

Type of Drink Is More Critical Than Number

BY KERRI WACHTER
Senior Writer

BALTIMORE — Drinking clear liquors—such as vodka and gin—and drinking more than one type of alcoholic beverage are both associated with an increased risk of having a hangover among college students, even after controlling for the number of drinks.

Students who drank clear liquors were twice as likely to have a hangover as those who drank beer, even after controlling for the number of drinks, according to a poster presented at a joint meeting sponsored by the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism.

Likewise, consuming more than one type of beverage also was associated with hangover, even after controlling for the number of drinks.

“Although these results suggest that consuming more than one beverage type or consuming clear liquors is associated with hangover endorsement, it is not clear whether this is due to the specific beverages consumed or to other factors than may contribute to hangover, such as rate of consumption and drinking style,” wrote

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Amee J. Epler, a graduate student in psychological sciences at the University of Missouri, Columbia, and her colleagues.

The researchers studied the drinking habits of 127 students at a large Midwestern university over a 14-day period. The sample was predominantly white (85%), with slightly more women (61%). Smokers accounted for 43%.

The students monitored their experiences several times a day during a 14-day period using an electronic diary. The first question asked each day was whether the student had drunk alcohol on the previous day. Those who answered “yes” were asked several follow-up questions about the drinking episode: number of drinks, duration of the episode, types of beverages consumed, and presence of a hangover.

The researchers also found that women might be more susceptible to hangover at similar levels of consumption.

In addition, the students were asked about several hangover symptoms and mood states, regardless of whether they reported a hangover.

Hangover symptoms included these categories: “more

tired than usual,” “headache,” “nauseous,” “very weak,” “extremely thirsty,” or “dehydrated.”

The mood states included “scared,” “upset,” “distressed,” “enthusiastic,” “interested,” and “proud.”

Almost three-quarters (73%) reported at least one drinking episode over the 14-day study; 41% reported at least one hangover. Among participants who reported at least one hangover, the number of hangovers ranged from one to seven (median two). Drinking episodes and reports of hangover were associated primarily with weekends—75% of each occurred on Fridays, Saturdays, or Sundays.

Students reporting a hangover consumed 10 drinks, compared with 6 drinks for those without a hangover. The number of drinks consumed was a significant predictor of hangover.

The most frequently consumed beverage was beer—74% of drinking records. Beer was followed by clear liquors (37%), dark liquors (24%), non-beer malt beverages (9%), white wine (6%), liqueur/schnapps (5%), and red wine (4%), the investigators found.

Symptoms more likely to be reported on hangover days included “extreme thirst or dehydration,” “more tired than usual,” “headache,” and “nausea.”

“Interestingly, none of the mood symptoms (with the possible exception of ‘upset’) were significantly associated with hangover,” the investigators wrote. ■

Comorbid Mental Disorders Predict Chronic Medical Illness

BY KERRI WACHTER
Senior Writer

WASHINGTON — Chronic medical conditions are very common among patients with co-occurring schizophrenia and alcohol use disorder. In one study of 80 patients, 83% of the patients had at least one chronic illness.

The most common chronic illnesses in the study were hypertension (46.3%), gastroesophageal reflux disease (26.3%), asthma (23.8%), hyperlipidemia (22.5%), and osteoarthritis/degenerative joint disease (21.3%), according to a poster presented at a joint meeting sponsored by the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism.

“Comparing our sample to that of the CATIE (Clinical Antipsychotic Trials in Intervention Effectiveness) trial, medical illness burden appears to be markedly higher in patients with both schizophrenia and alcohol dependence than in patients with schizophrenia only,” wrote Dr. Zsuzsa S. Mezaros, who is with the psychiatry department of the State University of New York, Syracuse, and her colleagues.

The study involved 80 outpatients with schizophrenia or schizoaffective disorder and co-occurring alcohol dependence or abuse who were enrolled in a trial of directly monitored naltrexone treatment. Patients were prescribed antipsychotic medications by their clinical treatment providers. However, they were not prescribed acamprosate (Campral), naltrexone (Revia), or disulfiram (Antabuse).

