

DATA SUPPORTING THE VALIDITY OF DSM-IV AND DSM-IV-TR DEPENDENCY DIAGNOSES BASED ON THE SUDDS-IV INTERVIEW

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The following sets of tables are from two manuscripts. The first set (Tables 1 and 2) is from a study of alcohol dependence and the second (Tables 3 and 4) from a similar study of cocaine dependence. Both studies are based on state prison inmates. The SUDDS-IV (Substance Use Disorder Diagnostic Schedule-IV) automated diagnostic interview was used as a computer prompted structured interview.

Not only do the dependent individuals tend to display symptomatology well beyond the minimal indications necessary for a diagnosis of dependence, they tend to be positive for at least three of the four abuse criteria as well. In contrast, the abuse cases tend to manifest only one or two categories of abuse. Thus, dependence emerges as the more severe and distinct syndrome for both alcohol and cocaine.

The so-called diagnostic orphans are defined as those individuals who acknowledged some dependence criteria, but did not meet diagnostic criteria for either abuse or dependence. The nature of how individuals become diagnostic orphans is different for alcohol and cocaine. For alcohol, the most common criterion endorsed is tolerance. That is, the individual reports being able to drink more without the same effect or needing to drink more to get the same effect than previously. This could simply be associated with consistent or heavy drinking in the absence of any other substance use disorder criteria. For cocaine, the amount of time spent using is the most common criterion met. This could be associated with the items such as the one indicating that the individual repeatedly spent an entire day using or recovering from use. This might be expected from a "recreational" user of cocaine in party settings.

In summary, **the SUDDS-IV data support other research findings that dependence is the more severe and distinct condition.** Dependence diagnoses for both alcohol and cocaine are distinct from abuse, and individuals meeting the dependence diagnoses can be readily discriminated from abuse cases, diagnostic orphans, or those without any substance related problems. The abuse diagnoses are not as distinct from the diagnostic orphans but present a very distinct profile from dependence.

The data also support the argument that researchers and program evaluators as well as clinicians should make clear distinctions between abuse and dependence. The dependence distinction has been reported in various research reports including longitudinal studies. These suggest that **dependence is not only the more severe condition, but also has the poorer prognosis.**^{1,2,3} For example, one study found that the majority of alcohol abuse cases were found to have no further diagnostically related problems while the opposite was true for dependence cases.⁴ **The differential prognosis between abuse and dependence has implications for the evaluation of treatment programs as well as treatment planning for individual cases.** Programs treating dependent cases would be expected to utilize a greater intensity and duration of services and to have greater difficulty in achieving recovery in terms of no further problems than programs treating abuse cases.

¹ Hasin, D., Van Rossem, R., McCloud, S., & Endicott, J. (1997). Alcohol dependence and abuse diagnoses: Validity in community sample heavy drinkers. *Alcoholism: Clinical and Experimental Research*, 21, 213-219.

² Hasin, D. S., Van Rossem, R., McCloud, S., & Endicott, J. (1997). Differentiating DSM-IV alcohol dependence and abuse by course: community heavy drinkers. *Journal of Substance Abuse* 9, 127-135.

³ Schuckit, M. A., Smith, T. L., Danko, G. P., Bucholz, K. K., Reich, T., & Bierut, L. (2001). Five-year clinical course associated with DSM-IV alcohol abuse or dependence in a large group of men and women. *American Journal of Psychiatry*, 158(7):1084-1090.

⁴ Schuckit, M. A., Smith, T. L., & Landi, N. A. (2000). The 5-year clinical course of high-functioning men with DSM-IV alcohol abuse or dependence. *American Journal of Psychiatry*, 157 (12). 2028-2035.

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Table 1
Distribution of Positive Diagnostic Categories for Alcohol

	Diagnostic Orphans n = 103	Abuse Only n = 218	Dependence n = 402
Number of Dependence Criteria			
0		40%	
1	80%	30%	
2	20%	30%	
3			15%
4			15%
5			16%
6			18%
7			36%
Number of Abuse Criteria			
0			4%
1		35%	6%
2		38%	12%
3		21%	33%
4		3%	45%

Table 2
Proportion of Individuals Positive for Alcohol Dependence and Abuse Criteria

	Diagnostic Orphans n = 103	Abuse Only n = 218	Dependence n = 402
Dependence Criteria			
Tolerance	64%	21%	81%
Withdrawal	3%	3%	62%
Unplanned/excessive use	15%	19%	71%
Desire/attempts to restrict use	4%	7%	73%
Excessive time spent using/recovering	11%	12%	87%
Sacrifice of activities to use	1%	6%	78%
Medical/psychological consequences	21%	21%	83%
Abuse Criteria			
Failure to fulfill role obligations	0%	17%	77%
Use causing danger to self or others	0%	69%	85%
Legal consequences	0%	51%	61%
Interpersonal conflicts	0%	53%	87%

Table 3
Distribution of Positive Diagnostic Categories for Cocaine

	Diagnostic Orphans n = 43	Abuse Only n = 79	Dependence n = 255
Number of Dependence Criteria			
0		47%	
1	74%	25%	
2	26%	28%	
3			7%
4			10%
5			16%
6			27%
7			40%
Number of Abuse Criteria			
0			1%
1		60%	3%
2		24%	14%
3		15%	36%
4		1%	46%

Table 4
Proportion of Individuals Positive for Cocaine Dependence and Abuse Criteria

	Diagnostic Orphans n = 43	Abuse Only n = 79	Dependence n = 255
Dependence Criteria			
Tolerance	35%	5%	75%
Withdrawal	0%	0%	54%
Unplanned/excessive use	12%	15%	89%
Desire/attempts to restrict use	5%	13%	91%
Excessive time spent using/recovering	58%	10%	92%
Sacrifice of activities to use	2%	9%	85%
Medical/psychological consequences	14%	29%	94%
Abuse Criteria			
Failure to fulfill role obligations	0%	14%	86%
Use causing danger to self or others	0%	34%	80%
Legal consequences	0%	62%	64%
Interpersonal conflicts	0%	46%	92%