MATE

addendum to manual and protocol

MATE 2.2 addendum to
MATE 2.1 manual and protocol

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MATE: Measurements in the Addictions for Triage and Evaluation
http://www.mateinfo.eu

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Contents

Introduction

The introduction of DSM-5 (American Psychiatric Association, 2013) has made it necessary to update the modules 1. Substance use and 4. Substance dependence and abuse in the MATE 2.1. Module 1. Substance use assesses the person's use of psychoactive substances both in the recent past and during the person's entire lifetime, and Module 4. Substance dependence and abuse assesses the criteria for the DSM-IV (American Psychiatric Association, 1994) diagnosis of substance dependence and substance abuse.

These changes are implemented in the 2.2 versions of the MATE and the MATE-Q. Because the changes are relatively small and limited to these two modules, we describe these changes as an addendum to the MATE 2.1 Manual and Protocol. For background information we refer to the reports about this update (Broekman & Schippers, 2017a and 2017b).

Update from MATE 2.1 to 2.2

What's new about substance use and addictive behaviors in DSM-5?

- ‣ DSM-IV defines two Substance use disorders (abuse and dependence), in DSM-5 there is only one: Substance use disorder, that is categorized as mild (2-3), moderate (4-5), or severe (6-11) depending on the number of criteria met.
- ‣ Substance use disorder can be diagnosed for ten substance(s) classes. These are listed in the DSM-5 Manual chapter Substance-Related and Addictive Disorders,.
- ‣ Gambling disorder moved from the DSM-IV Impulse Control Disorders to this DSM-5 chapter as the only non-substance related addictive disorder.
- ‣ Caffeine use disorder and Internet Gaming Disorder are listed in section III of the DSM-5 manual as Conditions for further study.
- ‣ Both for Substance use disorders and Gambling disorder the legal criterion (use or gambling related legal problems) was dropped.

Changes in Module 1. Substance use and excessive behavior

- ‣ The name of module has changed from 1. Substance use to 1. Substance use and excessive behavior.
- ‣ In order to get a more consistent grid we adhere more consistently to the DSM-5 substance classes as the organizing principle. Almost all drugs are now presented in 6 DSM-5 substance classes: Cannabis, Opioids, Stimulants, Hallucinogens, Sedatives, Hypnotics, or Anxiolytics, and Other drugs.
- ‣ Only names of substances/classes are used, no brand or street names, to avoid misunderstandings, and to keep consistency over the diverse countries and languages. For specific and detailed information about drugs see e.g. https://www.dea.gov/factsheets or https://www.emcdda.europa.eu/publications/drug-profiles_en.
- ‣ Methadone complemented to: methadone, buprenorphine.
- ‣ List of other opioids is adapted.
- ‣ The distinction in stimulants is restricted to: Cocaine, Amphetamines, and Others, like methylphenidate, khat.
- ‣ Cocaine is now listed as one of the Stimulants and there is no distinction between crack and powder.
- ‣ Extended and adapted list of Hallucinogens.
- ‣ MDMA (ecstasy), MDxx, and GHB are now seperately listed and subsumed under the class "Not categorized", because there is no consensus on the class to which these substances belong.
- ‣ Because of low frequency, inhalants are not listed as a substance class on its own, but are subsumed under Other drugs.
- ‣ "Other excessive behavior "is not incorporated in the DSM-5, But, other excessive behavior is

mentioned as Primary-problem behaviour relatively often and justifies a separate class in the grid in Module 1. Because, in the DSM-5 Other excessive behavior is not included as diagnosis and criteria are still for further study or not mentioned at all, so it is not included in Module 4.

➤ On alcohol use a twofold use pattern can be filled in. In MATE 2.1 the instruction for this is not logically sound, because there is an implicit assumption that the higher consumption pattern is on the minority of the past 30 days, and the lower consumption is the general use pattern. Text in the form is adapted so that there is no assumption on the frequency of the higher pattern. "General use" is substituted by "On most days" and "Higher use" by "On some days".

Changes in Module 4. Substance use disorders and addictive disorders

➤ Module 4. Substance dependence and abuse now is named Module 4. Substance use disorders and addictive disorders and is split into two sections: 4a. Disorder in the use of the Primary-problem substance and 4b. Gambling disorder.

Module 4a. Disorder in the use of the Primary-problem substance

➤ A new criterion in DSM-5 is craving. When we developed the MATE-Y we already preluded on this and formulated an item for craving in ythe MATE-Y. This item is now added to module 4a. Disorder in the use of the Primary-problem substance.

