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Standardized Screening Tools for AUD

Announcer:

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Dr. Levesque:

This is CME on ReachMD, and I'm Dr. Annie Levesque. Here with me today is Dr. Edwin Salsitz. Let's dive right into a review of screening tools for alcohol use disorder. Dr. Salsitz, can you describe the SBIRT process, some useful screening tools, and how to interpret the results?

Dr. Salsitz:

Yes, thank you. Screening for alcohol use disorder in all primary care practices and other types of practices is very important, because alcohol use disorder is fairly common and very harmful. The term SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. And depending on what you find on the screening, you would proceed with the Brief Intervention and Referral to Treatment.

In terms of how do you screen patients, first and foremost, it should be done on all patients so that patients don't feel stigmatized in any way. There are very simple screening tools. The one that I like comes out of the National Institute of Alcohol Abuse and Alcoholism, and it's the single question that you can ask somebody: How many times in the past year have you had 5 or more for men, or 4 or more for women, drinks in one sitting. And if somebody answers even a 1, that would qualify to go on and discuss more about their alcohol use.

The other common screening test that's used is called the AUDIT. And the AUDIT comes in two forms is a 10-question AUDIT, and there's a 3-question AUDIT, which is called the AUDIT-C. It's relatively simple to administer. It asks about how often you drink, how much you drink when you do drink. It's a very good screening tool, it has good sensitivity and specificity, and the scoring is listed on the on the screening tool itself, which you can download from the web.

Dr. Levesque:

Thank you so much, Dr. Salsitz, for this overview. I think that the key message is that the recommendation is really to screen every patient annually, or when a person presents with a problem that could be related to alcohol use.

And I'd like to talk a little more about some groups of patients that may require a more adaptive screening tool. So for example the screening tools that we use for the general adult population may miss problematic alcohol use in elderly patients population because lower levels of alcohol use can be problematic in that population, and because it may present in different ways. So there are instruments like the SMAST-G, that is a shortened version of the Michigan Alcoholism Screening Tests that are tailored to the needs of older adults specifically. So the SMAST-G includes 10 questions that are answered by yes or no. And then if the person answers yes to 2 or more questions, it should trigger more evaluation.

In line with this, adolescents is another group that may need more adaptive screening tools. So the CRAFFT was validated specifically for adolescents who identify risky substance use. And if time is more limited, there is also a 2-question screening that can be done. So the first question would be to ask: in the last year, how many days have you had more than a sip of wine, beer, or any drink containing

alcohol? And the second question is: if your friends drink, how many drinks do they usually had in a single occasion? And so if the person answers anything that indicates some alcohol use for themselves, or if they indicate that their friends may be using 2, 3, or more alcoholic beverage on the same occasion, that should trigger more evaluation.

And then finally, I would like to say a few words about some findings on physical examination and lab testing that may be suggestive of alcohol use . So any unexplained physical sign of chronic liver disease should trigger some suspicion and trigger and evaluation for alcohol use. And labs like elevated GGT, or an elevation of AST/ALT with a ratio of AST to ALT greater than 2, are all highly suggestive of alcohol use, and should trigger more evaluation.

So I think our time is up. This has been an interesting discussion and thank you all for listening.

Announcer:

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