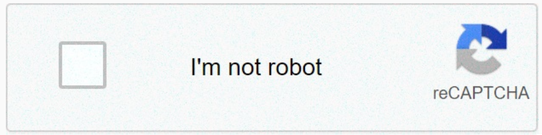

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Cage full form in psychiatric

[Jump to content] Have you ever felt like you should come down with your drink? Have people innoyed you criticizing your drink? Have you ever felt bad or G uilty for your drink? Have you ever had a drink first thing in the morning to calm your nerves or to get rid of the hangover (open ye)? Click here to see the website for cage element responses in cage are scored 0 or 1, with a higher score as an indication of alcohol problems. A total score of 2 or more is considered clinically significant. If the screen is positive, your doctor may further examine questions of quantity and frequency. Sensitivity: 74% Specificity 91% Buchsbaum DG, et al. Annals of Internal Medicine. 1991;115:774-777. CAGE (an acronym) is a 4-element questionnaire that may indicate potential problems with alcohol abuse. Please answer yes or no to the following questions: What is the CAGE questionnaire? The CAGE questionnaire is a series of four questions doctors can use to check for signs of possible alcohol dependence. The questions are designed to be less annoying than asking someone directly if they have a problem with alcohol. CAGE is an acronym that makes all four questions easy to remember. Each letter represents a specific question: Have you ever felt that you should reduce your alcohol consumption? Have people bothered you criticizing your drink? Have you ever felt bad or guilty about your drink? Have you ever had a drink first thing in the morning to calm your nerves or get rid of a hangover (eye opener)? Each question requires a simple yes or no answer. Each response does increase the chances that someone may have an alcohol dependency. Generally, two or three responses claim suggest strong alcohol consumption or alcohol use disorder. Doctors sometimes attach more importance to certain questions. For example, many consider the final question about drinking in the morning to be the most important question, as it is a sign that someone may be having withdrawal symptoms. There is some similar evidence doctors use to check for alcohol or substance use disorder. The most similar is called the CAGE-AID questionnaire. The addition of AID means Adapted to Include Drugs. These are the same four questions as the CAGE questionnaire, but it adds drug use along with alcohol use. Similar tests used to check for signs of alcohol use disorder include: Michigan Alcohol Screening Test (MAST). This is one of the oldest screening tests for alcohol use disorder. Includes 24 questions they ask about behavior and negative consequences. Try to evaluate someone's long-term history, rather than their current state. Proof of identification of disorders alcohol (AUDIT). This 10-question test checks for potentially dangerous consumption habits and alcohol dependence. Quick alcohol screening (FAST). This is a four-question test adapted from the AUDIT questionnaire that checks for patterns of alcohol consumption that could increase the risk of someone This test includes five questions that check for signs of alcohol abuse, such as fainting and very high tolerance. It was originally developed to check for dangerous consumption habits in pregnant women. There is a strong stigma around alcohol abuse and dependence. This can make it difficult for doctors to ask questions about a person's consumption habits. The CAGE questionnaire, along with related evidence, seeks to eliminate any potential for personal judgment by asking very simple and direct questions that do not accuse anyone of any irregularities. For example, the second question asks how others perceive their alcohol consumption, rather than wondering how someone's consumption directly affects those around them. The CAGE questionnaire is reported to accurately identify people with alcohol dependence issues 93 percent of the time. This makes the CAGE questionnaire a relatively accurate and quick way to screen people for alcohol dependence without making someone defensive or upset. The CAGE questionnaire is a list of four simple questions that are used to check for signs of alcohol dependence. While it's not a foolproof test, it can be a useful tool that only takes a minute or two of time and avoids some of the social stigmas surrounding alcohol consumption. When to usePearls/PitfallsWhy UseCAGE should be included among the standard history questions in primary care, emergency department, psychiatric and hospital settings. The recommendation of the National Institute of Alcohol Abuse and Alcoholism is that all patients who drink alcohol should be examined with CAGE questions. (Fiellin DA 2000) CAGE is designed for adults and adolescents >16 years. Other populations at risk where CAGE or other alcohol screening is indicated include:Pregnant womenPregnant studentsArding detainees and incarcerated persons, especially DWI and domestic violence offenders CAGE questions are 4 simple and easy to remember for alcohol use problems. The scale can be managed in < 1 minute by doctors. CAGE is a screening tool: detection measures are NOT intended to provide a diagnosis; diagnosis occurs if/when a patient examines positive. An abnormal or positive screening may raise suspicion about the presence of an alcohol consumption problem, while a normal or negative result should suggest a low likelihood of an alcohol use problem. Scores of 2 or more are a typical cut as positive screening, as studies show >90% sensitivity for diagnoses of alcohol disorders (excessive alcohol, alcoholism). Doctors often overlook alcohol in patients. (JM 1994 kitchens) Simply asking patients how much they drink often leads to an estimate of less than the actual number of alcoholic beverages per day. Alcohol disorders are treatable even if your doctor does otherwise. (JM 1994 kitchens) Without identification and treatment, alcohol problems lead to significant morbidity and mortality: Alcohol is an important factor in suicides, homicides, violent crimes and vehicle accidents. Nearly 88,000 people die annually from alcohol-related causes, making it the third leading cause of preventable death in the United States. (Centers for Disease Control and Prevention 2014) Alcohol is mainly or secondly involved in a large number of medical problems. The mortality rate for those who drink six or more drinks per day is 50% higher than the rate at matched controls. (Klatsky AL 1992) Have you ever felt that you needed to reduce your alcohol consumption? Have people bothered you criticizing your drink? Have you ever felt guilty about drinking? Have you ever felt like you needed a drink first thing in the morning (eye opener) to stabilize your nerves or get rid of the hangover? Fill in the required fields. John A. Ewing, MD(m. 2006) was an addiction therapy physician and professor of emeritus psychiatry at the University of North Carolina. He served as founding director of the Bowles Center for Alcohol Studies, where he developed the CAGE questionnaire. To view Dr. John A. Ewing's publications, visit PubMedContent ContributorsKatherine E. Taylor, MDJonathan Avery, MDRelated CalcsHas comments on this calculator? Mohammed Issa, ... Ajay D. Wasan, in Practical Management of Pain (Fifth Edition), questionnaire 2014CAGE (CAGE-AID): mainly used for the short detection of alcohol abuse, but has been adapted to include drugs.72Short Michigan Alcoholism Screening Test (SMAST-AID): Also adapted to include drugs.72Short Michigan Alcoholism Screening Test (SMAST-AID): Also adapted to include drugs.72 72 Prescription Opioid Abuse Checklist: Based on DSM-III-R.54Ser Prescription Drug Use Questionnaire (PDUQ) : developed by Miotto and his colleagues and includes 42 elements to be administered by trained physicians.73 According to the Substance Use Questionnaire.73Settlement : able to differentiate between patients with chronic pain and heroin abusers on the street.58Oid Risk Tool (ORT): classifies patients low (score 3 or lower), moderate (score 4 to 7) , or high (score of 8 or higher) risk of aberrant drug-related behavior.74Sequle selection for risk of addiction (STAR): developed by specialists in both painkillers and addiction medicine. The history of treatment in a drug or alcohol rehabilitation center is a significant predictor of continuous addiction with a positive predictive value of 93% and a negative predictive value of 5.9%.75DSM-III-R, Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised.JOSEPH MOLEA MD, in Cancer Pain, 2006The evaluation should include a family history of alcohol or drug abuse and screening with the CAGE questionnaire. :Cutting (Have you ever felt should you reduce your alcohol consumption?) Annoying (Have people bothered you criticizing your drink?) Guilty (Have you ever felt bad or guilty about your consumption?) Eye opener (Have you ever had a stable nerve eye opener in the morning?) Interpretation of CAGE questions:Answer yes to 2 questions: Strong indication for alcoholismRescing yes to 3 questions: Confirm alcoholismReviated cage questions: Joint joint review you used substances more than expected this year?2.Have you ever felt the need to reduce? Efficacy:Personal history of alcohol or drug abuseYes for both is 80% sensitive and predictive. Ask about previous alcohol problems, pre-treatment for detoxification, or participation in a rehabilitation program. Check for a history of DWI (drunk driving) or a history of legal