Alcohol and Anxiety

NETER alcoholic 5 subtypes: Validity with Lesch four evolutionary subtypes.
Pombo, Samuel, et al.
International Journal of Psychiatry in Clinical Practice, Vol 12(1), Mar, 2008. pp. 55-64.
Abstract:

Objective: To validate NAT (NETER's alcoholic typology), taking into account the differentiated distribution of the measures used as external criteria in alcohol-dependent sub-groups and its relationship with Lesch's alcoholic typology (LAT). Method: A sample of 133 alcohol-dependent patients integrated in the alcoholism unit of the Psychiatric Service of Santa Maria University Hospital were included in the study. Results and Conclusions: Convergent validity was assured by the agreement between the subtypes of the two typologies (NAT and Lesch), considering the same underlying model of alcoholism development: anxiopathic subtype of NAT and **Type II (model of anxiety, alcohol as conflict solution)** of Lesch and the tymopathic subtype of NAT and type III (model of depression, alcohol as antidepressant) of Lesch. Discriminant analysis (external criteria) showed significant differences between the subtypes in the following variables: gender; tobacco; beer and whisky consumption; daily average of drinks; clinical conditions such as delirium tremens, alcoholic blackouts and seizures; severity of alcohol-related problems; psychological dimensions such as psychological maturity and extroversion; and suicidal ideation during the alcohol consumption period. A more exhaustive description of alcoholic sub-groups may improve genetic studies of alcoholism and provide the alcoholic patient with an adequate specific therapeutic protocol.

Disability associated with alcohol abuse and dependence.
Samokhvalov, Andriy V.
Alcoholism: Clinical and Experimental Research, Vol 34(11), Nov, 2010. pp. 1871-1878.
Abstract:

Background: Alcohol use disorders (AUD), i.e., alcohol dependence and abuse, are major contributors to burden of disease. A large part of this burden is because of disability. However, there is still controversy about the best disability weighting for AUD. The objective of this study was to provide an overview of alcohol-related disabilities. Methods: Systematic literature review and expert interviews. Results: There is heterogeneity in experts' descriptions of disabilities related to AUD. The major core attributes of disability related to AUD are changes of emotional state, social relationships, memory and thinking. **The most important supplementary attributes are anxiety, impairments of speech and hearing.** Conclusions: This review identified the main patterns of disability associated with AUD. However, there was considerable variability, and data on less prominent patterns were fragmented. Further and systematic research is required for increasing the knowledge on disability related to AUD and for application of interventions for reducing the associated burden.

Meta-analysis of supplemental treatment for depressive and anxiety disorders in patients being treated for alcohol dependence.
Hobbs, Jennifer D. J., et al.
The American Journal on Addictions, Vol 20(4), Jul-Aug, 2011. pp. 319-329.
Abstract:

[Correction Notice: An erratum for this article was reported in Vol 21(3) of The American Journal on Addictions (see record 2012-09869-001). In the original article, Reference 22

was listed incorrectly. The correct reference is: Randall C, Thomas S, Thevos A. Concurrent alcoholism and social anxiety disorder: A first step toward developing effective treatments. Alcoholism: Clinical and Experimental Research. 2001;25:210–220.] Approximately half of those receiving treatment for an alcohol use disorder (AUD) also suffer with an anxiety or depressive (internalizing) disorder. Because all internalizing disorders mark a poor alcohol treatment outcome, it seems reasonable to supplement AUD treatment with a psychiatric intervention when these disorders co-occur with AUD. However, this conclusion may be faulty given that the various possible interrelationships between AUD and internalizing disorders do not uniformly imply a high therapeutic yield from this approach. Unfortunately, the studies conducted to date have been too few and too small to resolve this important clinical issue with confidence. Therefore, we used a meta-analytic method to synthesize the effects from published randomized controlled trials examining the impact of supplementing AUD treatment with a psychiatric treatment for co-occurring internalizing disorder (N = 15). We found a pooled effect size (d) of .32 for internalizing outcomes and .22 for a composite of alcohol outcomes; however, the alcohol outcomes effect sizes were greater than this for some specific outcome domains. Subgroups that differed in terms of internalizing outcomes included treatment type (medication vs. cognitive behavioral therapy) and treatment focus (anxiety vs. depression). There was also a trend for the studies with better internalizing disorder outcomes to have better alcohol outcomes. These results indicate that clinical outcomes (both psychiatric and alcohol-related) could be somewhat improved by supplementing AUD treatment with psychiatric treatment for co-occurring internalizing disorder.

Psychological interventions for alcohol misuse among people with co-occurring depression or anxiety disorders: A systematic review.

Baker, Amanda L., et al.

Journal of Affective Disorders, Vol 139(3), Aug, 2012. pp. 217-229.

Abstract:

Objective: Depression, **anxiety and alcohol misuse frequently co-occur**. While there is an extensive literature reporting on the efficacy of psychological treatments that target depression, anxiety or alcohol misuse separately, less research has examined treatments that address these disorders when they co-occur. We conducted a systematic review to determine whether psychological interventions that target alcohol misuse among people with co-occurring depressive or anxiety disorders are effective. Data sources: We systematically searched the PubMed and PsychINFO databases from inception to March 2010. Individual searches in alcohol, depression and anxiety were conducted, and were limited to 'human' published 'randomized controlled trials' or 'sequential allocation' articles written in English. Study selection: We identified randomized controlled trials that compared manual guided psychological interventions for alcohol misuse among individuals with depressive or anxiety disorders. Of 1540 articles identified, eight met inclusion criteria for the review. Data extraction: From each study, we recorded alcohol and mental health outcomes, and other relevant clinical factors including age, gender ratio, follow-up length and drop-out rates. Quality of studies was also assessed. Data synthesis: Motivational interviewing and cognitive–behavioral interventions were associated with significant reductions in alcohol consumption and depressive and/or anxiety symptoms. Although brief interventions were associated with significant improvements in both mental health and alcohol use variables, longer interventions produced even better outcomes. Conclusions: There is accumulating evidence for the effectiveness of motivational interviewing and cognitive behavior therapy for people with co-occurring alcohol and depressive or anxiety disorders.

