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RELIABILITY OF LIFETIME DRINKING HISTORY AMONG ALCOHOLIC MEN

T. Jacob, R. A. Seilhamer, K. Bargiel, & D. N. Howell



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ABSTRACT

Objective:

Information regarding patterns and correlates of problem drinking over the life course is important for both clinical and research purposes although few retrospective, psychometrically adequate instruments of this kind are currently available.

In the current study, we report five year, test-retest reliabilities of the Lifetime Drinking History (LDH).

Method:

Analyses were based on a community sample of 49 male participants with a lifetime diagnosis of alcohol dependence who were residing within intact families and who were not seeking treatment at time of initial assessment.

ABSTRACT

Results:

Moderate to moderate/high correlations were found for first drinking phase variables; last drinking phase variables; total drinking volume over the entire drinking career; and age at which regular drinking began.

Conclusions:

Overall, the LDH was found to reflect adequate stability over this long retest interval with results providing further support for the instrument's psychometric strengths.

Limits on the generalizability of these findings are discussed.

PATTERNS OF ALCOHOL CONSUMPTION

Lifetime drinking patterns obtained prospectively are rare, making retrospective techniques necessary if such information is to be obtained.

Clinical Purposes

- Detailed data about onset, course, and problems associated with drinking can benefit assessment and treatment planning of alcohol use disorders (see McCrady & Epstein, 1999).

Research Purposes

- Lifetime drinking data can contribute to understanding the heterogeneity in alcohol pathways and their psychosocial, psychiatric and biological correlates which can ultimately suggest prevention strategies, treatment paradigms, and public health policies relevant to alcohol related disturbances (Zucker, Fitzgerald, & Moses, 1995).

RETROSPECTIVE REPORTING **OF ALCOHOL USE**

Two broad-based instruments utilizing retrospective methods have been developed:

➤ **Timeline Follow Back (TLFB)**

(Sobell, Maisto, Sobell, & Cooper, 1979; Sobell & Sobell, 1995)

Assessment of past drinking patterns through retrospective reporting period up to one year

➤ **Lifetime Drinking History (LDH)**

(Skinner & Sheu, 1982)

Assessment of drinking behaviors across lifetime

LIFETIME DRINKING HISTORY (LDH)

The LDH is a structured interview designed to identify patterns of alcohol use and problems during distinct drinking phases.

Respondents report on lifetime drinking behaviors from drinking onset to current date.

Information is gathered on:

- Quantity
- Frequency
- Type of beverage
- Context of drinking (i.e. alone, bars)
- Precipitating events to changes in drinking (i.e. school, work, family)

PARTICIPANTS

Subjects were drawn from a larger sample of intact families with at least one child 10 - 18 years of age (Jacob, 1999; Jacob, Seilhamer, & Rushe, 1989)

- **Subsample of 49 alcoholics**

- **Husband met criteria for alcoholism**
 - **DSM-IV Alcohol Dependence**
 - **Acknowledged difficulties in at least 3 of the 4 alcohol problem areas**

AND

- **Alcoholic father had to be:**
 - **Currently drinking**
 - **Making no attempt to abstain**
 - **Not seeking or involved in treatment**

METHODS

All participants completed 2 administrations of the LDH separated by a period of 5 years.

Data obtained from the LDH -

- **Drinking Phases Reflecting:**
 - Significant changes in quantity and/or frequency of alcohol consumption

For data analyses purposes, minimum phase length was set at 6 months with the first phase beginning with the earliest age at which at least one alcoholic drink per month was consumed on a regular basis

TEST-RETEST RELIABILITY COEFFICIENTS FOR FIRST DRINKING PHASE

	<u>N</u>	<u>r</u>	<u>p</u>
Quantity	49	.51	p<.05
Frequency	49	.46	p<.05
Quantity x Frequency Index	49	.40	p<.05
% of Time Drinking – Morning	49	-.03	<u>ns</u>
% of Time Drinking – Afternoon	49	.37	p<.05
% of Time Drinking – Evening	49	.15	<u>ns</u>
% of Time Drinking – Alone	49	.13	<u>ns</u>
% of Time Drinking – w/ Others	49	.04	<u>ns</u>
% of Time Drinking – in Home	49	.25	<u>ns</u>
% of Time Drinking – Bars	49	.53	p<.05
% of Time Drinking – Other Places	49	.53	p<.05
% of Alcohol Consumed – Beer	49	.59	p<.05
% of Alcohol Consumed – Wine	49	.57	p<.05
% of Alcohol Consumed – Liquor	49	.64	p<.05
Age regular drinking began	49	.68	p<.05

Note: t-tests indicated no mean differences for any variables.

TEST-RETEST RELIABILITY COEFFICIENTS FOR LAST DRINKING PHASE

	<u>N</u>	<u>r</u>	<u>p</u>
Quantity			
Frequency	49	.46	p<.05
Quantity x Frequency Index	49	.37	p<.05
% of Time Drinking – Morning	49	-.06	<u>ns</u>
% of Time Drinking – Afternoon	49	.50	p<.05
% of Time Drinking – Evening	49	.27	<u>ns</u>
% of Time Drinking – Alone	49	.48	p<.05
% of Time Drinking – w/ Others	49	.54	p<.05
% of Time Drinking – in Home	49	.52	p<.05
% of Time Drinking – Bars	49	.45	p<.05
% of Time Drinking – Other Places	49	.14	<u>ns</u>
% of Alcohol Consumed – Beer	49	.80	p<.05
% of Alcohol Consumed – Wine	49	-.05	<u>ns</u>
% of Alcohol Consumed – Liquor	49	.60	p<.05

Note: *t*-tests indicated no mean differences for any variables.

Note: *t*-tests indicated no mean differences for any variables.

TEST-RETEST RELIABILITY COEFFICIENTS FOR DIFFERENT TARGET AGES

Drinking Behavior	AGE 20		AGE 25		AGE 30		AGE 35		AGE 40	
	<u>n</u>	<u>r</u>								
FREQUENCY	40	0.31	48	0.66**	49	0.55**	46	0.67**	29	0.71**
QUANTITY	40	0.18	48	0.46**	49	0.44**	46	0.33**	29	0.57**
QFI	40	0.33*	48	0.53**	49	0.46**	46	0.49**	29	0.65**

* $p < .05$

** $p < .01$

Note: t-tests indicated no mean differences for any variables.

DISCUSSION

Results indicated notable consistencies in alcoholics' retrospective reports when interviews were conducted five years apart.

Moderate to moderate/high correlations between drinking variables

- first drinking phase
- last drinking phase
- total drinking volume over the entire drinking career
- age at which regular drinking began

LIMITATIONS/FUTURE DIRECTIONS

1. Validity of Reports

Consistency in recall of drinking characteristics does not directly address the validity of these data.

- Other corroboration of reports or comparison of retrospective reports with previous prospective reports would strengthen current findings

2. Generalizability

Individuals may represent a better functioning sample of alcoholics than might be seen in other settings (i.e. treatment).

- Further reliability assessments with different samples assessed in other contexts will help clarify conditions under which retrospective drinking data might be most and least compromised

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