

Concordance of Self-Reported Drug Use and Urine Drug Screening at a Psychiatric Urgent Care Center

Authors and Institutions

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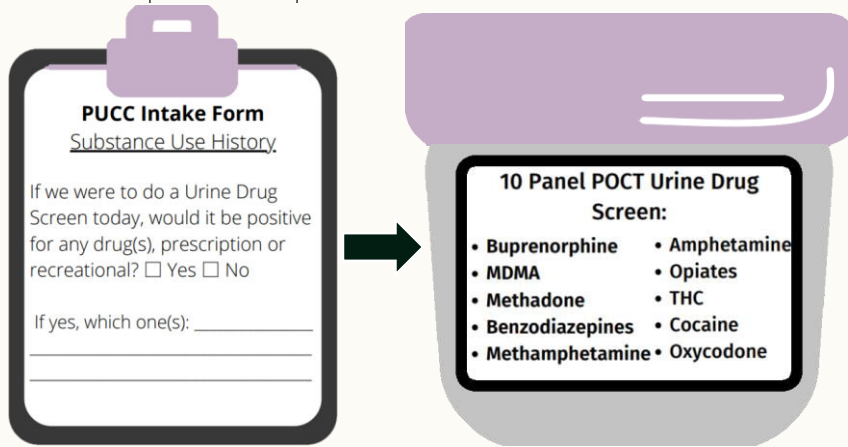
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Introduction

- The value of routine urine drug screens (UDS) in the medical assessment of psychiatric patients varies widely among healthcare systems
- Both patient self-reports of drug use and laboratory UDS have unique limitations that vary based on the patient population and intended goals of care
- This study aims to evaluate if patient self-reports are an adequate alternative to routine UDS in adults seeking care at a dedicated Psychiatric Urgent Care Center (PUCC)

Methods

- Included: All first encounter patients 18 years and older seeking care at the PUCC over a three-month period between May 1, 2020 to August 10, 2020 with both a PUCC Intake Form and UDS results
- Kappa statistics were used to compare level of agreement (concordance) between patient self-reports on the intake form and UDS lab results



Results

Total final patient sample n=578

Gender and Age Distribution

Variable	N (%)
Gender	
Male	242 (42%)
Female	336 (58%)
Age (years)	
18-25	185 (32%)
26-49	306 (53%)
50-65	70 (12%)
66-80	17 (3%)
Average (+/- SD)	34 (+/- 13.3)

Total abnormal UDS n=294 (51%)

Concordance between self-reports of anticipated overall positive UDS (at least one drug category resulting as positive) was weak [$k = 0.49$ (95% CI, 0.42-0.56)]

Concordance of Individual UDS Categories (Kappa Statistic)

Moderate Level of Agreement

THC
(0.65)

Weak Level of Agreement

Amphetamine
(0.43)

Minimal Level of Agreement

Buprenorphine (0.33) Benzodiazepine (0.36)
Methamphetamine (0.29)

No Agreement

Opiates (0.15) Cocaine (0.13)
Oxycodone (0.00) MDMA (0.00)

Conclusion

Overall, these findings support the routine use of UDS in patients seeking acute psychiatric care at the PUCC

- Patients appeared to both over and under report drug use leading to low concordance between self reports and UDS results
- Limitations of this study include the use of an open-ended question format which could be complicated by low patient health literacy as well as patient refusal of UDS

References and Acknowledgements

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Acknowledgements: Michigan State University Graduate Student Research Enhancement Award