

### **Alcohol use disorders: Screening and diagnosis.**

Maisto SA; Saitz R. *American Journal on Addictions* 12(Special): S12-S25, 2003. (71 refs.)

The purpose of this article is to provide an overview of empirically supported, primarily self-report methods of screening and diagnosis related to alcohol use disorders (AUDs). The discussion of screening instruments focuses on the primary care setting, and the diagnosis instruments discussion centers on the alcohol (and other drug) treatment setting. The literature shows that the AUDIT and the CAGE are the most widely validated methods of screening for AUDs in primary care and may be applied readily in that context. Similarly, a number of instruments designed to derive DSM-IV (and ICD-90) AUD diagnoses, as well as constructs related to how AUDs are defined, are available and can meet a variety of clinical needs. Future research priorities include further development of brief methods to identify hazardous drinkers or individuals who have an AUD, as well as refinement of diagnosis instruments to increase their application across treatment settings and subpopulations. Copyright 2003, American Academy of Psychiatrists in Alcoholism and Addictions.

### **Does methadone maintenance treatment based on the new national guide lines work in a primary care setting?**

Keen J; Oliver P; Rowse G; Mathers N. *British Journal of General Practice* 53(491): 461-467, 2003. (34 refs.)

Background. General practitioners (GPs) are being encouraged to treat more drug users but there are few studies to demonstrate the effectiveness of primary care treatment. Aim. To determine whether patients retained on methadone maintenance treatment for one year in a modern British primary care setting, with prescribing protocols based on the new national guidelines, can achieve similar harm reduction outcomes to those demonstrated in other settings, using objective outcome measures where available. Design of study: Longitudinal cohort study. Setting. The Primary Care Clinic for Drug Dependence, Sheffield. Method. The intervention consisted of a methadone maintenance treatment provided by GPs with prescribing protocols based on the 1999 national guidelines. The first 96 eligible consenting patients entering treatment were recruited, 65 completed the study. Outcome measures were current drug use, HIV risk-taking behaviour, social functioning, criminal activity, and mental and physical health, supplemented by urinalysis and

criminal record data. Results. Frequency of heroin use was reduced from a mean of 3.02 episodes per day (standard deviation [SD] = 1.73) to a mean of 0.22 episodes per day (SD = 0.54), ( $\chi^2 = 79.48$ , degrees of freedom [df] = 2,  $P < 0.001$ ), confirmed by urinalysis. Mean numbers of convictions and cautions were reduced by 62961 ( $z = 3.378$ ,  $P < 0.001$ ) for all crime. HIV risk-taking behaviour, social functioning, and physical and psychological wellbeing all showed significant improvements. Conclusion: Patients retained on methadone maintenance treatment for one year in a primary care setting can achieve improvements on a range of harm reduction outcomes similar to those shown by studies in other often more highly structured programmes. Copyright 2003, British Journal of General Practice, Inc.

### **General practitioners and doping in sport: Attitudes and experience.**

Laure P; Binsinger C; Lecerc T. *British Journal of Sports Medicine* 37(4): 335-338, 2003. (14 refs.)

Objectives: To examine the attitudes to, and knowledge of, doping in sport of French general practitioners (GPs), and their contact with drug taking athletes on an everyday basis. Methods: A total of 402 GPs were randomly selected from all over France and interviewed by telephone, using a prepared script. Results: The response rate was 50.5% (153 men and 49 women; mean (SD) age 45.6 (5.6) years). Of the respondents, 73% confirmed that they had the list of banned products, and only 34.5% stated that they were aware of the latest French law, brought into effect in March 1999, concerning the fight against doping. Some 11% had directly encountered a request for prescription of doping agents over the preceding 12 months (the requested substances were mainly anabolic steroids, stimulants, and corticosteroids), and 10% had been consulted by an athlete who was using doping drugs and was frightened of the health risks (the substances used were mainly anabolic steroids). Over half (52%) of the GPs favoured the prescription of drug substitutions to athletes who used doping agents. According to 87.5% of respondents, doping is a public health problem, and 80% stated that doping is a form of drug addiction. Most (89%) said that a GP has a role to play in doping prevention, but 77% considered themselves poorly prepared to participate in its prevention. Conclusion: The results suggest that (a) GPs have limited knowledge of doping and (b) are confronted with doping

in their daily practice, at least occasionally. Copyright 2003, British Association of Sport and Medicine.

