

Positive Thinking May Aid Mentally Ill Alcohol Abusers

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SANTA BARBARA, CALIF. — Enhancing positive thinking may be the best way to help severely mentally ill alcohol abusers reduce their dependence on alcohol, a State University of New York at Buffalo study suggests.

Clara M. Bradizza, Ph.D., and associates at the Research Institute on Addictions at the State University of New York at Buffalo studied the relationship between coping behaviors and substance abuse recovery in 171 patients with bipolar disorder or schizophrenia-spectrum disorder.

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")

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

▶ Seeking social support (e.g., "Going to an AA meeting")

Positive thinking was negatively related to the total number of drinks 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. Bradizza and her associates reported at the annual meeting of the Research Society on Alcoholism.

In other words, participants who drew on positive thinking most often during their recovery were doing a better job of reducing their alcohol consumption.

Negative thinking was associated with higher rates of drinking on two outcome measures: total number of drinks during the 60-day period and average number of drinks over the 60-day period.

Social support was marginally correlated with a reduction in drug use and abstinence from drugs, although the researchers said the connections

need "further exploration."

"Overall, these results indicate that alcohol-specific coping strategies may be a productive avenue of research aimed at improving treatments for seriously mentally ill individuals diagnosed with an alcohol or drug-use disorder," the authors concluded in a poster presented at the meeting. ■

Alcohol Exposure in Third Trimester May Affect Children's Higher Order Functions

SANTA BARBARA, CALIF. — Prenatal 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 followed 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 correlat-

ed 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 global development of the fetus, possibly resulting in physical deformities, major cognitive impairment, and diminished growth.

In the third trimester, higher order functions are most affected. "It's a time for fine-tuning in pregnancy," she said. Alcohol exposure during this time appears to affect children's specific attention and behavior functions that can be readily assessed during the school-age years.

Environmental influences also contribute to such problems, but third-trimester alcohol exposure remains a strong correlate even after application of statistical controls for those factors.

"I think this study in particular makes it clear that it's never too late to quit," Dr. Bailey said. "If at any point in pregnancy a woman can reduce her alcohol consumption or quit, there is still benefit."

The Center for Healthcare Effectiveness Research at Wayne State University in Detroit contributed to the study, which was funded by the National Institutes of Health and the Children's Research Center of Michigan. ■

Alcohol Dependency: Any Treatment Helps

SANTA BARBARA, CALIF. — People who receive any form of treatment to help them with alcohol dependency 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 dependency recovery by studying a subset of individuals included in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).

The cohort included 4,422 subjects from the nationally representative NESARC sample who met DSM-IV diagnostic criteria for alcohol dependency.

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 before declining by about half in the next 5 years and then reaching a steady mean.

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

"Treatment was by far the strongest positive predictor of abstinent 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 with anxiety disorders and those with a positive family history of alcohol dependence were more likely than

were others to recover from alcohol dependency. Individuals with personality disorders were less likely to achieve an abstinent recovery.

Smoking and recent smoking initiation were positively associated with abstinent recovery, 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 smoking had diminished rates of 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 abstinent 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 nonabstinent recovery, with nonabstinent 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 0.77).

Recently graduating or starting a new job was neither positively nor negatively associated with recovery.

But completing schooling 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. ■