seek help. In self-pity I gave up and believed my nightly drinking at home could hurt no one but myself."

Controversial through all the years that she wrote newspaper

A spokeswoman's new message may come from behind prison bars.

opinion-page pieces and appeared on television talk shows, Ms. Kishline has again inflamed a debate over moderation versus abstinence by offering her own calamitous story as an example of denial in action. And many of those who debated her in the past have seized on her experience to warn about what they call the delusion behind the idea that alcoholics can be taught to drink without harm.

"This dreadful tragedy might have been avoided if Ms. Kishline had come to this realization earlier," said Stacia Murphy, president of the National Council on Alcoholism and Drug Dependence, a nonprofit group based in New York City. "Unfortunately, the disease of alcoholism, which is characterized by denial,

prevented this from occurring. While this does not excuse Ms. Kishline's actions, it provides a harsh lesson for all of society."

But far from depicting Ms. Kishline as an example of the failures of Moderation Management, people involved with the organization note that she had also tried abstinence and failed. And the worst incident occurred, in her own depiction, after she had joined Alcoholics Anonymous.

"Isn't it ironic that her most extreme case of intoxication came after she quit Moderation Management?" said Stanton Peele, a board member of Moderation Management who is a psychologist in Morristown, N.J. "A.A. didn't have the answers for her, either."

Indeed, despite Ms. Kishline's troubles, the concept of Moderation Management was recently accepted as a treatment technique by the Smithers Addiction Treatment and Research Center in Manhattan.

Officials at Smithers, known for its treatment of celebrities like the baseball player Darryl Strawberry, have decided to adopt Ms. Kishline's program as one approach.

The willingness to try something new has been prompted, in part, by stricter managed care reimbursement standards, which have led to the closure of half of the nation's rehabilitation centers, say officials at St. Luke's-Roosevelt Hospital, which runs Smithers.

Ms. Kishline founded Moderation Management in 1993 and published her book, subtitled "The Moderation Management Guide for People Who Want to Reduce Their Drinking," a year later. An advertisement for the book said: "Based on her own unsatisfactory experience with abstinence-based programs, Kishline of-



Audrey Kishline now doubts the alcohol program she founded.

fers inspiration and a step-by-step program to help individuals avoid the kind of drinking that detrimentally affects their lives."

Her program calls for 30 days of abstinence, and suggests refraining from drinking for at least three days a week. Over all, she wrote, women should not have more than three drinks a day or exceed nine drinks a week; men, she said, should have no more than four drinks a day or 14 drinks a week. Among tips to reduce drinking are alternating alcoholic with nonalcoholic drinks.

Moderation Management, with chapters in 14 states and Canada, describes its aim as helping people

who have experienced mild to moderate alcohol problems, but who are not alcoholics, reduce their drinking. The group says moderate drinking is a "reasonable and attainable recovery goal for problem drinkers."

Among the group's tenets are: "Never drive while under the influence of alcohol."

Alcohol treatment experts have clashed over the moderation approach, with some calling it useful for some kinds of drinkers, while others say it gives alcoholics the false and dangerous hope that they can learn ways to continue drinking.

The group got national attention two years ago when a computer programmer confessed in an Internet chat site for group members that he had killed his 5-year-old daughter by setting his house on fire in a custody dispute with his former wife.

Ms. Kishline cried in court as she pleaded guilty to the vehicular homicide charges. She had also been accused of hit-and-run driving for forcing another vehicle off the highway, but that charge was dropped.

Now she is contemplating writing another book, stressing that moderation is not a viable option for people with serious alcohol problems, said her lawyer, John Crowley.

During the proceeding, grieving relatives of Mr. Davis and his daughter watched, clutching pictures of Mr. Davis and LaSchell, who was killed 10 days after her 12th birthday. And they listened carefully to Ms. Kishline's statement afterward.

"If it helps one person to stop, then go ahead, do it," Will Davis, Mr. Davis's brother, said of Ms. Kishline's new message.

"But no matter what she does now, it's not bringing Danny back," said another relative, standing nearby. "It's not bringing LaSchell back."