**Improving the detection of drug abuse, alcohol abuse, and depression in community health centers.**

Olfson M; Tobin JN; Cassells A; Weissman M. *Journal of Health Care for the Poor and Underserved* 14(3): 386-402, 2003. (47 refs.)

Up to 35 percent of primary care patients suffer from substance abuse or mental disorders, and most of these patients receive care from general medical professionals rather than mental health specialists. Accumulating evidence suggests that primary care physicians often fail to recognize, diagnose, and treat their patients with mental and substance use disorders; only about 5 percent of primary care visits result in a mental or substance use diagnosis. The goals of this project were to evaluate the feasibility of screening for drug abuse, alcohol abuse, and major depression at two federally funded urban Community/Migrant Health Centers (C/MHCs), in Newark, New Jersey, and Bronx, New York, and to examine the effects of a clinical tool designed to guide primary care clinicians in the identification and treatment of substance use and depression, assess provider perceptions of the screening form, and determine the concordance between provider and patient reports of assessment and management. Copyright 2003, Institute on Health Care for the Poor and Underserved, Meharry Medical College.

**Methadone treatment for opiate dependent patients in general practice and specialist clinic settings: Outcomes at 2-year follow-up.**

Gossop M; Stewart D; Browne N; Marsden J. *Journal of Substance Abuse Treatment* 24(4): 313-321, 2003. (78 refs.)

Few studies have investigated methadone treatment of opiate dependent patients in primary health care settings. Using a prospective cohort design, the study investigated outcomes at 1 and 2 years for 240 patients treated by general practitioners (n = 79) or drug clinics (n = 161) at sites across England. Mean daily methadone dose for both groups was 50 mg. Reductions in illicit drug use, injecting, sharing injecting equipment, psychological and physical health problems, and crime, were found in both groups at follow-up. Patients treated in general practitioner (GP) settings reported less frequent benzodiazepine and stimulant use, and fewer psychological health problems at follow-up. Alcohol use outcomes were poor for both groups. Differences in treatment practices were found for GPs and clinics. Results show substantial reductions in a range of problems behaviours, among unselected samples of opiate dependent patients treated in GP and in clinic

settings, which are sustained to 1-year and 2-year follow-up. Copyright 2003, Elsevier Science.

**Missed opportunities in addressing drinking behavior in medical and mental health services.**

Weisner C; Matzger H. *Alcoholism: Clinical and Experimental Research* 27(7): 1132-1141, 2003. (69 refs.)  
Background: Epidemiological and clinical literature point to the importance of screening for alcohol problems in medical and psychiatric settings. However, little is known about which problem drinkers seek help from those services or about the characteristics of those who have their drinking addressed. Methods: We interviewed a probability sample of adult dependent and problem drinkers in the general population (n = 672) and consecutive admissions to chemical dependency programs in a northern California county (n = 926). We reinterviewed them 1 year later and measured medical and mental health visits and whether their drinking was addressed during the visit. Results: Almost two-thirds of problem drinkers had a medical visit, and approximately one-third had a mental health visit, yet drinking was not often discussed, especially during medical visits. Many of those more likely to have a visit were not more likely to have their drinking addressed. Women and individuals older than 40 years had more medical and mental health visits [odds ratio (OR), 1.71; p < 0.001 and OR, 1.55; p < 0.001, respectively, for women; OR, 1.57; p < 0.05 and OR, 1.64; p < 0.05, respectively, for age greater than or equal to 40 years], but were not more likely to have their drinking addressed in either setting, and women were less likely than men to have their drinking addressed in mental health settings (OR, 0.62; p < 0.05). Those with higher alcohol severity and those who had attended chemical dependency treatment during the previous year were more likely to have their drinking addressed in each setting. Insurance status predicted medical, but not mental health, visits and was not related to having drinking addressed in either setting. Conclusions: Drinking behavior was not routinely addressed by medical and mental health practitioners, for dependent and problem-drinking men and women who presented in public and private medical and mental-health settings. Copyright 2003, Research Society on Alcoholism. Used with permission.