complications that may be associated with drug and alcohol use. On the physical exam, look for drug or alcohol abuse stigmas, or both: jaunth, follow-up marks, spider angioma, hepatomegaly, tremor, or mild peripheral neuropathy. Laboratory tests should include blood alcohol level, complete blood cell count (CBC), liver enzymes, PT/PTT and blood and urine toxicology.111 Significant findings include: •Evidence of the etiology and severity of pain•Evidence of IM and IV injections and track marks•Evidence of other drug or alcohol use•Evidence of poisoning and withdrawal of opiates and other drugs or alcohol (unexplained trauma, poor hygiene, neglected disease).74.112If opiates seem appropriate treatment, only a sufficient amount should be provided to allow the patient to relieve pain during the period until the story can be verified, usually one or two days of medication only. NAZNIN ESPHANI MD, EDUARDO BRUERA MD, in Cancer Pain, 2006The CAGE questionnaire is a screening tool for alcoholism.26 Cage's positivity suggests the possibility of a patient using chemical means to cope with stress. Doctors face a challenge when trying to manage the symptoms of a patient with cage positive, especially as complex as pain. The CAGE questionnaire should be completed during a patient's initial evaluation, even before routinely asking about the amounts of alcohol or illicit drugs ingested. This improves the validity of CAGE results. A retrospective study68 showed that alcoholism is often underdiagnosed, and with a multidimensional approach using the CAGE questionnaire, the prevalence of alcoholism was much more. Alcoholism is a poor prognosis factor for pain management as well as patient and family coping skills.69.70 CAGE's positivity implies that patients can chemically cope with symptoms such as pain. There is a cross-addiction between ethanol, opioids and other drugs. Ethanol reward mechanisms involve release of endorphins. Therefore, we are interested in cage positivity not as a marker of ethanol use, but as a marker of aberrant use of opioids and other psychoactive drugs.71,72 Cancer pain patients should never be denied opioids if they have a CAGE but frank conversations with patients and the family regarding the difference between nociceptive and general suffering will help prevent inappropriate opioid dose escalation. The CAGE questionnaire consults patients on four topics: reduced alcohol consumption, discomfort from possible criticism of alcohol consumption, feelings of guilt about alcohol consumption, and to avoid hangovers. Joshua L. Roffman M.D., ... Theodore A. Stern M.D., massachusetts General Hospital Handbook of General Hospital Psychiatry (Sixth Edition), 2010The CAGE Questionnaire (Table 8-3)23 is a short clinic-run tool used to detect alcohol problems in many clinical settings. CAGE is an acronym for the four yes/no elements of the test, which requires less than 1 minute to administer. Answers Yes to two or more questions indicate a clinically significant alcohol problem (sensitivity has been measured from 0.78 to 0.81, specificity from 0.76 to 0.96), and positive detection suggests the need for further evaluation. The Alcohol Use Disorder Identification Test (AUDIT) is a 10-element questionnaire designed to detect problem drinkers at the least severe end of the spectrum, prior to the development of alcohol dependence and associated medical diseases and major life problems arising from drinking.24 Audit can quickly detect dangerous alcohol consumption (sensitivity 0.92 and 0.94 specificity) in outpatient settings and allow early intervention and treatment for alcohol-related problems, often before brief CAGE questions are positive. A scale widely used to evaluate diagnoses related to clinically significant drugs past or present, drug abuse screening (DAST)25 is a self-administered instrument of 28 or 20 items that takes several minutes to complete. If the subject answers yes to five or more questions, a drug abuse disorder is likely to be done. The instrument includes consequences related to drug abuse (without being specific on drugs); is most useful in environments where drug-related problems are not the patient's main complaint. Catherine A. Haighton, ... Eileen F.S. Kaner, in Interventions for Addiction, 2013Clinicians are often familiar with laboratory indicators for excessive alcohol consumption, such as medium corpuscular volume, gamma-glutamil transferase (GGT), and carbohydrate-deficient transferrin. However, in medical practice, standardized questionnaires have been found to have greater sensitivity and specificity than laboratory indicators; they are also much less intrusive and more acceptable to patients. In addition, questionnaire-based