Patients ranged in age from 18 to 69 years; mean age was 42. Almost three-

quarters (72.5%) were male. Forty-five percent were white, 39% were African American, 2% were American Indian, and 14% were mixed or other. Slightly more than half (55%) had a diagnosis of schizophrenia; 45% had schizoaffective disorder.

Almost all (95%) were diagnosed with alcohol dependence; 5% were diagnosed with alcohol abuse. Roughly three-quarters (77.5%) reported having a primary care provider at the study start.

In the past 6 months, 26% reported a psychiatric hospitalization, 4% reported a medical hospitalization, and 3% reported a substance-related hospitalization. Also in the past 6 months, 29% reported an emergency department visit for medical reasons, and 16% reported an ED visit for psychiatric reasons.

Illness burden was predicted by demographic factors (e.g., age) and alcohol use severity (e.g., γ -glutamyl-transferase) and was less influenced by psychiatric severity. “The positive correlation between alcohol use severity and medical illness is mainly related to γ -glutamyl-transferase (GGT) levels, an objective measure of transaminase elevation possibly due to alcohol-related liver injury,” the researchers wrote.

Patient-reported levels of alcohol/drug use were not significantly related to medical severity. “This raises the possibility that biological markers of alcohol use may be a more reliable or sensitive correlate of medical status than self-report in patients with schizophrenia.”

The study was supported by a grant from the National Institutes of Health and the National Institute on Alcohol Abuse and Alcoholism. ■

Pregabalin Matches Naltrexone In Lowering Alcohol Craving

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

BARCELONA — Pregabalin reduced alcohol craving scores just as effectively as did naltrexone and was associated with a longer period of alcohol abstinence, especially in patients with a comorbid psychiatric disorder, according to the first randomized comparison trial of the two drugs.

Pregabalin also positively affected anxiety, hostility, and psychoticism—additional benefits for patients with a combination of alcohol and psychiatric problems, Dr. Giovanni Martinotti reported in a poster at the annual congress of the European College of Neuropsychopharmacology.

“The mechanisms involved in the efficacy of pregabalin could be less related to craving for alcohol and more connected to the treatment of these comorbid psychiatric disorders,” wrote Dr. Martinotti of Catholic University’s treatment unit for alcoholism and multiple drug abuse, Rome.

His 16-week study included 59 alcohol-dependent patients, with a mean of 15 years’ alcohol addiction; their mean daily alcohol consumption was 8 drinks. These patients (mean age 40 years) were detoxified over 5-10 days, and then randomized to either naltrexone 50 mg daily (28) or pregabalin at an average dose of 275 mg daily (31).

No significant differences in craving

scores were found over the treatment period. More patients taking pregabalin remained alcohol free for the entire study (15 vs. 11) and, although this was not statistically significant, a survival curve showed that those taking pregabalin remained abstinent for a significantly longer period. There were no significant differences in posttreatment relapses.

Patients taking pregabalin showed significantly lower withdrawal scores than did those taking naltrexone, with the difference apparent in as little as 2 weeks.

Psychiatric symptoms were assessed with the Symptom Checklist 90-Revised. By this measure, those taking pregabalin showed significant decreases in the general “positive symptoms total” index, as well as in the subscales for phobic anxiety, hostility, and psychoticism, he wrote.

Among those patients with a dual diagnosis of alcohol-use disorder and a psychiatric disorder, pregabalin was associated with a significantly higher total abstinence score than was naltrexone (50% vs. 15%).

“If it could be confirmed in placebo-controlled trials that pregabalin is efficacious in decreasing alcohol use, lessening craving, and attenuating psychopathological symptom severity, we will have gained a valuable agent for the treatment of alcohol-dependent subjects,” Dr. Martinotti wrote.

Dr. Martinotti said he had no disclosures to make regarding the study. ■

Patients taking pregabalin showed far lower withdrawal scores than those taking naltrexone, with the difference apparent in as little as 2 weeks.