

**GUIDELINE**

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**Title: Screening for Problem Alcohol Use: The CAGE Questionnaire in Palliative Care**

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**Approved By: Palliative Care Clinical Practice Guideline Committee**

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**PURPOSE:**

Studies suggest that physicians and other health professionals fail to detect problem alcohol use a majority of the time and regardless of clinical setting (1, 13, 3, 4, 5). Undetected problem alcohol use can impede the delivery of optimal palliative care by complicating symptom management and preventing effective coping (13, 18, 20, 40, 41, 42, 43, 48, 69). The CAGE Questionnaire is a reliable, easily-administered screening tool that can aide in assessment and management of problem alcohol use (1,2,3, 4, 5,8,9,10,11, 12,15,17,18,20,21,22,23,24).

**DEVELOPMENT:**

Articles were identified with MEDLINE and CINAHL using the search terms “alcohol screening” and “screening for problem drinking”. Some studies were also identified from reference lists included in books and articles (see attached reference list). Articles and abstracts of reviews and clinical trials written in English were used.

**BACKGROUND:**

Problem alcohol consumption has significant impact on society in general and in particular on health status. In 1992 alcohol problems accounted for 40.8% of total Canadian expenditures on substance abuse problems and 1.1% of Canada's Gross Domestic Product (58). Population based studies indicate the prevalence of alcohol use disorder to range from 6-10% for the preceding 12 months and 8.1% to 25.8% for a lifetime (40). The prevalence of alcohol-related problems in palliative care patients is unknown but is probably higher than in the general population (40). A number of cancers are strongly associated with and may be caused by alcohol use. These include some head and neck cancers, liver carcinomas, and possibly some gastrointestinal and urinary tract cancers (40, 65, 70).

Alcohol and substance abuse is considered a poor prognostic factor for cancer pain control (13).

Undetected alcohol use disorders can result in iatrogenically mediated opioid abuse and opioid toxicity in palliative care patients (42, 68). Multidimensional patient assessment in palliative care is considered a minimum standard of care and such an assessment necessarily entails assessment of alcohol use history and risk (41). The CAGE Questionnaire has proven to be a useful part of a multidimensional assessment in the Capital Health Regional Palliative Care Program since the mid-1990's (41).

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The CAGE Questionnaire was developed in 1970 by Dr. John A. Ewing as a tool for identifying the hidden alcoholic (21, 22, 23, 24). It consists of four simple questions which when administered properly have been shown to be a valid and reliable screening tool for detection of problem alcohol use (47, 59, 63, 64).

### PROCEDURE:

The CAGE questionnaire consists of four simple questions. The term “CAGE” is an acronym derived from these questions (see below). The questionnaire should be completed once as part of an initial multidimensional assessment by a palliative care consultant. When the CAGE questions are included as part of a baseline assessment, they become a natural part of the medical history and there is less chance of eliciting a defensive response from the patient.

The CAGE questionnaire screens for problem alcohol use only. It is not designed to screen for other types of substance abuse.

The CAGE questions pertain to the whole life of the patient. It is important that the interviewer make this clear to the patient.

Questions related to alcohol use that are not part of the CAGE questionnaire should be asked **after** the CAGE questions have been completed. e.g. questions regarding volume of alcohol consumed, date of last alcohol consumption, and periods of abstinence are important parts of a thorough assessment but should be asked after the CAGE questions so as not affect the validity of the CAGE questionnaire (21, 22, 23, 24).

### ADMINISTERING THE CAGE QUESTIONNAIRE:

- Ask the following questions in the order in which they are listed. Score one point for each affirmative answer. Do not ask any other questions about alcohol use prior to asking these questions.

1) Have you ever felt you should cut down on your drinking? (Cut down)

2) Have people annoyed you by criticizing your drinking? (Annoyed)

3) Have you ever felt bad or guilty about your drinking? (Guilty)

4) Have you ever had a drink first thing in the morning or to get rid of a hangover? (Eye-opener)

Score: \_\_\_ /4

2/4 or greater = positive CAGE, i.e. “probable diagnosis of alcoholism” (21, 22, 23, 24).

**Tips for Use and Interpretation of the CAGE in Palliative Care:**

- 1) Uncertainty exists regarding the significance of the date of last alcohol consumption. Though even remote problem alcohol use may complicate current symptom management, it should be kept in mind that some patients may have developed more effective coping skills since an earlier period of problem alcohol use. In these patients, a positive CAGE score may not necessarily indicate complicated symptom management.
- 2) Most patients with a positive CAGE score do achieve stable pain control. However, in the positive CAGE group this occurs at higher opioid doses than in those with negative CAGE scores (25).

**References for CAGE Alcohol Use Questionnaire**

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