

Early Alcohol Initiation Linked to Teen Suicide

BY DAMIAN McNAMARA

FROM THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF SUICIDOLGY

ORLANDO — Adolescents who start drinking alcohol before age 13 are at a significantly increased risk for suicide ideation and attempts, even when controlling for depression, psychiatric treatment, and other risk factors.

An emphasis on interventions to delay or prevent early alcohol initiation therefore could be beneficial, reported Monica H. Swahn, Ph.D., associate professor, Institute of Public Health, Georgia State University, Atlanta.

Compared with self-reported nondrinkers, risk for suicide ideation and/or attempt was higher in young adolescents who reported drinking alcohol as preteenagers (adjusted odds ratio, 2.40). Risk re-

mained elevated when the same cohort was resurveyed as older teens (adjusted OR, 3.13), Dr. Swahn reported.

However, the risk for subsequent suicide was no longer significant when the same participants were surveyed as adults (OR, 1.71). Alcohol use, especially early alcohol use, may increase capacity for suicide behaviors. “Most of us talk about the inhibition, but there is also an indirect effect—alcohol can increase other risks.” Adverse effects on brain development and increased tolerance to pain are examples. Early initiation also might be an indicator of family dysfunction or poor coping strategies, Dr. Swahn said.

“Until recently, very little research has examined the role of early alcohol use initiation, prior to age 13, as a specific risk factor for suicide,” Dr. Swahn said.

To find out more, she and her associates conducted

a secondary analysis of three prospective waves of data from the National Longitudinal Study of Adolescent Health. Of the total 10,417 participants, 13.8% reported drinking alcohol before the age of 13.

The first survey in 1995 included a nationally representative group of adolescents in grades 7 through 12; the next wave of data was collected the following year; and a third wave assessed the same group in 2008. Only participants who reported suicide ideation were asked about an attempt, so the two variables were combined.

The adolescent health study only includes self-reported data, a potential limitation of this study. No inclusion of any other circumstances around early alcohol use or suicidal behavior, as well as no consideration of changes in development or life circumstances, were other possible limitations, Dr. Swahn said.

Future study could examine vulnerable subgroups, such as those who lost friends or family to suicide or those who experienced childhood maltreatment. In addition, Dr. Swahn would like to explore any patterns by gender or race/ethnicity.

The American Foundation for Suicide Prevention provided a research grant for the study. ■

VITALS

Major Finding: Risk for suicide ideation and/or attempt was higher in young adolescents who report drinking alcohol as preteenagers (adjusted odds ratio 2.40), compared with self-reported nondrinkers. Risk remains significantly elevated when they are resurveyed as older adolescents (OR, 3.13), but not as adults (OR, 1.71).

Data Source: An initial and two follow-up surveys of 10,417 participants in the National Longitudinal Study of Adolescent Health

Disclosures: None was reported.

Opioid Misuse Leading to More ED Visits

BY DIANA MAHONEY

FROM THE MORBIDITY AND MORTALITY WEEKLY REPORT

Emergency department visits for nonmedical use of opioids increased by nearly 112% between 2004 and 2008, with a 29% increase between 2007 and 2008 alone, according to the Centers for Disease Control and Prevention.

Together with the Substance Abuse and Mental Health Services Administration (SAMHSA), the CDC reviewed the latest available 5 years of data on emergency department (ED) visits for nonmedical use of prescription drugs from SAMHSA's Drug Abuse Warning Network (DAWN). ED visits involving nonmedical use of opioid analgesics rose from 144,600 in 2004 to 305,900 in 2008, according to the report published in the CDC's report.

By 2008, the number of ED visits for misused prescription and over-the-counter drugs matched the number of ED visits involving illicit drugs for that year, the report noted (MMWR 2010 June 18;59:705-9).

The DAWN definition of non-medical use of a prescription or over-the-counter drug includes taking a higher-than-recommended dose, taking a drug that was prescribed for another person, drug-facilitated assault, and misuse or abuse—all of which must be documented in a patient's medical record. It does not include suicide attempts, patients seeking detoxification, and unintentional inges-

tions, which are tracked in other categories.

