Validation of the alcohol use disorders identification test (AUDIT) – Bahasa Malaysia version among a group of alcohol users

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Abstract

Background: The Alcohol Use Disorder Identification Test (AUDIT) developed by the WHO is designed to identify individuals along the full spectrum of alcohol misuse. This study aimed to develop and validate a Bahasa Malaysia language version (AUDIT-M) of the AUDIT.

Methods: AUDIT was translated to Bahasa and back translated to English. The first version was pilot tested. The final version was administered to all the patients who were identified as alcohol users from the outpatient psychiatric clinic, or were admitted to the psychiatric ward of the University Malaya Medical Centre. Patients completed a demographic questionnaire, English and Bahasa Malaysia versions of AUDIT, M.I.N.I., CAGE, and the Bahasa Malaysia version of the WHOQoL-bref-M.

Results: Factor analysis of AUDIT-M yielded two factors similar to the factor structure of the English version. The Cronbach a coefficients for the total AUDIT-M was 0.823; and 0.816 and 0.68 for the two AUDIT-M factors. There was a significant correlation between the AUDIT and AUDIT-M scores (Spearman’s ρ = 0.979, p < 0.01). The test–retest reliability coefficient was also high (Spearman’s ρ = 0.955, p < 0.01). The total AUDIT-M had a significant positive correlated with the CAGE (p < 0.01) and inversely correlated with the four subscales of WHOQoL-bref-M.

Conclusion: The AUDIT-M questionnaire has acceptable psychometric properties and is suitable for the assessment and identification of AUD in Malaysia.

Introduction

The World Health Organization (WHO) has recognized alcohol abuse as an important health problem. Alcohol abuse has detrimental consequences for individual health as well as to the society at large. According to the most recent estimates, alcohol abuse is responsible for 1.4% of the total world burden of mortality and 50% increase to mortality risk. According to the WHO, Malaysia is the 10th largest consumer of alcoholic beverages in the world. Each year the nation spends over S$500 million on alcohol. For a country with a population of 28 million, a relatively small population compared to the rest of the world, these figures are alarming (WHO, 2004).

In Malaysia, alcohol influences most crimes and contributes to sexual and violent assaults, suicide, and road traffic accidents leading to mortality and serious injuries. Research conducted in Malaysia has reported high underage drinking and driving under the influence. This is partly explained by the easy availability of cheap alcohol which is affordable by all regardless of socio-economic status or age (Yahaya, 2006).

One of the unique features of alcohol use in Malaysia is the availability of inexpensive local drinks called “toddy” and “samsu”. “Toddy” with 4–6% alcohol content is made from fermenting the sap of coconut palm; “Samsu”, on the other hand, is a locally distilled spirit with a high alcohol content of 37–70%. These two types of drinks are usually used by the poor rural people. In West Malaysia (Borneo), the indigenous people of Sabah and Sarawak consume homemade rice wines called “tuak” or “tapai”, with potent alcohol contents. These drinks are popular especially during tribal festivals and community gatherings. Refusal to drink when offered by hosts is regarded as a breach of etiquette, hence indirectly contributing to the incidence of Alcohol Use Disorders (AUD) among the indigenous tribes (WHO, 2004).

Mental health services in Malaysia are provided at the primary care level and provides a good opportunity to detect patients who may suffer from AUD. ZamZam et al. (2009) used the Patient Health Questionnaire and reported that 2.3% of patients who attended primary care facilities had problems associated with alcohol abuse. This may reflect the “tip of the iceberg” as the actual number of patients with alcohol-related problems is likely to be much higher. It has been reflected that primary care practitioners miss about one-third of the psychiatrically ill people. Early detection of patients with excessive drinking habits and AUD allows early intervention.