Understanding the relationship between social anxiety and alcohol use in college students: A meta-analysis.

Schry, Amie R., et al.

Addictive Behaviors, Vol 38(11), Nov, 2013. pp. 2690-2706.

Abstract:

Many college students use alcohol, and most of these students experience problems related to their use. Emerging research indicates that **socially anxious students face heightened risk of experiencing alcohol-related problem**s, although the extant research on alcohol use and social anxiety in this population has yielded inconsistent findings. **This meta-analysis was conducted to examine the relationship between social anxiety and alcohol variables in college students**. A literature search was used to identify studies on college students that included measures of social anxiety and at least one of the alcohol variables of interest. All analyses were conducted using random effects models. We found that **social anxiety was negatively correlated with alcohol use variables (e.g., typical quantity and typical frequency), but significantly positively correlated with alcohol-related problems**, coping, conformity, and social motives for alcohol use, and positive and negative alcohol outcome expectancies. Several moderators of effect sizes were found to be significant, including methodological factors such as sample ascertainment approach. Given that social anxiety was negatively related to alcohol use but positively related to alcohol-related problems, research is needed to address why individuals high in social anxiety experience more problems as a result of their alcohol use. Avoidance of social situations among socially anxious students should also be taken into account when measuring alcohol use. The primary limitation of this study is the small number of studies available for inclusion in some of the analyses.

Prevalence of comorbid substance use, anxiety and mood disorders in epidemiological surveys, 1990–2014: A systematic review and meta-analysis.

Lai, Harry Man Xiong, et al.

Drug and Alcohol Dependence, Vol 154, Sep 1, 2015. pp. 1-13.

Abstract:

Background: Comorbidity is highly prevalent between substance use disorders (SUDs), mood and anxiety disorders. We conducted a systematic review and meta-analysis to determine the strength of association between SUDs, mood and anxiety disorders in population-based epidemiological surveys. Methods: A comprehensive literature search of Medline, EMBASE, CINAHL, PsychINFO, Web of Science, and Scopus was conducted from 1990 to 2014. Sources were chosen on the basis that they contained original research in non-clinical populations conducted in randomly selected adults living within defined boundaries. Prevalence of comorbid SUDs, mood and anxiety disorders and odds ratios (ORs) were extracted. Results: There were 115 articles identified by electronic searches that were reviewed in full text which yielded 22 unique epidemiological surveys to extract lifetime and 12-month prevalence data for psychiatric illness in respondents with an SUD. Meta-analysis indicated the strongest associations were between illicit drug use disorder and major depression (pooled OR 3.80, 95% CI 3.02–4.78), followed by illicit drug use and any anxiety disorder (OR 2.91, 95% CI 2.58–3.28), alcohol use disorders and major depression (OR 2.42, 95% CI 2.22–2.64) and alcohol use disorders and any anxiety disorder (OR 2.11, 95% CI 2.03–2.19). ORs for dependence were higher than those for abuse irrespective to diagnoses based on lifetime or 12-month prevalence. Conclusions: **This review confirms the strong association between SUDs, mood and anxiety**

disorders. The issue has now been recognised worldwide as a factor that affects the profile, course, patterns, severity and outcomes of these disorders.

Treatment of comorbid alcohol dependence and anxiety disorder: Review of the scientific evidence and recommendations for treatment.

Gimeno, Carmen, et al.

Frontiers in Psychiatry, Vol 8, Sep 22, 2017. ArtID: 173

Abstract:

Patients with alcohol-use disorders (AUDs) have a high prevalence of anxiety disorders (AnxDs). 'Co-occurring disorders' refers to the coexistence of an AUD and/or drug related disorders with another non-addictive psychiatric disorder. The aim of this study was to assess the effectiveness of psychopharmacological treatments and psychotherapy in patients with AUD and AnxD and to propose recommendations for the treatment of patients with comorbid AnxDs and AUDs. Randomized clinical trials, meta-analyses, and clinical guidelines were retrieved from PubMed, Embase, and Cochrane databases. Paroxetine was found to be effective in social anxiety patients with alcohol dependence. Selective serotonin reuptake inhibitors (SSRIs), especially sertraline, showed effective results in posttraumatic stress disorder and in comorbid AnxD–AUD. However, SSRIs should be used with caution when patients are actively drinking because they may increase alcohol consumption. Buspirone, gabapentin, and pregabalin were found to be effective in comorbid AnxD–AUD. The treatment of dual AnxDs should start as early as possible. **Since AUDs and AnxDs can reinforce each other, treatments targeting both pathologies can be effective.** Women suffer from higher levels of stress and AnxDs than men, and they are also more vulnerable to maintaining alcohol consumption levels. Further research is needed in this comorbid patient population, including the study of different types of patients and gender perspectives.