screening is less expensive than laboratory analysis. The CAGE questionnaire, named after your four questions, is one of those examples that can be used to quickly examine patients at a clinical meeting. CAGE is an easy-to-use international screening test to identify patients who are experiencing alcohol problems and potential alcohol problems. The name CAGE is an acronym formed by the first letter of keywords (cut, annoying, guilty, eye opener) of each of the four screening questions:1.Have you ever felt that you should reduce your alcohol consumption?2.Have you ever had to drink in the early morning to stabilize your nerves or to get rid of a hangover (eye opener)? the Questionnaire is best used in a clinical setting as part of a general medical history shot and should not be preceded by any questions about alcohol intake because its sensitivity is dramatically enhanced by an open introduction. Two responses are considered clinically significant (sensitivity of 93% and a specificity of 76% for the identification of alcohol consumption problems), compared to the liver function test GGT which detects only one third of patients who have more than 16 standard drinks per day. While the CAGE questionnaire has shown high effectiveness in detecting alcohol-related problems, it has limitations in people with less serious alcohol-related problems, white women, and college students. The Alcohol Use Disorder Identification Test (AUDIT) was the first screening tool specifically designed to detect the consumption of dangerous and harmful alcohol in primary and secondary health care settings and in various countries and beverage crops. AUDIT is a 10-element questionnaire that includes elements on the frequency and intensity of alcohol consumption (alcohol drink), along with the experience of alcohol and dependency issues (see Fig. 30.1). With a score of 8 or more than a possible 40, AUDIT's ability to detect genuine excessive drinkers (sensitivity) and exclude fake cases (specificity) is 92 and 94%, respectively. Therefore, AUDIT is a high-precision tool, which has been validated in a large number of countries with consistently strong psychometric performance. It is now considered to be the standard gold detection tool for detecting the consumption of dangerous and harmful alcohol in primary care patients. When AUDIT has been applied in routine primary care, approximately one in five patients has tested positive for dangerous or harmful alcohol consumption. FIGURE 30.1. Alcohol Use Disorder Identification Test (AUDIT). However, even with only 10 items, the full AUDIT has been considered too long for use in routine practice due to the limited amount of time available to doctors. In addition, because four out of five patients tend to test negative for dangerous and harmful alcohol consumption, doctors need an efficient screening method to identify relevant patients who need alcohol intervention. For this reason, several shorter versions of the AUDIT have been developed, including the following: •AUDIT-C – the first three elements (consumption) of the full AUDIT. A score of 5+ indicates dangerous or harmful consumption.•AUDIT-PC – the first two questions (consumption) of the AUDIT further completes Articles 4, 5 and 10, which focus on alcohol-related problems and the possible A score of 5+ indicates dangerous or harmful consumption.•Rapid alcohol detection test – a two-stage detection procedure based on four of the original AUDIT elements. Point 3 is first requested and classifies more than half of respondents as non-hazardous or dangerous drinkers. Only those not classified in the first stage move to the second stage, which consists of points 5, 8 and 10 of the AUDIT. A One apart from never either of these three items classifies the defendant as a dangerous drinker.•Unique alcohol detection questionnaire : When was the last time you had more than x drinks in a day? (where x 5 for men and 4 for women (US values) and 8 for men and 6 for women (UK values)) – Possible answers are never, for 12 months, 3-12 months, and within 3 months. The last answer suggests dangerous or harmful consumption. These short instruments take less time to administer than the full AUDIT, but are generally less accurate than the longer tool. Moreover, they do not clearly differentiate between the consumption of dangerous, harmful and dependent alcohol. However, a recent review of AUDIT and its shorter variants reported that shorter tools have relatively good psychometric properties and that AUDIT-C in particular was almost as accurate as full AUDIT. Therefore, a pragmatic approach for primary care physicians may be to use AUDIT-C as a preselection tool to quickly filter negative cases, and then