**Obstacles to carrying out brief intervention for heavy drinkers in primary health care: A focus group study.**

Aalto M; Pekuri P; Seppa K. *Drug and Alcohol Review* 22(2): 169-173, 2003. (34 refs.)

The objective of this study was to identify possible obstacles to carrying out competent early identification and brief intervention (EIBI) of heavy drinkers in primary health care. Qualitative focus group discussion method

study applying the deductive framework approach. Six focus groups involving 18 general practitioners and 19 nurses were recruited from primary health care of the City of Tampere, Finland. Possible obstacles are: (1) confusion regarding the content of early-phase heavy drinking, (2) lack of self-efficacy among primary health care professionals, (3) sense of lacking time needed for carrying out brief intervention, (4) not having simple guidelines for brief intervention, (5) sense of difficulty in identifying of early-phase heavy drinkers, and (6) uncertainty about the justification for initiating discussion on alcohol issues with patients. The main actions to be taken to promote brief intervention are to educate professionals about the content of early-phase heavy drinking and to produce directing, but not excessively demanding guidelines for carrying out EIBI. Probably successful personal experiences carrying out EIBI can improve professionals' self-efficacy and give to them final justification for discussion alcohol issues with their patients. Copyright 2003, Australian Medical and Professional Society on Alcohol and Other Drugs.

**Physicians' enquiries into their patients' alcohol use: Public views and recalled experiences.**

Rush BR; Urbanoski KA; Allen BA. *Addiction* 98(7): 895-900, 2003. (26 refs.)

Aims: To examine public opinion and experiences of family physician involvement in alcohol use issues and to identify patient characteristics associated with these opinions and experiences. Design: A secondary analysis of population survey data from the 1993 Ontario Alcohol and Other Drug Opinion Survey (OADOS), a random household telephone survey of adults in Ontario, Canada. Opinion and experiences regarding alcohol use were examined by drinking status. Participants All survey respondents (n = 941; 65% response rate). Population expansion weights were applied to ensure the sample's representativeness of the adult population of Ontario. Measurements: Measures assessed the prevalence of opinions and experiences of family physicians: (1) asking patients about their drinking; (2) advising regular drinkers to cut down/quit; and (3) helping patients with alcohol problems. Self-reported past-year alcohol consumption and related problems were used to construct a categorical variable describing current drinking status. Findings: Public opinion supported routine inquiries into patients' drinking habits and advising regular drinkers to cut down. However, the experience of being asked by a physician about drinking, being advised to cut down or being helped with alcohol problems was uncommon. Respondents' drinking status was associated with experiences of being asked about drinking and being advised to cut down. Conclusions: Physician training should inform physicians

that public opinion supports inquiries about drinking and advisement to reduce consumption, as it does not appear that family doctors are meeting these expectations of patients. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs.

**Physicians' opinions about medications to treat alcoholism.**

Mark TL; Kranzler HR; Song X; Bransberger P; Poole VH; Crosse S. *Addiction* 98(5): 617-626, 2003. (32 refs.)

Aims: Medications play a limited role in the treatment of alcoholism. This paper examines physicians' opinions about and use of two alcoholism medications currently approved in the US-disulfiram and naltrexone-and one alcoholism medication-acamprosate-that might be approved. Design A total of 1388 substance abuse specialist physicians who were members of the American Academy of Addiction Psychiatry or the American Society of Addiction Medicine completed a questionnaire in 2 001 (65% response rate). Findings The average percentages of physicians' patients with alcoholism who were prescribed the following medications were: 13% (naltrexone), 9% (disulfiram), 46% (antidepressants) and 11% (benzodiazepines). Almost all physicians had heard of naltrexone and disulfiram, but their self-reported level of knowledge about these medications was lower than for antidepressants. Physicians estimated that naltrexone had a small-to-medium effect size, which was similar in magnitude to the effect size reported in recent meta-analyses of randomized clinical trials. Physicians identified the following three courses of action as the most likely to result in greater use of medications to treat alcohol dependence: more research to develop new medications (33%), more education of physicians about existing medications (17%), and increased involvement of physicians in alcoholism treatment (17%). Conclusions Physicians' low rate of use of naltrexone may reflect its small-to-medium effect size. Copyright 2003, Society for the Study of Addiction to Alcohol and Other Drugs.

