

Health Professionals' Screening Tool for Alcohol Use

CAGE + 2 + Y



Busy clinicians need reliable and short screening tools.

The **CAGE + 2 + Y** was developed to assist health professionals in assessing their patients' alcohol use and to reinforce the Low-Risk Drinking Guidelines (LRDG). The LRDG are for people of legal drinking age. They are not for everyone. Some patients may require more intense intervention. The LRDG help people strike a balance so that those who choose to drink obtain alcohol's protective effect against heart disease, but do not put themselves at risk for other diseases such as stroke and cancers of the mouth, throat, esophagus, colon, rectum, and liver. Alcohol intake is also causally linked with breast cancer in women.

In clinical settings, a good assessment is an intervention in itself. This tool can be used to screen for alcohol use and open the door to a discussion on the LRDG.

How to use this tool

CAGE is one of the oldest short screening instruments. It has good validity, sensitivity and specificity and can be modified to include other drug use. However, it does not assess quantity or frequency of use. This is why 2 questions have been added. Also, it is not time bound, so it can be unclear if the problem is current or historical. This is why the Y is added. By adding 2+Y to CAGE a more complete screening tool has been developed.

(The Hamilton Project PACE, FASD, A Professional's Handbook for the Prevention of FASD)

ASK the CAGE questions

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

ASK the 2 quantity-frequency questions

- 1. How much?**
On a typical day, how many drinks to you have?
- 2. How often?**
On average, how many days a week do you drink alcohol?

Year If the patient answers yes to any of the CAGE questions ask, has this occurred during the past Year?

ASSESSING: CAGE + 2 + Y

A patient may be at risk for alcohol-related problems if

- the patient has answered yes to one or more CAGE questions, and said that this has occurred in the past year.

OR

- alcohol consumption exceeds 9 drinks per week or 2 per occasion (female).
- alcohol consumption exceeds 14 drinks per week or 2 per occasion (male).

ASSESSING: Problem Drinker or Alcohol Dependent?

The problem drinker needs to be distinguished from the alcohol dependent drinker because the treatment approaches for the two groups differ significantly. The problem drinker often responds to simple advice and brief counselling to reduce drinking to within the LRDG. The alcohol dependent patient usually requires more intensive treatment with abstinence as a treatment goal.

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Indication	Problem Drinker	Alcohol Dependent
Withdrawal symptoms?	No	Often The presence of withdrawal symptoms (tremor, morning relief drinking, seizures) should, almost always, indicate a diagnosis of alcohol dependence.
Amount Consumed?	More than 9/wk (F) More than 14/wk (M)	More than 40-60/wk.
Drinks moderately? (fewer than 4/day)	Often	Rarely
Social consequences?	Nil or mild	Often severe Examples of mild social consequences include sporadic arguments with partner, feeling fatigued at beginning of workweek and spending less time with family. Severe consequences include threatened or actual loss of job or partner.
Physical consequences	Nil or mild	Often severe Examples of mild physical consequences include hypertension, insomnia, and fatty liver. Severe consequences include alcoholic hepatitis and GI bleeding.
Socially stable?	Usually	Often not
Neglect of major responsibilities?	No	Yes

*(ARF, 2000, now known as CAMH)

ADVISE & ASSIST

Whether your patient is an abstainer or one who drinks within or beyond the LRDG, you can reinforce healthy choices or support changes.

CAN

For those individuals whom you have assessed to be at risk, additional intervention is required. A new acronym can be added – CAN.

Clearly express your concern regarding their use of alcohol. This alone sends a message that they can improve their health by reducing their alcohol use.

Advice your patients to drink within the LRDG or to abstain if they are alcohol dependent. Discuss the reasons for this.

Negotiate a change. If they believe that this will be difficult, discuss how they might achieve this goal. Review past efforts and why they may not have been successful. For those patients who feel they are unable to drink within the LRDG, discuss referral to an addiction counselling agency. Plan follow-up appointments.

COMMON Qs & As

Q – What do professional organizations recommend regarding the LRDG?

A – A team of medical and social researchers from the University of Toronto, and the Centre for Addiction and Mental Health developed the LRDG. They have been endorsed by a variety of organizations including the Association of Local Public Health Agencies and the Ontario Public Health Association.

Q – When is it appropriate to ask my patients about their alcohol use?

A - Ask your patients about their alcohol use as part of a routine assessment, before prescribing a medication that interacts with alcohol, and in response to problems that may be alcohol related.

Q – How can I avoid offending patients who may be sensitive to questions about alcohol use?

A – Inform your patients that this is part of a thorough health assessment. They are routine questions, and answers are confidential. You are asking about their alcohol use, just as you would ask about sleeping patterns, immunization status, smoking, exercise and eating habits.

Q – Will I be encouraging drinking by promoting the LRDG?

A – No. Clearly advise your patients not to start drinking for alcohol's health benefits. There are special populations (e.g. pregnant or nursing women, people taking sedatives, painkillers or sleeping pills) who should not drink at all. Explain that there are risks associated with alcohol use. The goal of the LRDG is to help people make informed choices in order to minimize their risk if they choose to drink. Although there may be benefits to drinking alcohol, drinking beyond the LRDG will not produce health benefits. In most cases, one drink every other day is enough.

Q – Some studies report that red wine reduces the risk of heart disease. How should I advise my patients?

A – Alcohol may protect against coronary heart disease by interfering with the formation of blood clots and slowing down the build up of plaque in the arteries. However, it is not the colour, type or brand of beverage but the alcohol itself that reduces the risk of heart attack and ischemic stroke. These benefits appear to be limited to men over age 45 and women past menopause.

Q – What happened to promoting an alcohol-free day?

A – For an average healthy person who drinks within both the daily and weekly limits, the risk of dependence is low. Spreading the weekly limit over 7 days reduces the risk of problems. Advise your patients that it would be wise to ensure that they can enjoy alcohol-free days. An inability to go without alcohol, or a perceived need to drink daily, is a sign of a potential problem. If they can't go without alcohol, encourage them to get help.