➤ The "legal" item is dropped.

➤ Four of the items were two disjunctive (or) items. We investigated the characteristics of these items (Broekman & Schuppers 2017a) and kept the most "easy" of the two, thereby gaining clarity and simplicity without consequences for the sum scores.

➤ We gave the order of the items some more consideration, and based it on the order presented in the MATE-Y and MATE-Q.

➤ As a result, now we have a set of 11 items that can be used and are identical in all MATE-versions: adult, youth (-Y) and self-report (-Q).

Module 4b. Gambling disorder

➤ In MATE 2.1 there is no module to assess the criteria for Gambling disorder. In DSM-5 Gambling disorder is part of the chapter Substance-Related and Addictive Disorders, and therfore is now included in the MATE.

➤ For the DSM-criteria, we only found a set of questions that were paraphrased from the DSM-IV by Stinchfield et al (2005). We paraphrased the DSM-5 criteria ourselves into items and decided to use these because they were more close to the DSM-5, shorter, and simpler then the Stinchfield et al items.

➤ As a result, now we have a set of 9 items that can be used and are identical in all MATE-versions: adult, youth (-Y) and self-report (-Q).

References

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Stinchfield, R., Govoni, R., & Ron Frisch, G. (2005). DSM-IV diagnostic criteria for pathological gambling: Reliability, validity, and classification accuracy. The American Journal on Addictions, 14(1), 73–82. https://doi.org/10.1080/10550490590899871

Protocol for scoring
Module 4. Substance use disorders and addictive disorders

How to score Module 4. Substance use disorders and addictive disorders is explained in the table below.

Module	Score	Scoring and calculation	Range min-max	Threshold value [MD]: used in the MATE dimension scores
4. Substance use disorders and addictive disorders	DSM-5: Severity of the Disorder in the use of the Primary-problem substance [S4a.1]	1 point for each Yes. Total.	0 – 11	2-3: mild, 4-5: moderate, 6 or more: severe
	DSM-5: Severity of Gambling disorder [S4b.1]	1 point for each Yes. Total.	0 – 9	4-5: mild, 6-7: moderate, 8-9: severe
	Severity of dependence/abuse [S4.3]	1 point for each Yes in Module 4a, except for Item 1 and Item 5 (they don't count). Total.	0 – 9	≥ 8[MD]
Explanation	For DSM-5: Severity of the Disorder in the use of the Primary-problem substance [S4a.1], if no more than 4 items are missing an estimation of the total can be made by computing the mean of all items that are filled in and multiplying the mean by 11. For DSM-5: Severity of Gambling disorder [S4b.1] and Severity of dependence/abuse [S4.3], if no more than 3 items are missing an estimation of the total can be made by computing the mean of all items that are filled in and multiplying the mean by 9. The threshold value 8 is used in the algorithm for the MATE dimension scores.			

Assessment Form
Modules:
1. Substance use and excessive behavior and
4. Substance use disorders and addictive disorders

The compelete Assessment Form can be retrieved from https://www.mateinfo.eu.

Assessment Form
Modules:
1. Substance use and excessive behavior and
4. Substance use disorders and addictive disorders

□ † Mark this if you do not fill in the use during the past 30 days, but from an earlier period of 30 days.

«I will begin by asking about the substances you might use. We will consider two periods, the past 30 days and your lifetime. Under 'lifetime' we would like to know how many years you have used the substance regularly. Under 'the past 30 days' we would like to know how many days you used the substance during that time and how much you used on a typical day.
«I will start with alcohol.
Did you drink alcohol in the past 30 days?
If so, on how many days did you drink,
and how much did you drink on a day?
† Continue with the other substances.