Case 3

- 46 y.o. man with 10 yrs off alcohol, drinks glass of champagne with new girlfriend @ brother's 50th birthday party. Over 2 months drinking increases as he tells himself he'll stop as soon as he has any problems. Drinking 1 qt daily for 12 months and presents with hemorrhagic pancreatitis.

Take home points

- Addicts are structurally different psychologically

Social Lens

... hunger for family, clan, culture

- Cultural Pressure to use
- Family systems dynamics
- Co-Addiction
- Systemic Denial

THE POLITICS OF
HEROIN



**CIA COMPLICITY IN
THE GLOBAL DRUG TRADE**

ALFRED W. MCCOY



"Thanks for coming. It's probably nothing."

(c) 1998, J. M. W.

Case Presentation

- 31 y.o. man with abdominal pain, elev. LFT's, triglycerides of 27,000, diagnosed with hyperlipidemic induced pancreatitis who came to tx after continuing his 1 qt. Daily intake of vodka.

Take home points

- Using behavior is socially normative
- Family and friend system unconsciously accommodates to the dysfunction
- There are social levels of resistance to change (which has been labeled co-addiction or co-dependency)



"When will he be able to sit up and take criticism?"

Spiritual Lens

... hunger for meaning and purpose

- Spirituality

- Hunger for meaning, purpose and possibility
- Distinct from religion
- The organizing principle of life

Spirituality's impact on treatment

- The treatment process offers:
 - New hope and possibility
 - Experiencing of caring and love
 - Life beyond the senses

Case Presentation

- 52 y.o. woman on 11 different psychotropic meds & alcohol, 20 years of multiple admissions to MHU's comes for detox and tx. When asked where she was spiritually, she looked terrified and finally spoke about her capacity to see colors around people @ 7 y.o. for which she was punished and having spirit guides for which she was chided. The recovery program granted permission for her spiritual world to re-open. She got sober and began a new life, receiving advanced graduate degrees in her 60's.

MRS. WINCHESTER FINDS A
POSITIVE OUTLET FOR
FRUSTRATED NEGATIVE ENERGY



Questions about

Bio-Psycho-Social-Spiritual
Model?

Why Screen?

Alcoholism Facts

- Cost of alcoholism and alcohol abuse to the nation was \$157 billion in 1999
 - Additional \$110 billion for other drugs
- Approximately 70% of this total is due to losses in earning and productivity due to alcohol related illness and early death

Alcoholism Facts

- Patients with untreated alcohol dependence incur general health care costs at least 100% higher than those without alcoholism
- Every dollar invested in treatment for alcohol and other drug problems potentially saves \$7 in future costs

Actual Causes of Death in the United States in 1990

<u>Cause</u>	<u>Estimated No.</u>	<u>% of Total Deaths</u>
● Tobacco	400,000	19
● Diet/Activity	300,000	14
● Alcohol	100,000	5
● Microbial Agents	90,000	4
● Toxic Agents	60,000	3
● Firearms	35,000	2
● Sexual Behavior	30,000	1
● Motor Vehicles	25,000	1
● Illicit use of drugs	20,000	<1
● Total	1,060,000	50

● Source: McGinnis JM, Foege WH (1993), Actual Causes of Death in the United States JAMA (270) 18, 2207-2212

Selected Conditions Attributable to Substance Abuse

Disease Category	Substance	Attributable Risk
AIDS - adult	I.V. Drug Use	32%
Asthma	Passive smoking/smoking	27%
Bladder Cancer - males	Smoking	53%
Breast Cancer	Alcohol	13%
Cheek and Gum Cancer	Smokeless Tobacco	87%
Endocarditis	I.V. Drug Use	75%
Esophageal Cancer	Alcohol/Smoking	80%
Low Birth Weight	Smoking	42%
Chronic Pancreatitis	Alcohol	72%
Pregnancy - Placenta Previa	Smoking	43%
Seizures	Alcohol	41%
Stroke	Smoking & Cocaine	65%
Trauma	Alcohol & Drugs	40%

Source: Jeffrey Merrill, CASA Substance Abuse Epidemiologic Database 1993

Minnesota Consolidated Fund Annual Cost Offsets

Expenditures averaged \$50 million annually for 1991 and 1992. Almost 80% of the costs for treating chemical dependency clients are offset in the first year alone.

