



Using CAGE-AID Instrument To Measure Substance Abuse Risk In Patients Attending A Private Pain Clinic.



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Introduction

Opioids have established a strong place in the treatment of non-cancer pain. Chronic non-cancer pain has many complex contributors, including the psychological status of the patient. One of the risks associated with this therapy is the misuse of prescribed drugs.

Studies suggest physicians may miss a diagnosis of alcoholism or substance addiction in many patients under their care. Many tools have been put forward to help identify those at risk for prescription opioid misuse. We have adopted the CAGE Adapted to Include Drugs (CAGE-AID) in our practice as a screening tool for alcohol and drug abuse.

The CAGE-AID is a simple four item self-report instrument administered to assess the risk of alcohol and drug abuse. A score of zero has a less than 2% risk of addiction, scores of 1, 2, 3, and 4 have substance abuse risks of 80%, 89%, 99% and 100% respectively. Two or more affirmative answers is considered a positive CAGE test.

We wished to examine whether this needed to be applied routinely, or whether other information we already gather could predict a positive CAGE-AID Score.

CAGE-AID Questionnaire

CAGE – AID (Answer Yes or No)

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you ever felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Methods

The patients were divided into 2 groups

CAGE-AID \leq 1, n = 137

CAGE-AID \geq 2, n = 24

The following demographic factors were reviewed: Age, Sex, Country of Birth, Marital Status, Highest Schooling, and Current living arrangements. Age was compared using Student's t-test, while all other parameters were assessed using Chi squared analysis.

Results

Those with a positive CAGE score tended to be younger, on average, however the age range on both groups largely overlapped. There were no other significant differences between the groups.

References

Brown, R. L. and L. A. Rounds (1995). "Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice." *Wis Med J* 94(3): 135-140.

Results

Parameters	CAGE \leq 1	CAGE \geq 2	pValue
AGE			
Average	57.8	49.7	<0.01*
Minimum	20	28	
Maximum	92	75	
Median	56	49.5	
SEX			0.62**
Male	57	12	
Female	71	12	
COUNTRY OF BIRTH			0.64**
Australia	90	18	
Overseas	38	6	
MARITAL STATUS			0.91***
De facto	11	3	
Divorced	14	2	
Married	65	11	
Separated	3	1	
Single	21	6	
Widowed	14	1	
SCHOOLING			0.17**
School	60	6	
TAFE	26	6	
UNI	19	7	
Other	23	5	
DOMESTIC LIVING ARRANGEMENTS			0.57**
Alone	28	5	
Partner/Spouse	44	4	
Partner/Spouse/Children	33	10	
Children	12	4	
Friends	3	1	
Parents	8	0	

*t-test; **Chi squared; ***Chi squared (Yates correction). <http://www.quantpsy.org/>

Discussion

Assessing the risk of alcohol and drug abuse is an important part of safely prescribing drugs of dependence.

Basic demographics of the patients provides little information with which to assess the risk.

CAGE-AID scoring (or similar opioid risk tool) should be considered for all patients being commenced on opioids and for those receiving large doses.

Key Points

CAGE-AID has been found useful in a pain clinic setting

Conflicts

Nil