

Validation of Online Version of Addiction Severity Index-6 in Chilean Population

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No Disclosures

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BACKGROUND

- The Addiction Severity Index (ASI) (1) is one of the most widely-used clinical and research assessment instruments for individuals with substance use disorders (SUDs) (2).
- Its sixth version (ASI-6) has been translated into Spanish and validated in Spain, Colombia and Chile (3,4,5).
- ASI-6 characterizes and quantifies the severity of multiple areas among patients with SUDs (seven health and social areas) (2).
- In-person addiction health services have been impacted by the onset of the COVID-19 pandemic, and a notable amount of services have shifted online as tele-consultations.
- This ongoing study by the Addictive Disorder Services team at the Psychiatry Department of the Pontificia Universidad Católica de Chile aims to validate an online version of ASI-6 for the Chilean population.

METHODS

- Participants: 36 patients over 18 years old that were seeking treatment for SUDs in either one public or one private health service, and were within their initial 6 months of treatment.
- Assessments: The ASI-6 scale was randomly applied to each patient twice (with 7 days of separation between each application) as follows:
 - Criterion-related validation: one time in-person and one time online by the same interviewer;
 - Test-retest: Two times online by the same interviewer;
 - o Inter-rater reliability: Two times online by different interviewers
- Analysis: Intraclass correlation (test retest reliability) and correlations (pearson and spearman for inter-rater reliability and criterion-related validation) indicate how ASI-6 summary scores (drugs, alcohol, psychiatric, medical, legal, employment and family) are correlated in each of the sequenced measures.
- All statistical analyses were conducted on SPSS v22.

Figure 1: Criterion Validity (n=26)