Cost Area	6 months before tx	6 months after tx.	cost per unit	savings for 18,400 pt/yr
• Medical hospital days	1220	680	\$400	\$7.9 mill
• Psych hospital days	1760	780	\$300	\$10.9 mill
• Detox admissions	460	150	\$285	\$3.3 mill
• DWI arrests	280	30	\$1000	\$9.2 mill
• Other arrests	380	90	\$750	<u>\$8.0 mill</u>
				\$39.2 mill

Source: Cynthia Turmire, Minnesota Department of Human Services

Number of Participants in California Diversion Program June 2000

Active Instate participants: 256

Active Out of State participants: 17

Applicants in Evaluation process: 48

Total Number being Monitored: 321

PARTICIPANT SPECIALTIES

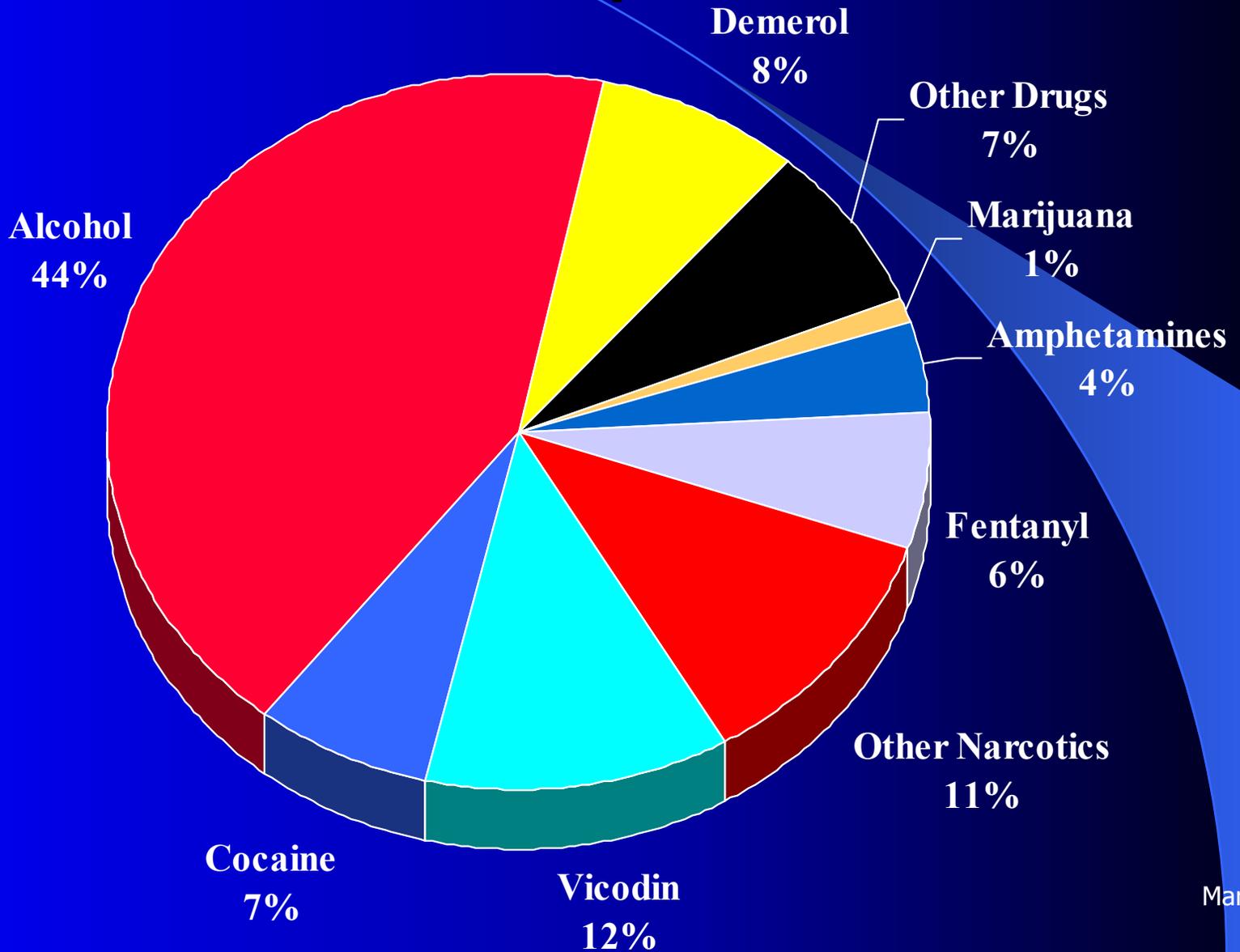
Family Practice	44	Radiology	4
Anesthesiology	38	Dermatology	3
Internal Medicine	34	Urology	2
Emergency Medicine	18	Pathology	2
Psychiatry	18	Ear, Nose and Throat	2
Obstetrics/Gynecology	11	Cardiology	2
Surgery	10	Plastic Surgery	2
Orthopedics	9	Neurology	1
Pediatrics	8	Administrative Medicine	0
Ophthalmology	7	Thoracic Surgery	0
General Practice	6	Other	29

