CAPSULE COMMENTARIES

Capsule Commentary on McNeely et al., Validation of Self-Administered Single Item Screening Questions (SISQs) for Unhealthy Alcohol and Drug use in Primary Care Patients

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While alcohol use is common in the US, most regular users of alcohol are not risk users. And while illicit drug use is less common, it portends higher risk of user impairment. Although primary care providers are required to screen for these conditions, research consistently shows opportunities for improvement.¹ This gap could be due, in part, to both patient and provider perception of the screening activity. For example, screens measuring objective aspects of illness burden (e.g., blood pressure) usually do not illicit reactions pertaining to social desirability in the same way that screens for unhealthy relationships with drugs or alcohol do. Furthermore, perceived clinician burden of the screen can inhibit these important conversations.²⁻⁴

The article by McNeely et al. offers a promising solution.⁵ They sought to validate a single-item screening question (SISQ) for alcohol and other drug use to facilitate provider engagement. Tablet devices were used to deliver a self-report SISQ at two urban safety-net hospital clinics; the data were then used to examine the diagnostic efficiency of the SISQ. The authors report very reasonable area under the curve for ‘unhealthy use’ (AUC=0.79), ‘current risky use’ (0.83), and either ‘problem or substance use disorder’ (0.82 and 0.80, respectively). Results were generally similar with respect to the lower end of the spectrum for drug use (e.g., ‘unhealthy and risky use’) but had more diagnostic efficiency for ‘problem and substance use disorder’ (0.86 and 0.87, respectively).

This instrument is reasonably accurate and could easily be incorporated into practice. Compromises in diagnostic efficiency are offset by gains in ease of use and in minimizing provider-delivered screening questions about a stigmatized behavior. More often than not, being an effective primary care provider is about recognizing risk and initiating these difficult conversations. Unfortunately when it comes to alcohol and substance abuse screening, too often these important conversations fail to occur. In the end, clinical utility will often guide the choice of instruments. Those that are easy to use and promote conversations about stigmatized behaviors are preferred over instruments that are diagnostically more accurate but difficult to implement.

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REFERENCES

1. Whitlock EP, et al. Behavioral Counseling Interventions in Primary Care To Reduce Risky/Harmful Alcohol Use by Adults: A Summary of the Evidence for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2004;140(7):557–568.
2. Vital signs: binge drinking prevalence, frequency, and intensity among adults - United States, 2010. *MMWR Morb Mortal Wkly Rep.* 2012. 61(1): p. 14–9.
3. Stockwell T, et al. Under-reporting of alcohol consumption in household surveys: a comparison of quantity-frequency, graduated-frequency and recent recall. *Addiction.* 2004;99(8):1024–33.
4. McCormick KA, et al. How primary care providers talk to patients about alcohol: a qualitative study. *J Gen Intern Med.* 2006;21(9):966–972.
5. McNeely J, Cleland CM, Strauss SM, Palamar JJ, Rotrosen J, Saitz R. Validation of self-administered single item screening questions (SISQs) for unhealthy alcohol and drug use in primary care patients. *J Gen Intern Med.* 2015. doi:10.1007/s11606-015-3391-6.