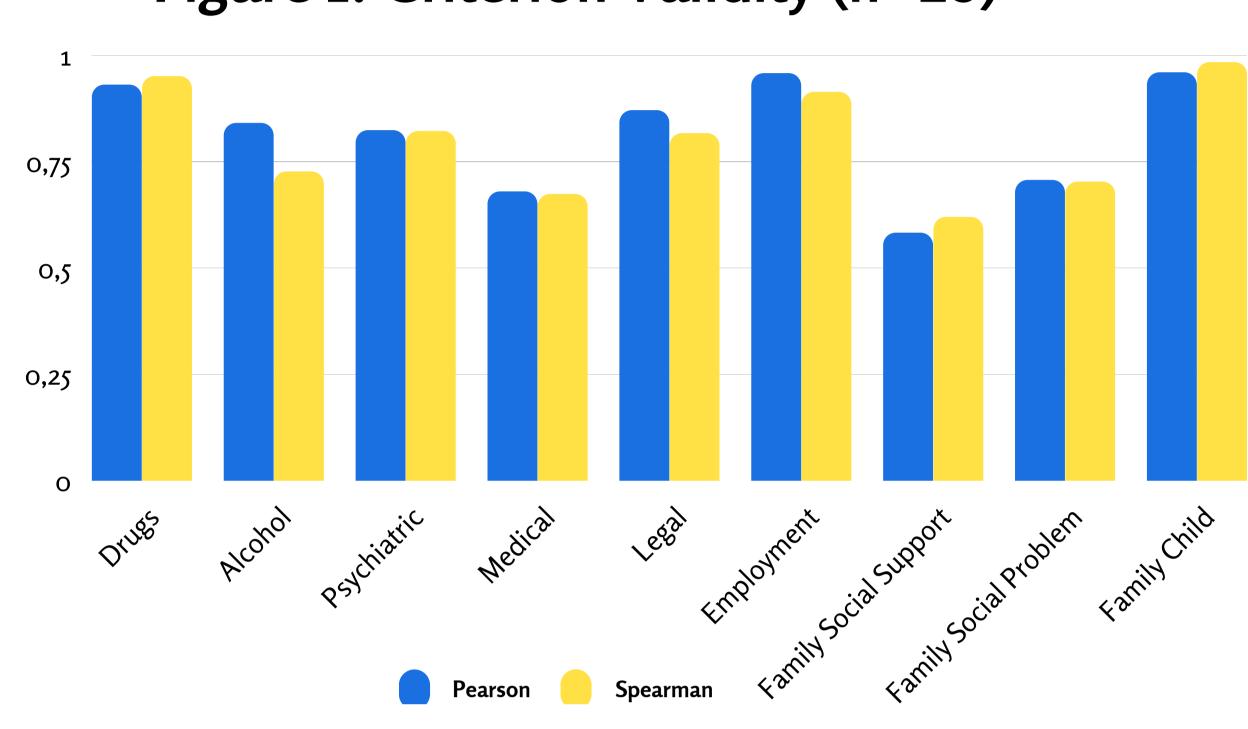


Figure 2: Test-retest Correlation (n=5)

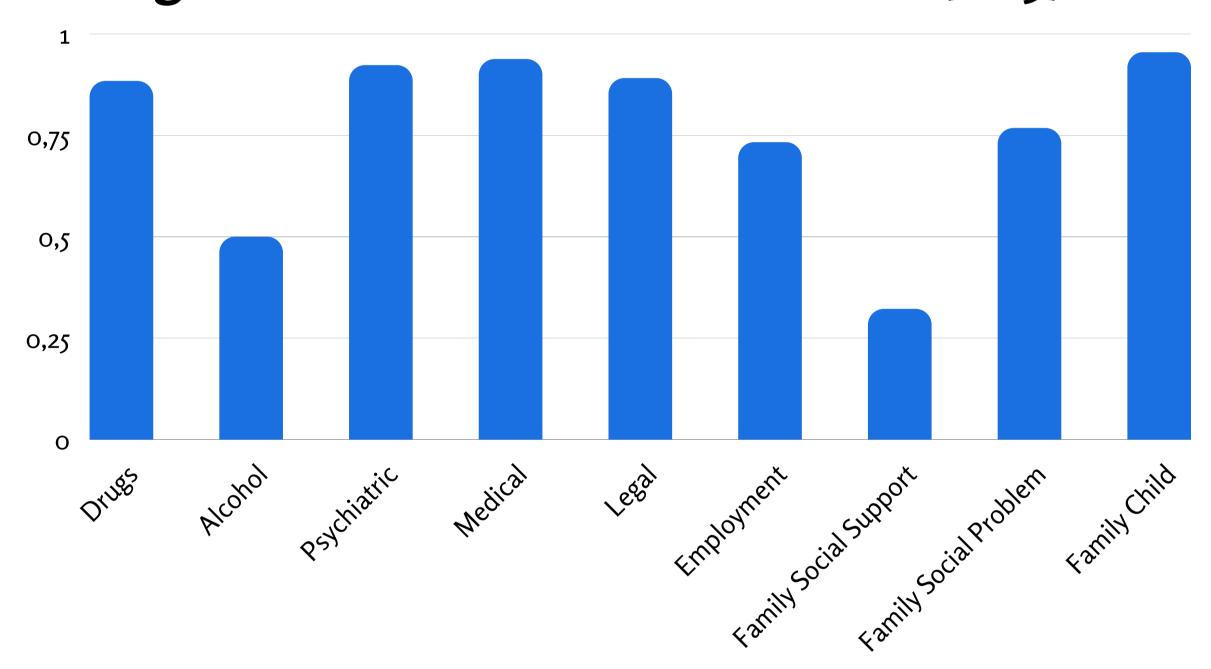
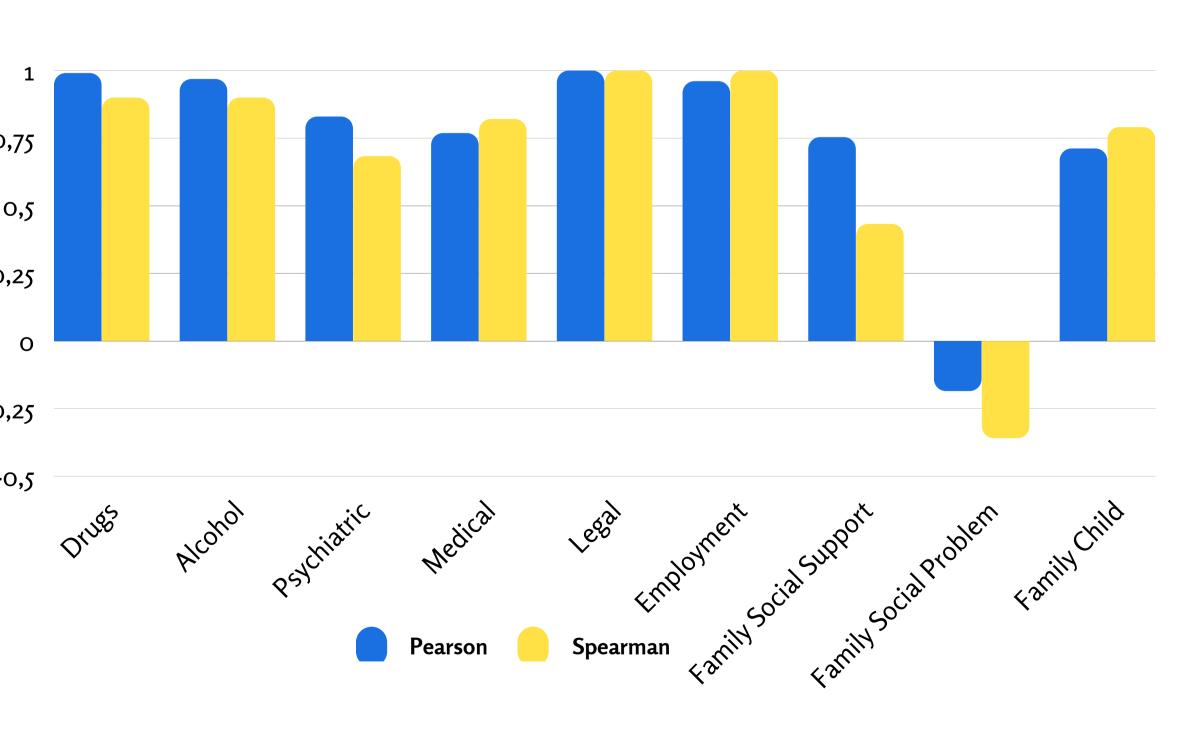