The highest numbers of ED visits involving prescription drugs in this review were for oxycodone, hydrocodone, and methadone, each of which showed statistically significant increases during the 5-year study period.

Among these drugs, the greatest increase was noted for oxycodone, with an estimated 41,700 ED visits in 2004 and 105,200 ED

visits in 2008, representing a 144% increase. Also, ED visits for nonmedical use of benzodiazepines increased 89%, from 143,500 in 2004 to 271,700 in 2008, with significant increases observed for each of the individual benzodiazepine drugs reviewed, including alprazolam, clonazepam, diazepam, and lorazepam.

Statistically significant increases also were noted for ED visits involving the sleep aid zolpidem and the muscle relaxant carisoprodol. Peak visit rates for both opioids and benzodiazepines were observed in the age ranges 21-24 and 25-29 years, which represents a shift from previous report periods, in which peak visit rates were seen in the 30- to 34- and 35- to 44-year age ranges, according to an editorial note accompanying the report. “As late as 2006, the peak mortality rate for fatal drug overdoses involving opioid analgesics had been in the 35-54 years age group,” according to the note.

The 5-year increase in ED visits probably reflects “substantial increases in the prescribing of these classes of drugs,” the CDC authors suggested. “The increase also might reflect an increase in the rate of non-medical use of prescription drugs per 1,000 prescriptions, as has been observed for selected opioids.”

The report is limited by a number of factors, according to the authors. “First, the drugs involved in ED visits might not all be identified and documented. The extent to which ED

staff members document drug involvement might have increased over time,” they wrote. Additionally, information on the motivation behind nonmedical drug use might be incomplete, for instance by not noting a suicide attempt; population-based rates cannot be used to establish per-patient or per-prescription risk; and the distinction between nonmedical and medical reasons for taking drugs is not always clear, particularly when other drugs are involved.

The report “reinforces the value of timely, population-based national surveillance for nonmedical use of drugs, which can be used to assess the effect of such interventions,” the authors wrote. ■

VITALS

Major Finding: Emergency department visits for nonmedical use of prescription opioid analgesics rose from 144,600 in 2004 to 305,900 in 2008.

Data Source: A review by the Centers for Disease and Prevention of 5-year data on ED visits involving the nonmedical use of prescription drugs from the Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network.

Disclosures: None was reported.

Buprenorphine Care Uncovers New Illnesses

BY SHERRY BOSCHERT

FROM THE ANNUAL MEETING OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

SAN FRANCISCO — Treating patients for opioid dependence with sublingual buprenorphine in a primary care clinic helped providers identify chronic medical conditions that were not being treated.

Among 135 new patients who presented to a primary care office for help with opioid dependence and who

VITALS

Major Finding: Treating opioid dependence in primary care offices identified new chronic medical problems in 36 (27%) of 135 patients and led to initiation of treatment in 70% of 172 previously known chronic medical problems that were not being treated.

Data Source: Retrospective review of patients presenting to a primary care clinic for treatment of opioid dependence who received a prescription for sublingual buprenorphine.

Disclosures: Dr. Rowe said the investigators have no pertinent conflicts of interest.

received a prescription for sublingual buprenorphine within a month of their visit, 69% had no primary care provider until that visit. Newly diagnosed chronic medical conditions were identified in 36 (27%) of patients, Dr. Theresa Rowe reported in a poster presentation at the annual meeting of the American Society of Addiction Medicine.

Patients started treatment for 41 (95%) of 43 newly diagnosed chronic medical conditions within a year, said Dr. Rowe of Johns Hopkins University, and her study associate, Dr. Darius Rastegar, of the Johns Hopkins Bayview Medical Center, both in Baltimore.

The most common new diagnoses were hepatitis C in 11 patients, hypertension in 10, psychiatric disorders in 8, hyperlipidemia in 6, and diabetes in 3 patients. All of these conditions, except the hepatitis C infections, were treated within the year.

In addition, 74% of patients had previously diagnosed chronic medical conditions, but 70% of the 172 previously identified diagnoses were not being treated at the time they sought help for opioid dependence. ■