administer the remaining seven questions to audit the smallest group of positive cases to provide an accurate and differential assessment of alcohol-related risk or harm. AJ Gordon, ... DA Fiellin, in Comprehensive Handbook of Alcohol Related Pathology, 2005The CAGE questionnaire has proven to be a useful tool for detecting alcohol abuse and dependence (Ewing, 1984). Perhaps it was the first instrument to be studied as a screening test for alcohol abuse and dependence. CAGE has been well validated in a variety of populations and continues to be widely used (Bush et al., 1987; Buchsbaum et al., 1991). Due to its longevity of use and brief and easy-to-remember questions, the applicability of CAGE to identify alcohol abuse and dependence has been studied only compared to other screening instruments (Buchsbaum et al., 1991, 1992b; Fleming and Barry, 1991a; Chan et al., 1994; Brown and Rounds, 1995; Morton et al., 1996; Volk et al., 1997a; Cherpitel, 1998; Rumpf et al., 1998; Steinbauer et al., 1998). With any affirmative response, CAGE has a sensitivity range of 60 to 71% (84-88% specificities) on a variety of stages (Fleming and Barry, 1991a; Brown and Rounds, 1995). In other studies, with two positive responses, CAGE increases its sensitivity from 21 to 94% (with specificities of 77-97%) (Bush et al., 1987; Buchsbaum et al., 1991; Fleming and Barry, 1991a; Chan et al., 1994; Brown and Rounds, 1995; Steinbauer et al., 1998). CAGE has limitations as the sole assessment of alcohol elimination and dependence. Without a clue in question, CAGE does not distinguish between current and past problems related to alcohol consumption. CAGE may have gender (Steinbauer et al., 1998). Finally, it is less effective when trying to detect less severe AUD and its discriminatory ability to determine less serious AUD is problematic. For example, one study found a sensitivity of 53% of CAGE to for combined diagnoses of harmful alcohol, alcohol abuse and alcohol dependence (Rumpf et al., 1997). In short, CAGE's inability to detect less severe AUD and distinguish between current and lifetime abuse and dependence is likely to impede its ability to become a single AUD detection measure in primary care settings (Bradley et al., 1998b). Despite these limitations, due to its brevity and easily remembered mnemonic, CAGE is often recommended as the questionnaire for use by busy primary care professionals to detect alcohol abuse and dependence (Allen et al., 1995). As with other instruments, any positive response to CAGE should prompt further discussion and evaluation of alcohol consumption (Mayfield et al., 1974; Kitchens, 1994). Morley D. Glicken, Bennie C. Robinson, in Treating Workers' Dissatisfaction During Economic Change, 2013 According to tests of all kinds can be useful in determining whether substances are used to a extent that may be causing serious operational problems at work. They are as follows.Miller (2001) reports that two simple questions asked to substance abusers are 80% likely to diagnose substance abuse: In the last year, have you ever drunk or used drugs more than you wanted? and have you felt like you wanted or needed to reduce your drink or drug abuse in the last year? Miller reports that this simple approach has been found to be an effective diagnostic tool in three controlled studies using randomized samples and laboratory tests for alcohol and drugs in the bloodstream after interviews. Stewart and Richards (2000) suggest that four questions in the CAGE questionnaire are predictive of alcohol abuse. CAGE is an anachronism for Cut, Annoyed, Guilty and Eye-opener (see questions below). Since many people deny their alcoholism, asking questions in an open, direct, non-judicial way can get the best results. The four questions are: 1.Cut: Have you ever felt like you should reduce your drink?2.Annoyed: Have you ever drunk people criticizing your drink?3.Guilty: Have you ever felt guilty about your drink?4.Eye-opener: Have you ever had a drink in the early hours of the morning (eye opener) to stabilize your nerves or get rid of a hangover? (Bisson, Nadeau and Demers, 1999, p. 717) Stewart and Richards (2000) write: A patient who answers yes to two or more of these questions is likely to abuse alcohol; a patient who answers yes to a question should be examined more thoroughly (p. 56). Morley D. Glicken DSW, in Evidence-Based Counseling and Psychotherapy for an Aging Population, 2009Miller (2001) reports that two simple questions asked to substance abusers have an 80% chance of Substance abuse: In the last year, have you ever drunk or used drugs more than you wanted? and have you felt like you've felt or wanted to reduce your drug abuse in the last year? Miller reports that this