

Outcome Measure	Alcohol Use Disorders Identification Test (AUDIT)
Sensitivity to Change	Yes
Population	Adults (may also be used for adolescents)
Domain	Psychological Status
Type of Measure	Self-report scale or clinician interview
ICF-Code/s	e1
Description	<p>The AUDIT is a simple 10 question scale developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. The first edition was published in 1989 and was subsequently updated in 1992.</p> <p>The AUDIT is easy to score. Each of the questions has a set of responses to choose from, and each response has a score ranging from 0 to 4. Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (scores above 0 on questions 4–6 imply the presence of alcohol dependence).</p>
Properties	<p>See Reinert and Allen (2002) for a review of AUDIT properties. <i>Sensitivity & specificity</i> varies depending on ‘gold standard’ measure used and the population. the AUDIT has been shown to have a sensitivity of 0.84 and specificity of 0.71 in detecting alcohol abuse in the normal population (Saunders, Aasland, Babor, Fuente, & Grant, 1993).</p> <p>In a study of 113 people with predominantly moderate to severe TBI administered the AUDIT at 2 years post-injury, Bryce, Sptiz & Ponsford (in press), found good sensitivity of the AUDIT relative to alcohol use disorder diagnosed using the SCID-IV. The sensitivity and specificity of the manual-defined score of 8 on the AUDIT was 94% and 69% respectively, as compared with a SCID-IV alcohol use disorder. In comparison, using a cut-off score of 11, a lowered sensitivity, 88%, yet higher specificity, 87%, was obtained. It was concluded that in individuals with TBI, a cut-off score of 11 on the AUDIT may be the most appropriate an indicator of an alcohol use diagnosis.</p> <p><i>Internal Consistency:</i> The authors cite a Cronbach’s alpha reliability coefficient of .93.</p> <p><i>Test-retest reliability:</i> Lennings (1999) observed a correlation of .92 between the two full-scale AUDIT scores over a 2-week test-retest interval in university students. Maisto et al. (2000) reported a correlation of .64 over a 2-week period among primary care patients selected for alcohol treatment intervention. Daeppen et al. (2006) observed a .81 among 126 primary care patients over 6 weeks.</p>

Advantages	Has been used widely and recently validated in TBI population
Disadvantages	Not appropriate for use within 12 months of injury as questions relate to the past year. Medical advice to abstain from alcohol following injury may confound responses, with scores not reflecting subsequent or typical patterns of consumption.
Additional Information	The AUDIT is a Supplemental measure in the Psychological Status Domain in Wilde et al (2010)
Reviewers	Jennie Ponsford

References

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