

Structured Interview Tools

Alcohol and Drug Diagnostic Instrument (ADDIS) and Substance Use Disorder Diagnostic Schedule (SUDDS)

The ADDIS is the Swedish version of the SUDDS, which consists of a structured series of questions designed to elicit information to allow a diagnosis of substance abuse dependence and abuse in accordance with DSM-III-R criteria. ADDIS takes approximately 45 to 60 minutes to complete. Jonasson and colleagues (34) administered the ADDIS interview to 243 orthopedic and chronic pain patients who were referred to an orthopedic hospital ward for rehabilitation. The study cohort was mostly female (61.5%) and married or cohabiters (69%) and had been on sick leave for at least 1 month. All patients were interviewed during their first week in the hospital concerning their use of alcohol and drugs. Eighty patients (33%) were found to have some form of substance abuse disorder according to DSM-III-R criteria, including 22% with abuse or dependence on analgesics, 14% on alcohol, and 7% on sedatives. When DSM-IV criteria were used, 64 patients (26%) were diagnosed with a substance abuse disorder, including 18% with abuse or dependence on analgesics, 9% on alcohol, and 4% on sedatives. Overall, 18 patients (8%) had multiple substance abuse disorders. In the cohort, patients with an analgesic use disorder according to DSM-III-R were more likely to be receiving dextropropoxyphene than those without this disorder (47% vs. 26%, $P = .003$).

Comment: ADDIS and SUDDS are suitable instruments for assessing dependence or abuse in chronic pain patients who are receiving opioid analgesics, but the structured interview may be time-consuming.

Structured Clinical Interview for DSM-III-R, Patient Version (SCID-P)

The SCID-P contains sections allowing lifetime and current diagnoses of alcohol or drug abuse or dependence, in addition to other sections to assess psychiatric disorders. The substance abuse section is often used as the gold standard for comparing the sensitivity and specificity of various screening tools. For example, Dyson and colleagues (20) used diagnoses from SCID-P as the criterion measure for assessing the validity of several different screening tools, including CAGE-AID, SMAST, and DAST. Similarly, Gavin and colleagues (35) established the diagnostic validity of DAST for classifying patients according to comparisons with SCID-P.

The SCID-P has performed very well in studies of patients admitted to psychiatric facilities. In a study of 89 psychiatric patients, Albanese and colleagues (36) assessed the accuracy of the substance abuse section of SCID-P (administered by 2 of the authors) versus urine toxicology tests and admission/discharge evaluations performed by hospital staff. (Hospital staff consisted of either the treating psychiatrist, treating psychologist, residents, or interns under the supervision of senior staff). SCID-P was more accurate than urine toxicology and admission/discharge evaluations in identifying current substance abuse.(36) One would expect trained research staff using a

systematic substance abuse tool to perform better than a clinical team composed of staff with various levels of training and experience. Perhaps the most relevant observation of this study is that current clinical practice can be improved through the routine use of systematic tools like the SCIP-P, and that even “objective” laboratory tests like urine toxicology screens have limitations.

Comment: SCID-P has yet to be validated in the pain treatment setting. A laptop-administered version that scores the tool immediately is also available.