Editorial

H.J.	Harold J.	Freyberger
R.-D.	Rolf-Dieter	Stieglitz

Bonn (Germany)

PD Dr. Harald J. Freyberger, Department of Psychiatry and Psychotherapy, University of Bonn, Sigmund-Freud-Strasse 25, D-53105 Bonn (Germany)

The assessment of alcohol and drug features, 'Special Topic' of the present issue, is a multidimensional and sequential task that includes procedures for initial screening, diagnostic, personal, course- and therapy-related assessment. In the last few years the development of operational diagnostic systems like ICD-10 and DSM-IV was accompanied by significant changes in the underlying diagnostic criteria. Broadening the criteria for substance dependence and substance abuse or harmful use is expected to result in a greater sensitivity of the related categories. Both concepts may result in an increase of the number of individuals diagnosed with a specific disorder. A comparison of ICD-10 and DSM-IV substance dependence and abuse criteria indicates comparable constructs. Both diagnostic systems seem to have reasonably good levels of reliability and validity.

Despite these classificatory changes many variables have to be taken into consideration assessing patients with alcohol- and drug-related problems. The accuracy of self-reports depends on the patients' ability to understand and communicate relevant data, which are necessary in the diagnostic process. The mental and physical condition of the patients during the time of assessment is very important since substance abuse, withdrawal symptoms and cognitive disturbances could modify the results of assessment. Comorbidity of psychiatric and substance abuse disorders could complicate the diagnostic process in general and could generate problems in obtaining valid assessment data. Other patient-specific factors, which are covered by multiaxial approaches, could influence the diagnostic process, e.g. poor compliance and motivation.

Clinical assessment requires more than merely deciding whether a particular disorder is present or not. This becomes apparent in a number of conceptual and methodological approaches concerning differential description of patients. Since treatment decisions are usually not only based on diagnosis, there is a demand for a multimodal description of patients. Different sources of data (e.g. ratings, self-ratings), different data bases (e.g. biological, psychological), and different functional aspects (e.g. experience, behaviour) are to be considered in describing groups of patients. A multimodal approach offers the possibility of differentiating the constructs and subconstructs underlying the classification, the treatment and the intended goals of therapy. The constructs can then be operationalized and the relationships between them can be analysed using various methods founded on different data bases and sources of data.

In relation to the assessment of substance use, Carroll [1] points out three main issues: (1) reliable classification of the patient; (2) description of the nature of the individual's substance use, and (3) description of the individual with the substance use disorder.

This special section has the main objective to introduce assessment strategies which take into consideration this multimodal approach.

Freyberger and Stieglitz present the instruments according to DSM-III-R/DSM-IV and ICD-10 which allow a reliable classification of patients in the area of substance use. Günthner and Stetter provide guidelines and evaluation criteria to select instruments on the syndrome level and present assessment instruments with sufficient reliability and validity. Wetterling and Kanitz discuss the most important laboratory parameters relevant to the diagnosis of alcohol abuse. On the basis of empirical findings, the two other papers of the special topic section focus on diagnostic and psychodynamic issues of patients with psychoactive substance use and personality disorders and on the detection of chronic alcohol abuse using carbohydrate-deficient transferrin.

Reference 1 Carroll KM: Methodological issues and problems in the assessment of substance use. *Psychol Assess* 1995;7:349–358.

KARGER

E-Mail karger@karger.ch Fax + 4161 306 12 34 <http://www.karger.ch>

© 1996 S. Karger AG, Basel

1. 1022–6877/96/0023–0123\$ 10.00/0

1/8\$ p(3/4δ]Gτ}