

## Routine CAGE Screening for Alcohol Use Disorders Among Veteran Outpatients May Not Be Cost-Effective

In the United States, alcohol misuse is responsible for about 100,000 deaths and \$185 billion in costs annually. Research evidence shows that brief interventions can reduce alcohol consumption and improve health outcomes, thus many groups recommend screening adults in primary care settings. There is ongoing debate about how best to translate these recommendations to real-world settings.

The VA requires annual alcohol screening and monitors screening as a quality measure and thus provides an ideal laboratory for studying the impact of implementing evidence-based interventions. This study sought to determine the extent to which VA patients are screened and diagnosed with alcohol use disorders, as well as the numbers who receive follow-up evaluations. Using data from several VA databases, this study focused on 15,580 veterans seen in 2002 across 139 VA medical centers. During this time period, the CAGE questionnaire was the screening instrument for most clinic settings. Investigators examined information about patient demographics, medical and mental health diagnoses, and service utilization for the six months before and after patient alcohol screening.

Results show that 74.2% of eligible veterans had been screened for alcohol use disorders. Of those, 4.2% screened positive, but less than half of them were diagnosed with an alcohol disorder, representing only 1.7% of the original cohort of 15,580. This relatively low yield from the CAGE raises questions about the value of large-scale, routine screening, as well as the frequency of screening with this instrument. Study findings also show that the likelihood of being screened for alcohol problems was lower at academically affiliated medical centers, and follow-up evaluation for positive screen was less likely at the largest facilities. Veterans with a service-connected disability and those with a psychiatric disorder were less likely to be screened, but were more likely to be followed up if screening was positive.

**\*Important Note:** The majority of the veterans in 2002 were screened using the CAGE questionnaire which focuses on detecting clinical alcohol abuse/dependence rather than risky drinking. VA currently mandates the Alcohol Use Disorders Identification Test (AUDIT-C), which has been shown to be more sensitive in detecting less severe alcohol problems that may be more amenable to brief counseling interventions during the office visit. Future investigations are needed to evaluate the impact of current policy, but the higher yield of the AUDIT-C, as well as the use of non-MD clinicians to administer the instrument, are expected to improve overall cost-effectiveness.

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