

ALCOHOL RELATED DISORDERS

Includes Alcohol Abuse and Alcohol Dependence; Does Not Include “Alcohol Use” Disorders

Background

This case definition was developed by the Armed Forces Health Surveillance Center (AFHSC) Medical Surveillance Monthly Report (MSMR) staff for the purpose of descriptive epidemiological reports on mental disorders and mental health problems among active duty Service members.¹ The reports provide a comprehensive look at the status of mental health in the Services and provide in depth information on numbers, rates, and trends of depressive disorders and other mental health diagnoses that fall within the range of ICD-9-CM codes 290-319 (mental disorders).

Clinical Description

Alcohol *abuse* is a maladaptive pattern of alcohol use leading to clinically significant impairment or distress. Occurring within a 12-month period, alcohol abuse is usually manifested by recurrent alcohol use resulting in a failure to fulfill major role obligations, use in situations that are physically hazardous, alcohol-related legal problems, and continued alcohol use despite social and interpersonal problems caused by, or exacerbated by, the effects of alcohol.

Alcohol *dependence* is a maladaptive pattern of alcohol abuse leading to clinically significant impairment, distress, and hardship. There is a pattern of repeated alcohol use that often results in tolerance, withdrawal, and compulsive drinking behavior. Often, a great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects. There are persistent desires to drink and unsuccessful efforts to cut down or control use. Denial of an alcohol abuse related problem is an inherent component of dependence.²

Case Definition and Incidence Rules

For surveillance purposes, a case of an alcohol disorder is defined as:

- *One hospitalization* with any of the defining diagnoses of an alcohol related disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *Two outpatient medical encounters, within 180 days* of each other, with any of the defining diagnoses of an alcohol related disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position; or
- *One outpatient medical encounter in a psychiatric or mental health care specialty setting*, defined by Medical Expense and Performance Reporting System (MEPRS) code BF, with any of the defining diagnoses of an alcohol related disorder (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

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¹ Armed Forces Health Surveillance Center. Mental Disorders and Mental Health Problems, Active Component, U.S. Armed Forces, January 2000 – December 2009. *Medical Surveillance Monthly Report (MSMR)*. 2010 November; Vol.17 (11): 6- 12.

² American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition. 1994.



Case Definition and Incidence Rules (cont.)

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a diagnosis of an alcohol related disorders.
- An individual is considered an *incident case once per surveillance period*.

Exclusions:

- None

Codes

The following ICD-9 codes are included in the case definition:

Condition	ICD-10-CM Codes	ICD-9-CM Codes
Alcohol Abuse	F10.1 (alcohol abuse)	--
	- F10.10 (alcohol abuse, uncomplicated)	305.00 (alcohol abuse; unspecified) 305.01 (alcohol abuse; continuous) 305.02 (alcohol abuse, episodic) 305.03 (alcohol abuse, in remission)
	- F10.12 (alcohol abuse with intoxication)	--
	- F10.120 (alcohol abuse with intoxication; uncomplicated)	305.00-305.03 (above)
	- F10.121 (alcohol abuse with intoxication; delirium)	291.0 (alcohol withdrawal delirium)
	- F10.129 (alcohol abuse with intoxication; unspecified)	305.00-305.03 (above)
	- F10.14 (alcohol abuse with alcohol-induced mood disorder)	*
	- F10.15 (alcohol abuse with alcohol-induced psychotic disorder)	--
	- F10.150 (alcohol abuse with alcohol-induced psychotic disorder with delusions)	*

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	- F10.151 (alcohol abuse with alcohol-induced psychotic disorder with hallucinations)	*
	- F10.159 (alcohol abuse with alcohol-induced psychotic disorder; unspecified)	*
	- F10.18 (alcohol abuse with other alcohol-induced psychotic disorder)	--
	- F10.180 (alcohol abuse with alcohol-induced anxiety disorder)	*
	- F10.181 (alcohol abuse with alcohol-induced sexual dysfunction)	*
	- F10.182 (alcohol abuse with alcohol-induced sleep disorder)	*
	- F10.188 (alcohol abuse with other alcohol-induced disorder)	*
	- F10.19 (alcohol abuse with unspecified alcohol-induced disorder)	*

