

C A G E Screen Information and Use

GENERAL INFORMATION ABOUT C A G E: The CAGE questionnaire, a mnemonic for attempts to **C**ut down on drinking, **A**nnoyances with criticisms about drinking, **G**uilt about drinking, and using alcohol as an **E**ye opener.

INDICATIONS FOR USE: Self report screening instrument that is well suited for use in busy medical settings where there is limited time for patient interviews. It uses 4 straight forward yes/no questions that clinicians can easily remember. CAGE can be self-administered or conducted by a clinician. Proven utility for use in routine health screening of adults and adolescents over the age of 16. The screen may identify individuals with alcohol problems that may have been otherwise missed. The CAGE screen may fail to detect low but risky levels of drinking.

Improved results are found when CAGE questionnaire is incorporated into quantity and frequency questions as recommended in the **NIAAA *The Physicians' Guide to Helping Patients With Alcohol Problems*** (located ***** on the MERF web site).

TIME TO ADMINISTER: 1 minute

UTILITY OF USE:

- Adults and adolescents over the age of 16.
- Very useful as bedside instrument
- The favorite screen for busy family practice and general internists. Also popular in nursing.

CAGE performs best in men and less well in women and minority populations. See above for recommendations on incorporating CAGE questions with NIAAA Physicians' Guide to Helping Patients with Alcohol Problems.

SCORING C A G E

LIKELIHOOD RATIOS WITH CAGE SCORES IN 821 GENERAL MEDICAL OUTPATIENTS				
DG Buchsbaum, RG Buchanan, RM Centor, SH Schnoll, MJ Lawton. Screening for alcohol abuse using CAGE scores and likelihood ratios. <i>Annals of Internal Medicine</i> 1991 115: 774-7.				
CAGE Score	Alcoholic	Non-alcoholic	Likelihood ratio	Probability of abuse or dependence
0	33	428	0.14	7%
1	45	54	1.50	46%
2	86	34	4.50	72%
3	74	10	13.00	88%
4	56	1	100.00	98%

Score of **2 or greater** associated with SENSITIVITY of 74% and SPECIFICITY of 91%

Score **1:** Evidence of AT RISK. Indicates need for further clinical investigation, including questions on amount and frequency, etc..

Score **2 or more :** Evidence of CURRENT PROBLEM. Indicates need for further clinical investigation and/or referral as indicated by clinician's expertise.

Score **3 or more:** Evidence of dependence until ruled out. Evaluate, treat and/or referral as indicated by clinician's expertise.

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SOURCE REFERENCE:

Ewing, J.A. (1984). Detecting alcoholism: The CAGE questionnaire. *JAMA: Journal of the American Medical Association*, 252, 1905–1907.

SUPPORTING REFERENCES:

Reynaud, M., Schwan, R., Loiseaux-Meunier, M.N., Albuisson, E. & Deteix, P. (2001). Patients admitted to emergency services for drunkenness: Moderate alcohol users or harmful drinkers? *American Journal of Psychiatry*, 158(1), 96-99.

Aertgeerts, B., Buntinx, F., Fevery, J. & Ansoms, S. (2000). Is there a difference between CAGE interviews and written CAGE interviews. *Alcoholism: Clinical and Experimental Research*, 24(5), 733-736.

Fiellin, D.A., Reid, M.C. & O'Connor, P.G. (2000). Screening for alcohol problems in primary care: Systemic review. *Journal of General Internal Medicine*, 15(Suppl. 1), 65-66.

Mayfield, D., McLeod, G. & Hall, P. (1974). The CAGE questionnaire: Validation of a new alcoholism instrument. *American Journal of Psychiatry*, 131, 1121-1123.