Social Support Lowers Dependence on Alcohol

VITALS

Major Finding: Participants with supportive significant others had a higher percentage of alcohol-abstinent days.

Data Source: COMBINE, a multisite, double-blind clinical trial of combinations of medications and behavioral therapies in treating alcohol dependence.

Disclosures: The National Institute on Alcohol Abuse and Alcoholism sponsored the study. Dr. Berger had no conflicts to disclose.

BY DOUG BRUNK

SAN DIEGO — Alcohol-dependent patients with a supportive significant other have a greater reduction in drinking-related consequences over time, compared with those without such support, results from an exploratory analysis demonstrate.

The finding underscores the importance of social support in treatment and recovery from alcohol problems, Lisa Berger, Ph.D., said during the annual scientific conference of the Research Society on Alcoholism.

"There is a body of literature that positively supports the involvement of family members—in particular, spouses or cohabiting partners—in the treatment of individuals with alcoholism," said Dr. Berger, a scientist in the University of Wisconsin, Milwaukee's Center for Addiction and Behavioral Health Research. "Yet to date, not as much work has been done on family member or supportive significant other involvement in combined behavioral and medication alcoholism treatments, especially in terms of the newer medications: naltrexone and acamprosate."

She and her associates explored the effects of a supportive significant other (SSO) on drinking behavior in a cohort of patients from the Combined Pharmacotherapies and Behavioral Interventions study (COMBINE). For the current study, participants were treatment seeking, and the involvement of an SSO was a component of the combined behavioral intervention psychotherapy.

"A supportive significant other did not necessarily have to be a spouse or a partner, although we believe most were," Dr. Berger said. "An ideal SSO candidate was an individual who supported a participant's sobriety and their treatment, an individual who the participant sees regularly, and an individual who is important to the participant."

The mean age of the 619 study participants was 45 years, and 69% were men. Most (89%) had at least a high school education, 44% were married, 76% were white and 24% reported being black, Hispanic, or of another racial identity.

Alcohol outcome study measures included percentage of days abstinent and drinks per drinking day as derived from Form 90, a structured assessment interview for drinking and related behaviors. They used the Drinker Inventory of Consequences to measured alcohol-related problems.

Dr. Berger said that 161 study participants (26%) had an SSO involved in their treatment. Slightly more than half of SSOs (54%) attended one combined behavioral intervention session, 22% attended 2-3 sessions, and 24% attended 4 or more sessions.

Mixed-model repeated measures of variance revealed a significant main effect for time in the study and a significant three-way interaction effect for naltrexone, by SSO, and by time in the reduction of the number of drinks per drinking day.

"Participants who did not receive naltrexone but had SSO involvement had a higher average number of drinks per drinking day over time than the group with no SSO involvement," Dr. Berger said. "Participants who did receive naltrexone experienced fluctuations of higher and lower average number of drinks per drinking day over time relative to those participants without SSO involvement. So it appears that there is some support for naltrexone in terms of helping those with SSO involvement reduce their average number of drinks per drinking day."

An ideal significant other supports the participant's sobriety and treatment.

DR. BERGER

The researchers also found that study participants with involvement of an SSO had more alcohol-related problems at baseline, compared with their counterparts who did not have involvement from an SSO. However, those with an SSO had fewer problems halfway through the 4-month combined treatment period and had fewer problems thereafter, compared with the participants without an SSO.

"The results suggest that SSO involvement alone and in combination with naltrexone may positively impact patient alcohol use and alcohol-related problems," Dr. Berger said.

The SSO main effect on percentage of days abstinent "may have been in part due to the SSO's role in supporting abstinence," she explained.

"In the present study, however, this is a tentative notion, because we do not know what was stated in [the behavioral intervention] session about abstinence and the role of the SSO. Nor do we know to what fidelity this may have even occurred." ■