* ICD9↔ICD10 translation did not yield a code relevant to the code set

Condition	ICD-10-CM Codes	ICD-9-CM Codes
Alcohol Dependence	F10.2 (alcohol dependence)	303.9 (other and unspecified alcohol dependence)
	- F10.20 (alcohol dependence, uncomplicated)	- 303.90 (other and unspecified alcohol dependence; unspecified) - 303.91 (other and unspecified alcohol dependence; continuous) - 303.92 (other and unspecified alcohol dependence; episodic)
	- F10.21 (alcohol dependence, in remission)	- 303.93 (other and unspecified alcohol dependence; in remission)
	- F10.22 (alcohol dependence with intoxication)	--
	- F10.220 (alcohol dependence with intoxication; uncomplicated)	303.00 (acute alcoholic intoxication in alcoholism, unspecified); 303.01 (acute alcoholic intoxication in alcoholism, continuous) 303.02 (acute alcoholic intoxication in alcoholism, continuous) 303.03 (acute alcoholic intoxication in alcoholism, in remission)
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- F10.221 (alcohol dependence with intoxication; delirium)	*
- F10.229 (alcohol dependence with intoxication; unspecified)	303.00-303.03 (above)
- F10.23 (alcohol dependence with withdrawal)	--
- F10.230 (alcohol dependence with withdrawal; uncomplicated)	291.81 (alcohol withdrawal)
- F10.231 (alcohol dependence with withdrawal; delirium)	291.0 (alcohol withdrawal delirium)
- F10.232 (alcohol dependence with withdrawal; with perceptual disturbance)	291.81 (above)
- F10.239 (alcohol dependence with withdrawal; unspecified)	291.81 (above)
- F10.24 (alcohol dependence with withdrawal with alcohol-induced mood disorder)	*
- F10.25 (alcohol dependence with alcohol-induced psychotic disorder)	--
- F10.250 (alcohol dependence with alcohol-induced psychotic disorder with delusions)	*
- F10.251 (alcohol dependence with alcohol-induced psychotic disorder with hallucinations)	*
- F10.259 (alcohol dependence with alcohol-induced psychotic disorder; unspecified)	*
- F10.26 (alcohol dependence with alcohol-induced persisting amnesic disorder)	*
- F10.27 (alcohol dependence with alcohol-induced persisting dementia)	*
- F10.28 (alcohol dependence with other alcohol-induced disorders)	--
- F10.280 (alcohol dependence with alcohol-induced anxiety disorders)	*
- F10.281 (alcohol dependence with other alcohol-induced sexual dysfunction)	*
- F10.282 (alcohol dependence with other alcohol-induced sleep disorder)	*

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	- F10.288 (alcohol dependence with other alcohol-induced disorder)	*
	- F10.29 (alcohol dependence with other alcohol-induced disorders; with unspecified alcohol-induced disorder)	*

* ICD9↔ICD10 translation did not yield a code relevant to the code set

Development and Revisions

- In October of 2014 the case definition was updated to include ICD10 codes.
- This case definition was developed in November of 2010 by AFHSC MSMR staff for a MSMR article on mental disorders and mental health problems among active duty Service members.¹ The case definition was developed based on reviews of the ICD9 codes, the scientific literature, and previous AFHSC analyses.

Case Definition and Incidence Rule Rationale

- To increase the specificity of the case definition for outpatient encounters, two such encounters with the defining diagnoses are required. The period of 180 days was established to allow for the likelihood that “true” cases of an alcohol use disorders would have a second encounter within that interval.
- The requirement of two outpatient medical encounters to identify a case may underestimate the incidence and prevalence of alcohol abuse and dependence because, in the Armed Forces, some affected individuals may purposefully avoid seeking care for their disorders. As such, estimates of incidence derived from health care encounters will not capture all cases.

Code Set Determination and Rationale:

- The code set and groupings of mental health disorder-specific diagnoses used in this case definition are based on code sets developed by Garvey *et al.*³ and Seal *et al.*⁴ The final code set was selected after a review of the scientific literature and of the relevant codes in the International Classification of Diseases, 9th Revision.
- This case definition groups abuse and dependence together for the purposes of the analyses and reports dealing with all mental health disorders. For other analyses focusing on abuse or dependence individually, or on a specific substance, investigators may wish to consider a more sensitive case definition.

Reports

AFHSC reports on alcohol related disorders in the following reports:

- Periodic MSMR articles on mental disorders and associated hospitalizations, outpatient medical encounters, and post-deployment illnesses.

³ Garvey Wilson A, Messer S, Hoge C. U.S. military mental health care utilization and attrition prior to the wars in Iraq and Afghanistan. *Soc Psychiatry Psychiatr Epidemiol.* 2009;44(6):473-481.

⁴ Seal KH, Bertenthal D, Miner CR, Sen S, Marmar C. Bringing the War Back Home: Mental Health Disorders Among 103 788 US Veterans Returning From Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities. *Arch Intern Med.* March 12, 2007;167 (5):476-482.



- Annually: MSMR article on the “Absolute and relative morbidity burdens attributable to various illnesses and injuries U.S. Armed Forces” (see *Comments* section below).
- Quarterly: AFHSC Mental Health Report for the Department of Defense (Office of the Assistant Secretary of Defense for Health Affairs);⁵ this report describes the incidence rates of, and proportions of the population affected by, major depression, bipolar disorder, alcohol dependence, substance dependence and post-traumatic stress disorder. The case definition and code sets used for this report differ slightly from the case definition for alcohol related disorders documented here.