Figure 3: Inter-rater Reliability (n=5)



RESULTS

- Criterion-related validation (n=26) (figure 1) shows significant correlation coefficients for all summary scores (p<0.01). The lowest of them were for the Family social support summary score (0.58 pearson, 0.62 spearman). The correlations for Drugs, Family child, Psych, Legal and Employment summary scores were over 0.8 and are considered as almost perfect correlations.
- Test-retest correlations (n=5) (figure 2), Drugs, Family child, Psych, Medical, Legal and Family social problems summary score coefficients show significant almost perfect correlations (over 0.8, p<0.01). In coefficients for Alcohol (0.50), Employment (0.73) and Family social support (0.32) no significant association was found, but still shows a moderate strength in its correlation.
- Inter-rater correlations (n=5) (figure 3) show significant coefficients over 0.9 were found for Drugs, Alcohol, Legal and Employment (only spearman) summary scores. For the Family child, Psych, Medical, Employment (pearson) and Family social support coefficients, non significant strong associations were found (over 0.7 in pearson, over 0.4 in spearman). For the Family social problem summary score, non significant negative coefficients were found (pearson -0.19, spearman -0.36)

CONCLUSIONS

- Online ASI-6 application shows an initial good performance with the caution considering it is an ongoing investigation.
 This is based on several strong associations found across the procedures and measures applied in this study, particularly on Drugs, Alcohol and Legal summary scores, showing consistent results in most measures.
- Family social problem summary score requests attention in the development of the study because it could imply differences on reporting family problems to different interviewers.
- Based on this first approach we recommend trying the online application of ASI-6 in the Chilean population.

TAKE HOME MESSAGES

- 1. Validation Studies are relatively simple to implement and relevant to make accurate clinical work in different settings.
- 2. There is a need to standardize tele-health services and use appropriate instruments in this clinical setting in order to offer the same quality of care to patients both in-person and in tele-consultations.
- 3. Standardized instruments in tele-health services are useful in countries like Chile where addiction care has been mostly centralized in large cities.

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