Positive Thinking May Aid Mentally Ill Alcohol Abusers

ARTICLES BY BETSY BATES
Los Angeles Bureau

SANTA BARBARA, CALIF. — Enhancing positive thinking may be the best way to help severely mentally ill alcohol abusers reduce their dependence on alcohol, according to research presented at the October meeting of the Research Society on Alcoholism.

Participants were recruited from a university-affiliated, mental health center, dual-diagnosis treatment program. At the completion of 6 months of substance abuse treatment, they were asked which of four coping strategies they used most to avoid alcohol relapse:
- Positive thinking (e.g., “Thinking how much better off I am without drinking”)
- Negative thinking (e.g., “Thinking of the mess I’ve got myself in because of drinking”)
- Avoidance/distraction (e.g., “Keeping away from people who drink”)
- Seeking social support (e.g., “Going to an AA meeting”)

Positive thinking was negatively related to the total number of days of drinking over the previous 60 days, the percentage of days patients consumed alcohol, and the average number of drinks during the 60-day period, and was positively related to the percentage of days abstinent from alcohol, Dr. Bailey said.

In an interview, Dr. Bailey explained that first-trimester alcohol exposure is most likely to affect children’s attention problems when it occurs during the third trimester, a prospective study of 492 children determined.

There is a high degree of correlation between teacher- and parent-assessed attention deficits in children exposed to alcohol in late pregnancy, compared with alcohol exposure during the first or second trimesters, Beth Nordstrom Bailey, Ph.D., and her associates reported during the annual meeting of the Research Society on Alcoholism.

“These findings provide yet one more piece of evidence that the timing of prenatal alcohol exposure impacts child outcomes,” concluded the investigators, who presented their study in poster form.

The study from East Tennessee State University in Johnson City, where Dr. Bailey serves on the department of family medicine faculty, carries substantial weight because it prospectively tracked women’s substance abuse throughout pregnancy and the development of their children for 6-7 years.

The cohort was from urban Detroit and was mostly made up of African Americans with a low socioeconomic status, 90% of whom agreed to participate in the follow-up study.

Caregivers—most often the children’s biological mothers—completed the Achenbach Child Behavior Checklist. Classroom teachers completed the Achenbach Teacher Report Form. Both standardized tools include Attention Problems scales.

In a logistic regression analysis, third-trimester prenatal alcohol exposure independently correlated with attention problems as assessed by both caregivers and teachers.

Lead levels and custody changes also correlated with attention scores as assessed by parents and caregivers. Violence exposure factored into the equation only when teachers’ assessments were considered.

Prenatal exposure to cocaine, cigarettes, or alcohol during the first and second trimesters failed to independently correlate with later attention problems in children.

In an interview, Dr. Bailey explained that first-trimester exposures have the potential to affect variables such as body weight. In fact, Dr. Bailey found that being married for more than 3 years had a negative association with recovery (hazard ratio of 0.77).

Recently graduating or starting a new job was neither positively nor negatively associated with recovery. But stopping smoking more than 3 years ago was negatively associated with achieving any recovery or abstinence recovery, with hazard ratios of 1.39 and 1.94, respectively.

“Rather, failure to recover was strongly associated with patients’ own care and with treatment efforts,” the authors concluded in a poster presented at the meeting.

Alcohol-specific coping strategies may be a productive avenue of research aimed at improving treatments for seriously mentally ill patients.

Alcohol Dependency: Any Treatment Helps

SANTA BARBARA, CALIF. — People who receive any form of treatment to help them with alcohol dependence are twice as likely to recover as are those who receive no treatment.

However, recovery prompted by treatment is often a slow process, and may take longer than recovery initiated and carried out by an individual on his or her own, according to Deborah A. Dawson, Ph.D., reporting at the annual meeting of the Research Society on Alcoholism.

Dr. Dawson and her colleagues at the National Institute of Alcohol Abuse and Alcoholism identified several predictors of success and failure in alcohol recovery dependency by studying a subset of individuals included in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).

In all, about 64% of the sample was still dependent on alcohol, while about 36% had recovered to some degree, either achieving total abstinence or continuing to drink without continuing to possess the symptoms of alcoholism.

Hazard ratio curves showed that remission and recovery short of abstinence peaked about 1-4 years after the onset of dependence, declining by about half in the next 3 years and then reaching a steady mean.

Abstinent recovery showed no peak, but was achieved very slowly by individuals over time. Proportional hazard models with time-dependent covariates showed several characteristics predictive of recovery.

“Treatment was by far the strongest positive predictor of abstinence recovery. A prior history of relapse was the strongest negative predictor of all types of recovery,” Dr. Dawson explained at the meeting.

Recovery was less likely in people whose onset of dependence was rapid and/or early, starting before 18 years of age. That might not be surprising, but some of Dr. Dawson’s findings were counterintuitive.

For example, she found that individuals who used cocaine or other substances were more likely than those who used only alcohol to recover, perhaps because cigarettes serve as a substitute for alcohol in some individuals, Dr. Dawson said.

Furthermore, individuals who were still dependent on alcohol 3 or more years after quitting were more likely to achieve an abstinent recovery.

But stopping smoking more recently was positively associated with stopping drinking as well.

Current drug use, as expected, lowered the chances of any form of recovery, but quitting drugs more than 3 years ago was positively associated with recovery.

Having attended college significantly lowered the likelihood of achieving any recovery or abstinence recovery, with hazard ratios of 0.77 and 0.69, respectively.

Other life events played a role in enhancing or diminishing recovery chances as well.

Getting married for the first time—or, ironically, being newly divorced—strongly enhanced a patient’s chances of any degree of recovery and of nonabstinence recovery, with nonabstinence recovery hazard ratios of 1.39 and 1.94, respectively.

But having been married for more than 3 years or divorced for more than 3 years failed to have the same positive effect on recovery. In fact, Dr. Dawson found that being married for more than 3 years had a negative association with recovery (hazard ratio of 0.77).

Recently graduating or starting a new job was neither positively nor negatively associated with recovery. But stopping smoking more than 3 years ago was negatively associated with achieving any type of recovery, and starting a full-time job more than 3 years ago was negatively associated with an abstinent recovery.

Transitions in life are not necessarily causal in terms of enhancing one’s recovery chances, Dr. Dawson said.

“Rather, failure to recover shortly after making these transitions is a strong indicator that recovery is not likely to occur in the future,” she said.