SPECIALTIES AT RISK

	% of CALIFORNIA LICENSED PHYSICIANS*	% of DIVERSION PARTICIPANTS+
Anesthesiology	5	15
Emergency Medicine	3	8
Plastic Surgery	1	2
Obstetrics/Gynecology	6	8
Family Practice	8	12
Radiology	2	3
Internal Medicine	15	15
Psychiatry	7	7
Urology	2	2
Neurology	2	2
Pediatrics	7	6
General Practice	6	5
Ophthalmology	3	2
Orthopedics	4	2
Cardiology	3	1
Otolaryngology	2	0.5
Dermatology	2	0.5
General Surgery	5	1
Other	17	6

*California licensed physicians by primary specialty as of 9/7/94, California Medical Association
+As of 1/1/95

Primary Drugs of Abuse by Diversion Participants



The *CASA* National Survey of Primary Care Physicians and Patients on Substance Abuse

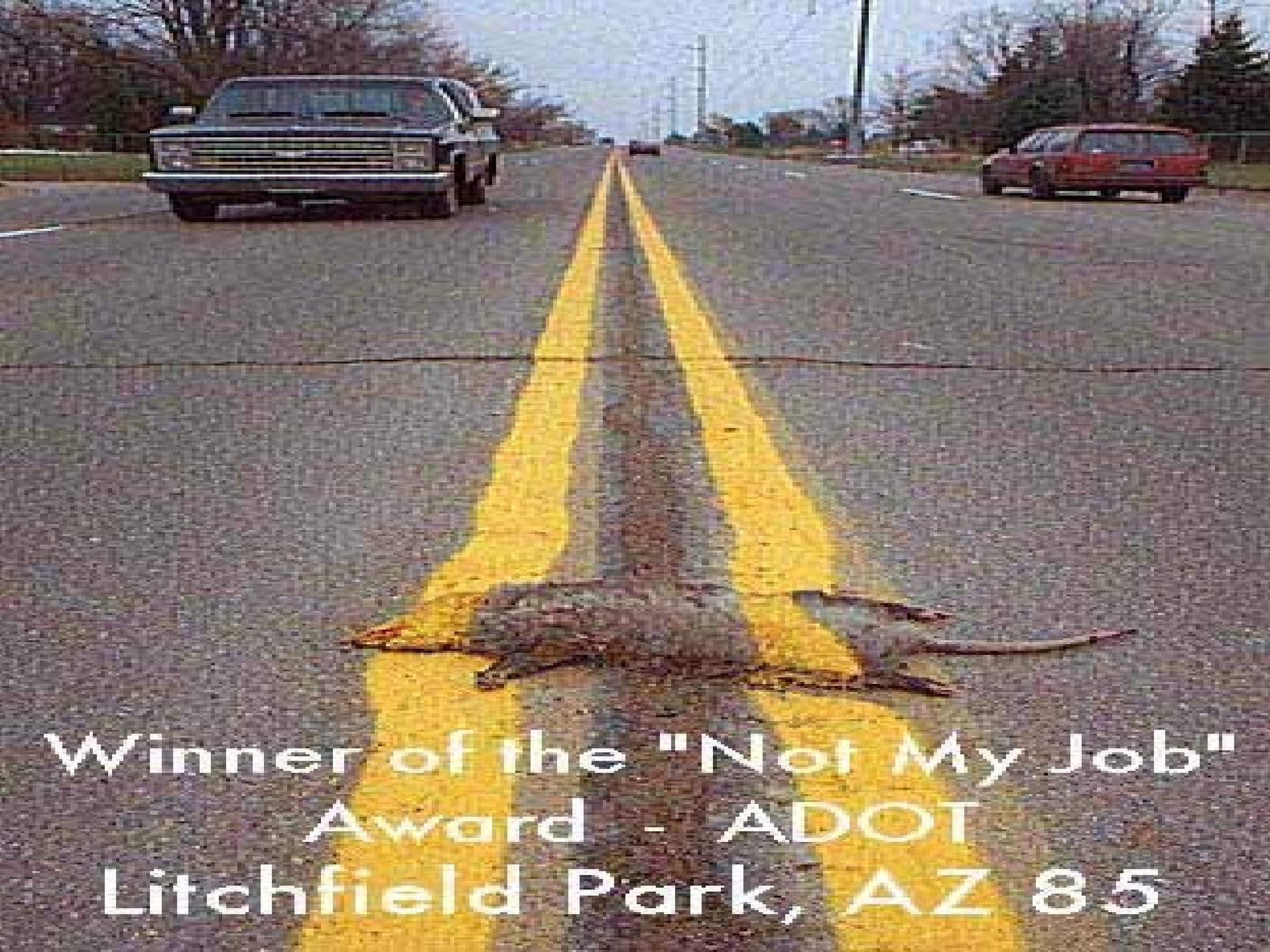
- Conducted by the Survey Research laboratory, University of Illinois at Chicago Spring and Summer of 1999
- Reported April 2000
- Funded by Josiah Macy, Jr. foundation

