

Alcohol Use Disorder Screening using Alcohol Use Disorder Identification Test (AUDIT)

Jung Kim*

Department of Radiology, Incheon St. Mary's Hospital, The Catholic University of Korea, Incheon, South Korea

OPINION

Because of its link to high rates of sickness, mortality, and interpersonal conflicts, alcohol misuse is a global health issue. Young people in Mexico are the demographic most affected by excessive alcohol consumption. Due to the lack of validation studies, this study aims to assess the psychometric properties of the Alcohol Use Disorders Identification Test (AUDIT) in the Mexican juvenile population. The Alcohol Use Disorder Identification Test (AUDIT) was used to screen 500 men and women seeking HIV testing for alcohol use disorder (AUD).

The AUDIT's efficacy in distinguishing between AUD caseness and non-caseness was determined using receiver operating characteristic (ROC) curve analysis. With 81 percent sensitivity and 77 percent specificity, a cut-off score of 10 on the AUDIT predicted AUD in men. A cut-off score of 7 resulted in the best sensitivity (82%) and specificity (82%) for women (82 percent). The AUDIT had a positive predictive value (PPV) of 49 percent and a negative predictive value (NPV) of 94 percent for men, and a PPV and NPV of 49 percent and 96 percent, respectively, for women. While the AUDIT can be used to quickly screen large groups of men and women seeking HIV testing, the instrument's poor PPV means that those who test positive may need to be evaluated further to rule out cases of AUD.

Even though the processes underlying this association are not well understood, the evening chronotype is substantially linked to higher alcohol consumption. The current study looked into emotion management as a possible link between evening chronotype and alcohol consumption. There were 81 undergraduate students that took part in the study. The Composite Scale of Morningness was used to determine chronotype (CSM). The Alcohol Use Disorder Identification Test was used to determine the severity of the alcohol use disorder (AUDIT). For seven days, participants used an online diary to record their sleep patterns. The participants were then given a standardised laboratory emotion management test to complete. Throughout the task, self-reported affect, high-frequency heart rate variability (HF-HRV), and pre-ejection period (PEP) were recorded. The duration of sleep on non-free days (days where sleep was constrained by morning commitments such as work or school)

was assessed as a moderator. Thirty-one evening chronotypes (CSM scores ≤ 26) and fifty non-evening chronotypes (CSM scores >26) were compared. Evening chronotypes had significantly more alcohol use disorder symptoms ($F = 4.399, p = .039$). Emotion management was successful in changing affective but not autonomic responsiveness to emotional stimuli in the entire sample. During the emotion control test, there were no variations in self-reported affect, HF-HRV, or PEP based on chronotype. Non-evening chronotypes with longer sleep duration on non-free days had higher HF-HRV during negative emotion regulation.

Regardless of sleep length on non-free days, moderated mediation revealed that emotion control did not mediate the association between evening chronotype and alcohol use. This research backs up previous research on chronotype and substance use, showing that undergraduate evening chronotypes are associated with a higher degree of alcohol use disorder. Emotion regulation as a putative mechanism linking chronotype and alcohol use remains equivocal because it did not successfully modify autonomic responsiveness to emotional stimuli. In terms of parasympathetic control during the regulation of unpleasant emotions, longer sleep duration appears to be protective for non-evening chronotypes.

Although the Alcohol Use Disorders Identification Test (AUDIT) has been demonstrated to have strong validity and reliability in clinical samples, little data on young problem drinkers, particularly college students, has been explored. The factorial validity and internal consistency of the 10-item scale were evaluated, as well as the validity of the AUDIT against two scales designed with a previous cohort specifically to measure hazardous (The Drinking Context Scale) and harmful drinking (the College Alcohol Problem Scale) in college students. Overall, the findings indicate that the AUDIT is a valid and reliable screening tool for college students, and that it could be useful in identifying young problem drinkers for early intervention programmes. Because alcohol is widely used to cope with work stress and frequent exposure to traumatic occurrences, problem alcohol use is common among first responders, making them an at-risk demographic for alcohol use disorders (AUD).

The psychometric features of the Korean version of the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) among

Correspondence to: Jung Kim, Department of Radiology, Incheon St. Mary's Hospital, The Catholic University of Korea, Incheon, South Korea; E-mail: Jkim@gmail.com

Received: November 03, 2021, **Accepted:** November 17, 2021, **Published:** November 24, 2021

Citation: Kim J (2021) Alcohol Use Disorder Screening using Alcohol Use Disorder Identification Test. *J Dep Anxiety* 10:437. doi: 10.35248/2167-1044.21.10.437

Copyright: © 2021 Kim J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

public first responders were explored in this study. A convenience sample of 222 public first responders was given the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders-IV-Text Revision (SCID), AUDIT-C, AUDIT, and CAGE. A subsample (n=24) was tested for one-week test-retest reliability. To assess diagnostic accuracy and determine the best cut-off values, researchers used receiver operating characteristic (ROC) curve studies. The cut-off scores were calculated using three separate analytic criteria. The AUDIT-C had strong test-retest reliability

and convergent validity (intraclass correlation value for test-retest reliability=0.91). The AUDIT-C had 0.87 and 0.93 areas under the ROC curves for any AUD and alcohol dependence, respectively. All three criteria supported a cut-off score of 7.5 (sensitivity=81.8 percent, specificity=79.8%) for any AUD, whereas two criteria suggested an 8.5 (sensitivity=85.7 percent, specificity=86.1 percent) for alcohol dependence. Finally, the AUDIT-C proved to be a quick and effective screening test for AUD among first responders, with good reliability and validity.