This presentation was provided as a Webinar for Health Home Care Coordinators which aired on May 8, 2014. Review of this PowerPoint presentation satisfies, in part, the required State-sponsored special training modules for Health Home Care Coordinators.
WASBIRT is a special project, known as the Washington State Screening, Brief Intervention, Referral and Treatment Project which began in the spring of 2004.
Body Mass Index

BMI Reference

Center for Disease Control
http://www.cdc.gov/healthyweight/assessing/bmi/Index.html
What is the BMI?

BMI is a number calculated from a person’s weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. (CDC definition)
How is BMI Used for Adults?

BMI is used as a screening tool to identify possible weight problems for adults. However BMI is not a diagnostic tool. To determine if excess weight is a health risk a healthcare provider would need to perform further assessments. These would include evaluations of diet, physical activity and health history.
Interpretation of BMI for Adults

For adults 20 years and older, BMI is interpreted using standard weight status categories that are the same for all ages and for both men and women.
## BMI Categories for Adults

<table>
<thead>
<tr>
<th>BMI</th>
<th>Weight Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 – 24.9</td>
<td>Normal</td>
</tr>
<tr>
<td>25.0-29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0 and above</td>
<td>Obese</td>
</tr>
</tbody>
</table>
Reliability of the BMI

• It is important to remember that BMI is only one factor related to risk for disease. The National Heart, Lung and Blood Institute recommends looking at two other predictors:
  – The waist circumference because abdominal fat is a predictor of obesity-related diseases
  – Other risk factors for diseases and conditions associated with heart disease such as blood pressure and physical inactivity
BMI for Children (2 Years to 19 Years)

• BMI is a number calculated from a child's weight and height and is a reliable indicator of body fatness for most children and teens
• For children and teens BMI is age and sex specific and is often referred to as BMI for age
What is a BMI Percentile?

- After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI for age growth charts to obtain a percentile ranking.
- The percentiles indicate the relative position of the child’s BMI number among children of the same sex and age.
- For purposes of care coordination, we will record the BMI and not calculate the percentile.
- A child’s health care provider will determine the method used to determine the body fat and growth patterns for the child.
How is BMI Used With Children and Teens?

- BMI is used as a screening tool to identify possible weight problems for children.
- CDC and the American Academy of Pediatrics recommend the use of the BMI to screen for overweight and obesity in children beginning at age 2.
- BMI is not a diagnostic tool for children. Additional assessments would determine if excess fat is a problem.
Is BMI Interpreted the Same Way for Children and Teens as It is for Adults?

• Although the BMI number is calculated the same way for children and adults, the criteria used to interpret the meaning of the BMI value is different

• For children and teens BMI specific percentiles are used for two reasons:
  – The amount of body fat changes with age
  – The amount of body fat differs between girls and boys

• For adults BMI is interpreted through categories that do not take into account sex or age
Want More Information?

Center for Disease Control

http://www.cdc.gov/healthyweight/assessing/bmi/index.html

http://www.cdc.gov/nutrition/everyone/index.html

http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html
Screening Tools for Alcohol and Drugs
Self-reflection. Ask yourself ‘why you are uncomfortable talking about drugs and alcohol?’
Normalize the process, “I have a few questions that we ask all of our clients.” If you appear unconfident, the client may get suspicious for no reason.
Simply repeat the client’s concern in a non-judgmental way. “These questions are necessary to provide you with the best care possible.” Don’t down-play the questions i.e. “I’m not sure why they make me ask these dumb questions.”
The Screening Process

• The first step in the screening process is to ask the brief prescreen questions first

• If the client reports “no” to all the prescreen questions you’re done

• If the client answers yes to any of the questions, you continue with a full screen
National Institute on Alcohol Abuse and Alcoholism (NIAAA) created and approved this prescreen question
AUDIT-Test available in many languages
Adolescent screening tool- CRAFFT (CAR, RELAX, ALONE, FORGET, FRIENDS, TROUBLE)
Depending on the setting will determine if you ask the prescreen or full screen or have them answer it on paper. Asking the questions are a little better for clarification reasons.