		Past 30 days		Lifetime
		Number of days in the past 30 days	**Amount** used on a **typical** day	Total number of years of regular use/behaviour
		† Fill in the number of days of use. (Every day is 30; 1 day each week is 4, etc. If there have been no days of use, fill in '0'.)	† Fill in the number of glasses, cigarettes, grams, or pills on a typical day of use. / † With alcohol, tobacco, gambling, use standard units. With other substances write down the unit you use.	† NB: Always fill in this column, even when the substance has never been used; in that case fill in a '0'. † Less than a year: fill in 0.25 (3 months), 0.5 (6 months) or 0.75 (9 months).
Alcohol	On most days	....	....	standard drinks (ca. 10 grams of alcohol)	....
	† On some days: fill in only if there was alternating use in the past 30 days, for instance, much higher use at the weekend than typical use during the week.				
	On some days	....	....		....
Tobacco		....	....	cigarettes, cigars, pipes, chews	....
Cannabis		....	....	....	....
Opioids	Methadone, buprenorphine	....	....	....	....
	Heroin	....	....	....	....
	Others, like morfine, codeine, oxycodone, fentanyl	....	....	....	....
Stimulants	Cocaine	....	....	....	....
	Amphetamines	....	....	....	....
	Others, like methylphenidate, khat	....	....	....	....
Not categorized	MDMA (ecstasy), MDxx	....	....	....	....
	GHB	....	....	....	....
Hallucinogens	PCP, ketamine, mescaline, DOM, 2C(-x), psilocybin, DMT, LSD, salvia divinorum	....	....	....	....
Other drugs	E.g.: inhalants, laughing gass, poppers. Write down the most important one ✎....................	....	....	....	....
Sedatives, Hypnotics, or Anxiolytics	Benzodiazepines, barbiturates	....	....	....	....
Gambling	E.g.: casino, slot machines, cards, lottery, sports betting. Write down the most important one ✎....................	....	....	euros spent (gross)	....
Other excessive behavior	E.g.: excessive: internet gaming, other internet use (social media; pornography), sexual behaviour, shopping, exercise. Write down the most important one ✎....................	....		number of hours	....

Lifetime side note: standard drinks in a week: male: > 28; female: > 21 — Daily — Regular means: Weekly (1 or more times a week) — Regular means

«Have you ever injected a substance?» □ Ever injected □ Still injects □ Never injected

† The Primary-problem substance or behaviour is the one of which is judged by the person and the assessor to be causing the most problems. If this is unclear, then choose in this order (1) cocaine, (2) opioids, (3) alcohol, (4) other drugs and sedatives, (5) cannabis, (6) gambling or tobacco. If the use of tobacco or gambling is the problem for which the person is seeking help, tobacco or gambling is the primary substance or behaviour.

† [—Primary-problem substance or behaviour—] = ✎....................

L **4a. Disorder in the use of the Primary-problem substance**

«In the past 12 months, ... † NB: 'in the past 12 months' may refer to something that began earlier and is continuing.

[—substance—] = ✍...

1	. . . . did you regularly have a strong desire to use [—substance—] ?	Yes	No.2
2	. . . . have you regularly wanted to stop [—substance—] use?	Yes	No
3	. . . . have you spent a lot of your time using, getting, or getting over [—substance—] ?	Yes	No
4	. . . . have you often used [—substance—] in larger amounts or for a longer period than you intended?	Yes	No
5	. . . . did you find you began to need much more [—substance—] to get the same effect?	Yes	No
6	. . . . did stopping or cutting down [—substance—] make you feel sick or unwell?	Yes	No
7	. . . . did you continue to use [—substance—] after you knew that it was causing you health problems or emotional or psychological problems?	Yes	No
8	. . . . did you continue to use [—substance—] after you knew that it was causing problems with your family, friends, at work, or at school?	Yes	No
9	. . . . have you given up or greatly reduced important activities in order to get or to use [—substance—] — activities like sports, work, or associating with friends or relatives?	Yes	No
10	. . . . did using [—substance—] frequently interfere with your work at school, on a job, or at home?	Yes	No
11	. . . . In the past 12 months, have there been times when you used [—substance—] in situations where you could get hurt, — for example, while participating in traffic, or operating a machine, or anything else?	Yes	No

L **4b. Gambling disorder**

«In the past 12 months, ... † NB: 'in the past 12 months' may refer to something that began earlier and is continuing.

[—behaviour—] = ✍...

1	. . . . have you often been preoccupied with thoughts about gambling?	Yes	No
2	. . . . did you need to gamble with more and more money to get the excitement that you desired?	Yes	No
3	. . . . have you regularly tried to stop or cut down gambling but without success?	Yes	No
4	. . . . did stopping or cutting down gambling make you feel restless or irritable?	Yes	No
5	. . . . have you often gambled while feeling stressed (e.g., helpless, guilty, anxious, depressed)?	Yes	No
6	. . . . after losing money by gambling, did you often return another day to try to win back your losses?	Yes	No
7	. . . . did you lie to hide your gambling?	Yes	No
8	. . . . have you put at risk or lost a significant relationship, job, or educational or career opportunity because of your gambling?	Yes	No
9	. . . . did you rely on others to provide money to relieve desperate financial situations caused by your gambling?	Yes	No