**Substance use problems and associated psychiatric symptoms among adolescents in primary care.**

Shrier LA; Harris SK; Kurland M; Knight JR. *Pediatrics* 111(6): E699-E705, 2003. (56 refs.)

Objective. Substance use disorders (SUDs) are associated with other mental disorders in adolescence, but it is unclear whether less severe substance use problems (SUPs) also increase risk. Because youths with SUPs are most likely to present first to their site of primary care, it is important to establish the presence and patterns of psychiatric comorbidity among adolescent primary care patients with subdiagnostic use of alcohol or other drugs. The objective of this study was to determine the

association between level of substance use and psychiatric symptoms among adolescents in a primary care setting. **Methods.** Patients who were aged 14 to 18 years and receiving routine care at a hospital-based adolescent clinic were eligible. Participants completed the Problem Oriented Screening Instrument for Teenagers Substance Use/Abuse scale, which is designed to detect social and legal problems associated with alcohol and other drugs, and the Adolescent Diagnostic Interview, which evaluates for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnoses of substance abuse/dependence and 8 types of psychiatric symptoms. We examined gender-specific associations of no/nonproblematic substance use (NSU), SUP, and SUD with psychiatric symptom presence (any symptoms within each type), score (symptom scores summed across all types), and number of types (number of different symptom types endorsed). **Results.** Of 538 adolescents (68% female; mean +/- standard deviation age: 16.6 +/- 1.4 years), 66% were classified with NSU, 18% with SUP, and 16% with SUD, and 80% reported having at least 1 type of psychiatric symptom in the previous 12 months. Symptoms of anxiety were most common (60% of both boys and girls), followed by symptoms of depression among girls (51%) and symptoms of attention-deficit disorder (ADD) among boys (47%). Compared with those with NSU, youths with SUP and those with SUD were more likely to report symptom presence for several types of psychiatric symptoms. Girls with SUP or SUD had increased odds of reporting symptoms of mania, ADD, and conduct disorder; girls with SUD were at increased risk for symptoms of depression, eating disorders, and hallucinations or delusions. Boys with SUP had increased odds of ADD symptoms, whereas boys with SUD had increased odds of reporting hallucinations or delusions. Boys with SUP or SUD had increased odds of reporting symptoms of conduct disorder. Youths with SUP and SUD also had higher psychiatric symptom scores and reported a wider range of psychiatric symptom types (number of types) compared with youths with NSU. **Conclusions.** Like those with SUD, adolescents with subdiagnostic SUP were at increased risk for experiencing a greater number of psychiatric symptoms

and a wider range of psychiatric symptom types than youths with NSU. Specifically, adolescents with SUP are at increased risk for symptoms of mood (girls) and disruptive behavior disorders (girls and boys). These findings suggest the clinical importance of SUP and support the concept of a continuum between subthreshold and diagnostic substance use among adolescents in primary care. Identification of youths with SUP may allow for intervention before either the substance use or any associated psychiatric problems progress to more severe levels. Copyright 2003, American Academy of Pediatrics.

### **The state of office-based interventions for youth tobacco use. (review).**

Pbert L; Moolchan ET; Muramoto M; Winickoff JP; Curry S; Lando H et al. *Pediatrics* 111(6): E650-E660, 2003. (127 refs.)

Tobacco use is a serious pediatric health issue as dependence begins during childhood or adolescence in the majority of tobacco users. Primary care settings provide tremendous opportunities for delivering tobacco treatment to young tobacco users. Although evidence-based practice guidelines for treating nicotine dependence in youths are not yet available, professional organizations and the current clinical practice guideline for adults provide recommendations based on expert opinion. This article reports on the current tobacco treatment practices of pediatric and family practice clinicians, discusses similarities and differences between adolescent and adult tobacco use, summarizes research efforts to date and current cutting-edge research that may ultimately help to inform and guide clinicians, and presents existing recommendations regarding treating tobacco use in youths. Finally, recommendations are made for the primary care clinician, professional organizations, and health care systems and policies. Pediatricians and other clinicians can and should play an important role in treating tobacco dependence in youths. Copyright 2003, American Academy of Pediatrics.