FINDINGS WITH A MODIFIED VERSION OF THE MALT
(MÜNCHNER ALCOHOLISMUS TEST) IN SPANISH LANGUAGE

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INTRODUCTION

The diagnosis of alcoholism becomes always difficult in extreme situations, in which a false diagnosis, both positive and negative, is possible.

Among the most commonly used methods to approach the prevalence of alcoholism, direct inquiries are the most reliable. And among these, the most eloquent are those that choose two different types of items: a) Those referring to the consumption of alcohol; and b) Those referring to the physical, psychical and social consequences derived from the consumption.

In this respect, the MALT (Feuerlein et al. 1977, 1979, 1981) drew powerfully our attention not only for its conciseness and easy handling (operativity) but also for its specificity and sensibility, undoubtedly derived from its double composition (two parts, objective and subjective). This allows the detection of alcoholic diseases at any phase of their evolutionary process.

The prior objective of the authors of the MALT test was the correct diagnosis of cases of alcoholism, avoiding both sub-detection and over-detection, but giving more importance to specificity.

According to the estimations of Feuerlein and his collaborators, the MALT showed a diagnostic positivity in 90% of the alcoholic cases; giving an 8% of suspicious cases and a 2% falsely negative.
All the above characteristics made us feel hopeful about the practical utilisation of that questionnaire in Spain. To make that possible it was necessary to adapt and validate the Spanish version of the test.

METHODS AND MATERIALS

In 1981 the elaboration of the Spanish MALT was made: the objective part of it was directly translated. The subjective part was adapted, modifying some items with the purpose of adapting its wording according to our "surrounding" and our socio-cultural norms. Three items were also added to those already existent.

The selected items were validated one by one, as well as the whole test, by giving the questionnaire to two different proofgroups: a) patients with a diagnosis of alcoholism; b) control patients with a diagnosis as non-alcoholics. This sample did not include those persons whose consumption pure alcohol was higher than 500 cubic centimeters per week.

Our purpose was to validate, for each time, its sensibility, specificity and discriminative capacity.

The sensibility was expressed by the difference between the percentage frequency of positive answers for each item in both groups.

The specificity was obtained by means of the quotient of those percentage answers.

As for the discriminative capacity of the test, it was obtained by comparing the rates of positive answers between the group of alcoholics and the control group by means of the X 2 distribution pattern-qualitative characters. It was also obtained from the significance of the difference of partial and total marks between alcoholics and non-alcoholics by means of the comparison of averages in big samples (normal distribution pattern).

RESULTS

The results obtained for the test, which are ranged in the tables and figures enclosed (see table I), permitted us to confirm the diagnosis of "alcoholism" in 100 % of the cases previously clinically catalogated as alcoholism. As for the diagnosis of "non-alcoholic", it was confirmed in 80 % of the control patient who were clinically considered as non-alcoholics. Not an alcoholic patient was mistakenly diagnosed and none of the control patients obtained the marks corresponding to the diagnosis of "confirmed alcoholism".