
What makes alcoholics drink? Research shows it's more complex than supposed

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What makes alcoholics drink? New research has found that in both men and women with alcohol dependence, the major factor predicting the amount of drinking seems to be a question of immediate mood. They found that suffering from long-term mental health problems did not affect alcohol consumption, with one important exception: men with a history of depression had a different drinking pattern than men without a history of depression; surprisingly those men were drinking less often than men who were not depressed

"This work once again shows that alcoholism is not a one-size-fits-all condition," said lead researcher, Victor Karpyak (Mayo Clinic, MN, USA). "So the answer to the question of why alcoholics drink is probably that there is no single answer; this will probably have implications for how we diagnose and treat alcoholism."

The work, presented at the ECNP congress by researchers from the Mayo Clinic*, determined the alcohol consumption of 287 males and 156 females with alcohol dependence over the previous 90 days, using the accepted Time Line Follow Back method and standardized diagnostic assessment for life time presence of psychiatric disorders (PRISM); they were then able to associate this with whether the drinking coincided with a positive or negative emotional state (feeling "up" or "down"), and whether the individual had a history of anxiety, depression (MDD) or substance abuse.

The results showed that alcohol dependent men tended to drink more alcohol per day than alcohol dependent women. As expected, alcohol consumption in both men and women was

associated with feeling either up or down on a particular day, with no significant association with anxiety or substance use disorders. However, men with a history of major depressive disorder had fewer drinking days ($p=0.0084$), and fewer heavy drinking days ($p=0.0214$) than men who never a major depressive disorder.

Victor Karpyak continued: "Research indicates that many people drink to enhance pleasant feelings, while other people drink to suppress negative moods, such as depression or anxiety. However, previous studies did not differentiate between state-dependent mood changes and the presence of clinically diagnosed anxiety or depressive disorders. The lack of such differentiation was likely among the reasons for controversial findings about the usefulness of antidepressants in treatment of alcoholics with comorbid depression.

This work will need to be replicated and confirmed, but from what we see here, it means that the reasons why alcoholics drink depend on their background as well as the immediate circumstances. There is no single reason. And this means that there is probably no single treatment, so we will have to refine our diagnostic methods and tailor treatment to the individual. It also means that our treatment approach may differ depending on targeting different aspects of alcoholism (craving or consumption) and the alcoholic patient (i.e. man or a woman) with or without depression or anxiety history to allow really effective treatment."

Commenting, Professor Wim van den Brink (Professor of Psychiatry and Addiction at the Academic Medical Centre, University of Amsterdam) said:

"This is indeed a very important issue. Patients with an alcohol use disorder often show a history of other disorders, including mood and anxiety disorders, they also often present with alcohol induced anxiety and mood disorders and finally they may report mood symptoms that do not meet criteria for a mood or anxiety disorder (due to a failure to meet the minimal number of criteria or a duration of less than two weeks). All these different conditions may influence current levels or patterns of drinking.

The current study seems to show that the current presence of mood/anxiety symptoms is associated with more drinking in both male and female alcoholics, whereas a clinical history of major depression in male alcoholics is associated with lower current drinking levels. Although, the study does not provide a clear reason for this difference, it may have consequences for treatment. For example, antidepressant treatment of males with a history major depression may have no effect on drinking levels. However, these findings may also result from residual confounding, e.g. patients with a history of major depression might also be patients with a late age of onset of their alcohol use disorder and this type of alcohol use disorder is associated with a different pattern of drinking with more daily drinking and less heavy drinking days and less bingeing. More prospective studies are needed to resolve this important but complex clinical issue."

*This work was presented on Sunday 3rd September, 2017.