National Survey

- 94% of primary care physicians (except pediatricians) failed to include substance abuse among the five diagnoses they offered when presented with early symptoms of alcohol abuse in an adult patient

CASA National Survey of Primary Care Physicians & Patients on Substance Abuse

- 648 primary care physicians sampled
- 510 adult patients currently in treatment for substance abuse in 10 facilities in California, Illinois, New York & Minnesota



Winner of the "Not My Job"
Award - ADOT
Litchfield Park, AZ 85

- 59.2 % of pediatricians mentioned substance abuse as a potential diagnoses
- 40.8 % would not have been diagnosed by their pediatrician

Why Physicians don't discuss Alcohol or Drug Abuse with Patients

- 57.7% Patients often lie
- 35.1 % Time constraints
- 29.5% May question patients' integrity
- 25% Don't want to frighten/anger patient
- 15.7% Uncertainty about treatments
- 12.6% Personally uncomfortable with subject
- 11% May encourage patient to see other MD
- 10.6% Insurance doesn't reimburse MD time

Sir Wm. Osler on Sir Wm Halstad

from "Inner History of Johns Hopkins Hospital"

- “The proneness to seclusion, the slight peculiarities amounting to eccentricities at times (which to his old friends in New York seemed more strange than to us) were the only outward traces of the daily battle through which this brave fellow lived for years. When we recommended him as full surgeon to the hospital in 1890, I believed, and Welch did too, that he was no longer addicted to morphia. He had worked so well and so energetically that it did not seem possible that he could take the drug and done so much.

- “About six months after the full position had been given, I saw him in severe chills and this was the first information I had that he was still taking morphia. Subsequently, I had many talks about it and gained his full confidence. He had never been able to reduce the amount to less than three grains daily; on this, he could do his work comfortably and maintain his excellent physical vigor for he was a very muscular fellow). I do not think anyone suspected him, not even Welch.”

Take Homes

- Addiction is a disease & there is treatment
- It is not being routinely identified by MD's
- Pt. behavior is not representative of the person & at times is appalling & evocative
- Screening is easily done and sensitive
- Brief intervention works
- You can make an enormous difference



Treatment

Substance Use Spectrum Disorders

Substance Use Treatment Modalities

Treatment Continuum

Diagnosis ...

