COMPARISON OF DRINKING PATTERNS AMONG GERMAN, SPANISH AND ECUADORIAN ALCOHOLICS

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INTRODUCTION

The Munich-Alcoholism-Test (MALT) consists of two parts. The first part of the test has seven items which are answered by the physician (MALT-F) and the second is a self-assessment section comprising 24 items answered by the patient (MALT-S). This test explores three aspects which are relevant to the diagnosis of alcoholism: drinking patterns and approaches, psychological and social damages and finally somatic disturbances (1).

Feuerlein and cols. (1) suggested that the MALT could be applicable to four types of studies: 1. in the clinical diagnostic field, 2. as a detector-test of alcoholism, 3. for epidemiological studies, and 4. for medical certificates of alcoholism. To these applications, we have been able to add a fifth one: for cross-cultural studies.

Pacurucu and cols. (7) translated the MALT into Spanish and applied the test to Ecuadorian alcoholics. The purpose then was to verify, first, the usual clinical diagnosis in alcohol patients. Second, to validate the test against the judgement of independent clinicians.

The data from the Ecuadorian study were transformed into validity coefficients in order to make these results comparable to those in the German study: the validity of the test was high in both, the German study \((r=0.85)\) and in the Ecuadorian study \((r=0.84)\) (1,4); and because the data were in a dichotomous form, in order to assess the validity of the instrument, we also used the Alpha-Model of the subprogram "Reliability" of the SPSS-UPDATE.
7-9, where the Cronbach's alpha is the equivalent of the reliability coefficient Kuder-Richardson-20 (6).

The validity of the test resulted high: the alpha-coefficient of the entire test was 0.88 and the physician part alone showed an alpha-coefficient of 0.69. The self-assessment part had an alpha-coefficient of 0.93 (3,4,8).

The same diagnostic test has been employed in Spain. It also showed a high sensitivity and specificity (9). To summarize, the MALT has been applied and validated in two European countries (one Spanish speaking country, Spain, and also in Germany). The test has also been studied in another Spanish speaking Latinamerican country, Ecuador.

According to the results of these inquiries, the following question was posed: is it possible to recognize similarities of alcohol ingestion patterns and drinking approaches among Ecuadorians, Spaniards and Germans, that is, independently from their particular cultural patterns?

SAMPLE AND PROCEDURE

The percentage of positive responses to items of the MALT was compared among German (n=201), Spanish (n=100) and Ecuadorian (n=300) alcoholics, as well as their respective controls (German: n=474, Spanish: n=50 and Ecuadorian: n=153). The sensitivity and specificity values as well as the validity coefficients of the items were also compared.

To the 12 items of the self-assessment part which explore the drinking patterns and approaches* were added two items from the physician part, which looked for the amount of alcohol ingestion** and therefore explore an equivalent area in the test.

* Drinking against abstinence symptoms (MALT-S, 3); morning drinking (MALT-S, 5); loss of control of alcohol consumption (MALT-S, 6); drinking despite medical contraindications (MALT-S, 8); loss of efficiency (MALT-S, 12); attempts at drink system (MALT-S, 14); restrict drinking (MALT-S, 15); less problems without alcohol (MALT-S, 16); anxiety-relieving (MALT-S, 17); alcohol destroys live (MALT-S, 18); drinking ambivalence (MALT-S, 19); attempts at abstinence (MALT-S, 22).

** Consumption of more than 150 ml (women 120 ml) of pure alcohol daily and at least over several months (MALT-F, 4); consumption of more than 300 ml (women 240 ml) of pure alcohol one or more times in a month (MALT-F, 5).