<table>
<thead>
<tr>
<th>Alcohol Use Disorder Identification Test (AUDIT)</th>
<th>Drug Abuse Screening Test 10 (DAST-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patients with a positive alcohol prescreen are given the AUDIT</td>
<td>• Patients with a positive drug prescreen are given the DAST-10</td>
</tr>
<tr>
<td>• Developed by the World Health Organization</td>
<td>• 10 Yes/No Questions for poly drug use</td>
</tr>
<tr>
<td>• 10 multiple choice questions for alcohol only</td>
<td>• Abstinence based screening tool-meaning there is no safe level for any drug use</td>
</tr>
<tr>
<td>• 95% accurate in classifying people into risk categories for SUDs</td>
<td>• Validated for screening adults</td>
</tr>
<tr>
<td>• Accurate across many cultures/nations</td>
<td>• Places individual in a risk category for Substance Use Disorders (SUDs)</td>
</tr>
</tbody>
</table>
“I’m going to ask you a few questions about only your alcohol use. For each question I want you to answer either ‘never, monthly or less, 2-4 times a month, 2-3 times per week, or 4 or more times a week.’” It may help to have a large sheet of paper with both of the scales on the AUDIT for the client to reference with each question. “Do you understand.”
"I’m going to ask you a few questions about only your alcohol use. For each question I want you to answer either ‘never, monthly or less, 2-4 times a month, 2-3 times per week, or 4 or more times a week.’ It may help to have a large sheet of paper with both of the scales on the AUDIT for the client to reference with each question. “Do you understand.”
AUDIT Answer Visual

#1.
Never  Monthly or less  2-4 times a month  2-3 times per week  4 or more times in a week

#2-10
Never  Less than monthly  Monthly  Weekly  Daily or almost daily
“The questions I’m about to ask you are related to drugs. These drugs can be things like marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, stimulants like speed, hallucinogens such as LSD, or narcotics like heroin. All of the questions I’m about to ask you are in reference to the past 12-months.” “Please answer either ‘yes’ or ‘no.’”

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA1. Have you used drugs other than those required for medical reasons?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>DA2. Do you abuse more than one drug at a time?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>DA3. Are you unable to stop using drugs when you want to?</td>
<td></td>
<td>+0</td>
</tr>
<tr>
<td>DA4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td></td>
<td>+0</td>
</tr>
<tr>
<td>DA5. Do you ever feel bad or guilty about your drug use?</td>
<td></td>
<td>+0</td>
</tr>
<tr>
<td>DA6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>DA7. Have you neglected your family because of your use of drugs?</td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>DA8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>+1</td>
<td></td>
</tr>
<tr>
<td>DA9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td></td>
<td>+0</td>
</tr>
<tr>
<td>DA10. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)?</td>
<td></td>
<td>+0</td>
</tr>
</tbody>
</table>

**Sum of “Yes” Column is Total Score**

**TOTAL** 5

0
Full Screen Scores

- The AUDIT and DAST do not provide a diagnosis.
- Instead, they assess risk for substance use disorders.
- So what do the scores tell us?
Full Screen Scores

I  Low Risk or Abstain
   AUDIT: 0-6 (women), 0-7 (men)
   DAST: 0

II  Risky
    AUDIT: 7-15 (women), 8-15 (men)
    DAST: 1-2

III Harmful
    AUDIT: 16-19
    DAST: 3-5

IV Dependent
    AUDIT: 20+
    DAST: 6+

Positive Health Message
   Rescreen Annually

Brief Intervention
   1-4 Visits

Brief Intervention & Referral to Brief Treatment
   5-12 Visits

Brief Intervention & Referral to CD Treatment
Full Screen Scores

I Low Risk or Abstain
AUDIT: 0-6 (women), 0-7 (men)
DAST: 0

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Brief Intervention

- Short counseling session ranging 5-50 minutes that utilize motivational interviewing techniques

- Goal is motivate “at-risk” patients to reduce their risky alcohol or drug use to prevent negative health consequences related to substance use

- For individuals with more severe SUDs, the goal may be to motivate the patient to seek further assessment/treatment
Resources


Additional information on screening and brief intervention: http://www.wasbirt.com/

If you were not able to attend the Webinar held on May 8, 2014 please print this slide then sign and date it after reviewing all slides and speaker’s notes. Your supervisor should sign to verify completion of this training. Please retain a copy for your records.