Intervention ...

Harm Reduction ...

Recovery ...

Medications

Anti-craving agents, deterrents & blockers

naltrexone

antabuse

anti-depressants

acamprosate

ibogaine

Dual Diagnosis

- Issue of care givers – not patients
- Clash of paradigms
- Lack of training and understanding
- Conflicting bio-psycho-social-spiritual forces between substance use and other mental health issues

Right use of medications

- Self-medication hypothesis
 - ADD use of stimulants vs. stimulant addiction
- Depression & anxiety and substance use
 - Primary vs secondary
- Sleep Disturbance and substance use
 - Role of sleep medication (which ones?)

Dilemma of pain

- Acute vs. Chronic
- Malignant vs. non-malignant
- Addict vs. non-addict
- Bio-psycho-social-spiritual approach

Addiction ...

Medication dependence

versus

Drug Addiction

Pseudo

- addiction

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Pain needs to be treated

Creating addiction with medication -

- no prior addictive disorder - low

- prior addictive disorder - high

Approaches

- Define the structural problem
- Calibrate the severity of pain
- Chronic pain vs Chronic Pain Syndrome
- Calibrate state of addiction/recovery
- Multiple disciplinary approach
- Focus on functional restoration

Approaches continued

- One prescribing physician
- No self-medication allowed - adjusting dosing, changing medications, meds of others
- Frequent visits/short scripts/contract
- Respectful collaborative agreements
- Co-incident addiction treatment for out of control behavior

Approaches

- Careful determination about initiating long term narcotic management

Take Homes

- Pain is a serious quality of life problem
- Addiction is a primary disease
- Non-addicts and addicts need quality treatment of pain conditions
- Abstinence reflected as “right use”

Recovery and Medicating

- Learn how to assess state of recovery
- Judicious use of medications can be necessary
- Right use versus “using”
- Right use and “using”
- Using appropriate medications can be part of relapse dynamic



Screening for alcoholism

Screening principles

Screening tools

Screening vs. Assessment

Population issues

Alcoholism: A Definition

- “Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.”

- American Society of Addiction Medicine 1992

History and Physical as Screening

- Develop a routine for CD concerns
- First line screening questions
- Second line screening questions
 - This is similar to the search for CAD

The Interviewer ...

- Needs to be tactful
- Non-judgmental
- High clinical suspicion & low suspiciousness

Quality of Screening Tools

- Sensitivity & Specificity

- Sensitivity is the accuracy with which a positive response predicts presence of alcoholism

- Specificity is the ability of a negative response to rule out alcoholism

Qualities of Screening Tools

- - brief is better for compliance
- - quantification is helpful
- - sensitivity more important than specificity

Screening vs. Assessment

- All healthcare workers can do assessments
- All therapists can do assessments
- All hospitalized patients can be assessed
- All ambulatory patients can be assessed
- All office questionnaires can include tools
- Offices, clinics, ER's, pre-ops etc. are missing alcoholics & addicts without tools

Screening Instruments

- MAST-Michigan Alcohol Screening ... #25
- SMAST- Short Michigan ... #13
- BMAST - Brief Michigan ... #10
- CAGE - #4
- FOY - #3
- Trauma Scale - #5

Other ...

- **AUDIT** - Alcohol Use Disorders Identification test
 - 10 questions developed by the WHO in 6 countries
3 questions on use, 4 on dependence, 3 on problems
 - Developed to identify at risk & problem drinkers
 - Sensitivity in the 90% and specificity in the 60%
- **SAAST** - Self administered Alcohol Screening Test
 - 35 questions, 5-10 minutes (Sensitivity 91%/Specificity 93%)
- **ADI** - Adolescent Drinking Inventory - 24 questions
 - 88% Sensitivity/82% specificity

ADI

Adolescent Drinking Inventory

- ADI - 25 question inventory focusing on drinking-related loss of control as well as social, psychological and physical symptoms of alcohol related problems.
- Allen and colleagues reported correct identification in 88% of adolescents with alcohol problems and 82% of those without alcohol problems.
- Allen, J.P.; Eckardt, M.J.; and Wallen, J. Screening for alcoholism: Techniques and issues.