simple approach has been found to be an effective diagnostic tool in three controlled studies using random samples and alcohol and drug tests in the bloodstream after interviews. Stewart and Richards (2000) and Bisson et al. (1999) suggest that four questions from the CAGE questionnaire are predictive of alcohol abuse. CAGE is an acronym for Cut, Annoyed, Guilty, and Eye-Opener (see questions below). Since many people deny their alcoholism, asking questions in an open, direct, non-judicial way can get the best results. The four questions are: 1.Cut: Have you ever felt like you should reduce your drink?2.Annoyed: Have you ever drunk people criticizing your drink?3.Guilty: Have you ever felt guilty about your drink?4.Eye-Opener: Have you ever had a drink in the early hours of the morning (eye opener) to stabilize your nerves or get rid of a hangover? (Bisson et al., 1999, p. 717). Stewart and Richards (2000) write: A patient who answers yes to two or more of these questions is likely to abuse alcohol; a patient who answers yes to a question should be examined more thoroughly (p. 56). Not everyone is sure that the CAGE instrument, developed in the late 1970s to distinguish heavy drinkers from moderates, is an effective diagnostic tool. (1999) they write: If CAGE were of any use as an instrument to report on the prevalence or incidence of excessive alcohol consumption in the population, it would have discriminated between heavy and non-heavy drinkers. Our results show that this is not the case (p. 720). The authors think that the instrument is less than precise because many people have a new awareness of alcoholism and have tried to do something to limit their alcohol consumption. In addition, the instrument asks about last year's alcohol consumption. Because subjects may have changed their alcohol-related behavior, responses can be misleading. Alcohol consumption has also declined somely nationally. As a result, a direct series of questions answered sincerely may not distinguish those who drink a lot from those who drink moderately because the answers from both groups may tend to be the same. This finding supports the concern that brief questions may not be accurate in diagnosing substance abuse and that diagnosis requires an in-depth social, emotional, and medical history in which DSM-IV guidelines provide guidance for the types of historical and medical problems one might seek. Perhaps this lack of an in-depth history is why Backer and Walton-Moss (2001) found that completely 20-25% of all patients with alcohol-related problems were medically treated for the symptoms of alcoholism rather than for the condition itself, and that a diagnosis of alcohol abuse was never made in nearly a quarter of all alcoholics seen for Doctor. Another instrument for assessing alcohol consumption is The MAST-G (Blow et al., 1992), which was developed specifically for use with older adults. Questions about the instrument are related to life situations among older adults who may have acted as catalysts for excessive alcohol consumption. An example is the #20 of elements, which if alcohol consumption has increased after experiencing a loss. The MAST-G consists of 24 yes or no items that can take many older adults a long time to complete. The 10-item Short Michigan Alcoholism Screening Test-Geriatric (SMAST-G) version is also available. Two or more responses claimed in SMAST-G indicate an alcohol problem (Blow, 1991). Joshua S. Adler, Andrew D. Auerbach, in Complications in Head and Neck Surgery, 2009Gy the prevalence of alcoholism in the population of head and neck surgery, it would be wise to examine all patients for current alcohol consumption using the standard CAGE questionnaire: Are you thinking of reducing? Do you get angry when people ask about your drink? Do you feel guilty about your drink? Have you ever had an eye opener? Answering two or more CAGE questions is 93% sensitive and 76% specific for detecting patients with alcohol addiction problems. Patients in this category should be examined with additional questions about the duration of their alcohol consumption, their last withdrawal period, whether or not they have had problems related to driving or working as a result of alcohol, and whether they have had symptoms of withdrawal, delirium or seizures as a result of alcohol. The maximum risk of patients' alcohol withdrawal symptoms is 3 to 5 days after their last drink. In general, the severity and duration of withdrawal symptoms is proportional to the duration of alcohol consumption and the amount of alcohol consumed daily during that time period. Patients who have had delirium tremens or seizures in the past are at the greatest risk. Explore journal books and books