Review

Oct 2014	Case definition reviewed and updated by the AFHSC Surveillance Methods and Standards (SMS) working group.
July 2012	Case definition reviewed and adopted by AFHSC Surveillance Methods and Standards working group.
Nov 2010	Case definition developed and reviewed by AFHSC MSMR staff.

Comments

Burden of Disease Reports: AFHSC articles and reports on the “burden” of illness and injury in the U.S. Armed Forces group all illness and injury-specific diagnoses, defined by ICD-9-CM codes, into 139 burden of disease-related conditions and 25 categories based on a modified version of the classification system developed for the Global Burden of Disease (GBD) Study.⁶ In general, the GBD system groups diagnoses with common pathophysiologic or etiologic bases and/or significant international health policymaking importance.

The AFHSC disaggregates some diagnoses that are grouped into single categories in the GBD system (e.g., mental disorders) to increase the military relevance of the results. The category of mental health disorders is separated into the following sub-categories of “disorders”: anxiety, substance abuse, adjustment, mood, tobacco dependence, psychotic, personality, somatoform, and all other mental disorders.⁷

Because reports on disease burden are based on the total number of medical encounters for a specific condition, a slightly different case definition is used for these analyses. The case definition requires only “one inpatient or outpatient medical encounter with any defining ICD9 codes between 001 and 999” and uses the diagnosis in the *primary* diagnostic position only. An individual is allowed one medical encounter per condition per day.

Comprehensive AFHSC Mental Health Reports: For analyses and reports requiring data on *all* mental disorders, AFHSC includes all mental health diagnoses that fall within the range of ICD-9-CM codes 290-319 (mental disorders) with a few exceptions.

⁵ Armed Forces Health Surveillance Center. Selected mental health disorders among active component members, U.S. Armed Forces, 2007-2010. *Medical Surveillance Monthly Report (MSMR)*. 2010 November; 17(11): 2-5.

⁶ The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Murray, CJ and Lopez, AD, eds. Harvard School of Public Health (on behalf of the World Health Organization and The World Bank), 1996:120-2.

⁷ Armed Forces Health Surveillance Center. Absolute and Relative Morbidity Burdens Attributable to Various Illnesses and Injuries, U.S. Armed Forces, 2011. *Medical Surveillance Monthly Report (MSMR)*. 2012 April; Vol.19 (4): 4-9.



- ICD9 code 305.1 (tobacco use disorder) is not included as tobacco-cessation efforts are widespread within primary care clinics in the military and this diagnosis is not treated as a mental health disorder.
- ICD9 codes 299.xx (pervasive developmental disorders) and ICD9 codes 317.xx -319.xx (mild, other, and unspecified intellectual disabilities) are not included as these conditions do not represent mental health disorders that AFHSC is trying to track with these reports.

Other AFHSC Alcohol Use Related Case Definitions:

- 1) Alcohol-related Diagnoses, Active Component, U.S. Armed Forces, 2001-2010. *Medical Surveillance Monthly Report (MSMR)*. 2011 October; Vol. 18(10): 9-13.

This report describes trends and demographic characteristics of *acute, chronic, and recurrent alcohol-related diagnoses* among active component members of the U.S. Armed Forces. The case definition includes the following criteria and ICD9 code set.

- *One hospitalization or outpatient medical encounter* with any of the defining diagnoses of an alcohol-related diagnosis in *any* diagnostic position.
- *A recurrent case* is defined as an individual with three or more acute encounters separated by at least 30 days but occurring within 1 year of the first of the three diagnoses.

The code set includes the following ICD9 codes:

- *Acute case:* 305.0x (alcohol abuse), 980.x (toxic effect of alcohol), 790.3 (excessive blood level of alcohol), and E860.x (accidental poisoning by alcohol, not elsewhere classified)
 - *Chronic case:* 303.0x (acute intoxication in presence of alcohol dependence), 291.x (alcohol-induced mental disorders), 303.9x (other and unspecified alcohol dependence, includes chronic alcoholism), 571.0-571.3 (alcoholic liver disease), 425.5 (alcoholic cardiomyopathy), 535.3x (alcoholic gastritis), 357.5 (alcoholic polyneuropathy), and V11.3 (personal history of alcoholism).
- 2) Surveillance Snapshot: Recurrent medical encounters associated with alcohol-abuse –related diagnostic codes, active component, U.S. Armed Forces, 2001-2010. *Medical Surveillance Monthly Report (MSMR)*. 2012 February; Vol. 19(2): 23.

In an effort to distinguish treatment and counseling-related medical encounters for alcohol abuse from true recurrent cases, this surveillance snapshot excluded individuals with four or more medical encounters with a diagnosis of alcohol abuse within a 42-day period, assuming these cases were “likely treatment-related” (i.e., associated with rehabilitation programs) and not true recurrent case.