CAGE Questionnaire

- **C** - *Cut Down* - Have you ever felt you should Cut down on your drinking?
- **A** - *Annoyed* - Have people Annoyed you by criticizing your drinking?
- **G** - *Guilty* - Have you ever felt Guilty about your drinking?
- **E** - *Eye opener* - Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Cage - continued

- Takes 1 minute to complete
- At a cut-off score of 2 in one study:
 - Correctly identified 75% of alcoholics (sensitivity)
 - And 96% of non-alcoholics (specificity)

– Bush, B.; Shaw, S.; Cleary, P., Delbanco, T.L.; and Aronson, M.D. Screening for alcohol abuse using the CAGE questionnaire. American Journal of Medicine 82-231-235, 1987

T - ACE Questionnaire

- T-ACE - The “G” item in CAGE is replaced with T for tolerance
 - - Was developed to identify pregnant women whose drinking threatens the baby (defined in one study as intake of one ounce of absolute alcohol or greater).
 - - CAGE has been criticized for missing earlier stage disease.
 - - Women are more susceptible to alcohol damage because of absence of gastric ADH and lessor amounts of total body fat, therefore water.
 - - Questions about tolerance are less likely to trigger psychological denial as many people do not understand its implications.
- Sokol, R.J.; Martier, S.S.; and Ager, J.W. The T-ACE questions: Practical prenatal detection of risk-drinking. American Journal of Obstetrics and Gynecology 160(4):863-870, 1989

Biochemical Screens

- MCV
- AST/SGOT
- GGT - gamma glutamyl transpeptidase
- CDT - carbohydrate-deficient transferrin
 - Carbohydrate content of transferrin, including sialic acid, galactose, and N-acetylglucosamine tend to be lower in actively drinking alcoholics
 - Not readily available or used clinically

Trauma Scale

Table 1. Prevalence of Trauma Among Outpatients with Alcohol Problems and Social Drinkers

Questions on History of Trauma

	Outpatient with Known Alcohol Problems (n = 68)	Social Drinkers Matched for Age and sex (n = 68)	P Value
• Since your 18th birthday -			
– Have you had any fractures or dislocations to your bones or joints?, %	60	28	<0.01
– Have you been injured in a road traffic accident?, %	40	18	<0.01
– Have you injured your head?, %	58	16	<0.01
– Have you been injured in an assault or fight (exc sports)?, %	47	6	<0.01
– Have you been injured after drinking?, %	60	3	<0.01

Table 2. Diagnostic Power of Individual Tests for Detecting Alcohol Abuse

	Trauma Scale Questionnaire	GGT	MCV	HDL
• Differentiating social drinkers from outpatients abusing alcohol				
– Sensitivity (alcohol abuse outpatients with abnormal test)	68	39	49	26
– Specificity (social drinkers with normal test)	81	94	99	88
– Positive predictive value	78	86	96	68
• (abnormal test-takers who are alcohol abuse outpatients.)				
– Overall accuracy	74	67	77	57
• (alcohol abuse outpatients and social drinkers correctly classified)				
• Detecting excessive drinking among family practice patients				
– Sensitivity (excessive drinkers with abnormal test)	67	33	25	0
– Specificity (normal drinkers with normal test)	70	89	94	87
– Positive predictive value	29	37	40	0
• (abnormal test-takers who are excessive drinkers)				
– Overall accuracy	70	80	84	75
• (normal drinkers and excessive drinkers correctly classified).				

Table 3. Diagnostic Power of Logistic Regression Indices Combining the Trauma Scale and Laboratory Tests

	Distinguishing social drinkers from outpatients abusing alcohol	Detecting excessive drinking among Family Practice patients
• Sensitivity, %	81	86
• Specificity, %	94	83
• Positive predictive value, %	92	43
• Overall accuracy, %	88	84
• Logistic regression coefficients (beta)		
– Trauma scale score	0.83	0.59
– Mean corpuscular volume f L	0.16	0.25
– Gamma-glutamyl transferase, IU/L	2.09	2.69
– High-density lipoprotein, mg/dL	0.06	-0.02
– Constant (alpha)	-22.60	-28.30

Question about screening?