

TEMPORAL PROGRESSION OF ALCOHOL DEPENDENCE SYMPTOMS IN THE US POPULATION: RESULTS FROM THE NATIONAL COMORBIDITY SURVEY

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Objectives: United States (US) general population data were used to determine whether a consistent temporal progression exists in the onset of symptoms building up to alcohol dependence (AD) and, if so, to study age, sex, and cohort differences in this progression. **Methods:** The data are from the National Comorbidity Survey. Symptoms were assessed using a revised version of the Composite International Diagnostic Interview, the UM-CIDI, among persons 15–54 years of age. Age of onset reports were obtained retrospectively. Symptom classes were estimated with Latent Class Analysis (LCA). Age, sex, and cohort differences in symptom progression were investigated with discrete-time survival analysis. **Results:** A four-class LCA solution was found to fit the data indicating a temporal progression of symptoms beginning with role impairment and hazardous use, moving on to tolerance and impaired control, and then to physiological dependence. Probability of initial symptom onset among alcohol users was found to be higher among people in the 10–24 age range, among men than women, and to have increased dramatically over the past four decades. Age, sex, and cohort effects were found to be less powerful in predicting symptom progression. A narrowing of the sex difference in AD symptomatology over time was observed to be due largely to a convergence in initial symptom onset among men and women in the age range 10–24. **Conclusions:** The increasing prevalence and narrowing of the sex difference in AD are both due largely to an increase in symptom onset during the adolescent years. As initial symptoms are usually indicative of abuse rather than dependence, this means that a rise in adolescent alcohol abuse has been more important than an increase in the transition rate from abuse to dependence in explaining the growing prevalence of alcohol dependence during recent decades.

TEMPORAL ASSOCIATIONS BETWEEN CO-OCCURRING DISORDERS IN THE GENERAL POPULATION

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Objectives: General population data were used to examine temporal patterns in the onset of co-occurring anxiety, affective and alcohol disorders. **Methods:** Data are from the first wave of a longitudinal survey being conducted among 14–24 year olds residing in metropolitan Munich, Germany (response rate = 71%, N = 3022). DSM-IV diagnoses were assessed using the Composite International Diagnostic Interview. Survival analyses were used to examine the temporal relationship among disorders. **Results:** Respondents meeting criteria for anxiety and especially affective disorders were shown to have a strong and significant risk for subsequent onset of alcohol disorders with this pattern being more true for alcohol dependence than alcohol abuse. These relationships were also stronger among women than men. In addition, among respondents with alcohol disorders, most were shown to be secondary to an anxiety or affective disorder. **Conclusions:** Recognizing the limitations imposed by the collection of data by lay-interviewers and the use of respondent self reports of events which have occurred in the past, these results are consistent with results from the National Comorbidity Survey conducted in the general population of the United States in showing that alcohol disorders are strongly associated with anxiety and affective disorders and most often have onsets which are temporally secondary to these

disorders. Prospective data will allow us to examine these relationships more closely. In addition, the mediating effect of psychiatric disorders in the first degree relatives of probands will be examined.

INTEGRATIVE PSYCHOONCOLOGY IN A UNIVERSITY HOSPITAL TREATMENT AND RESEARCH STRATEGIES

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Three years ago a Psychooncology Service was established at the Department of Psychiatry in Innsbruck. The team consists of three psychiatrists and three clinical psychologists, offering psychotherapeutic interventions and psychological support to oncological patients through a three-tiered structure:

1) a therapist (M.D. or psychologist) is on call during working hours (from 8 am to 4 pm) for acute interventions; 2) regular consulting facilities by appointment are offered to in-and out-patients with oncological diagnoses two times a week; 3) a liaison service is provided for three primarily oncological units in surgery, gynecology and internal medicine.

During the last 12 months there were 1793 therapeutic contacts on these three levels. Next to treatment, supervision as well as specific education is offered to the medical and nursing staff. Research aspects include quality of life, coping strategies, social support and sexuality of oncological patients. Results from these research efforts as well as experiences in coping with structural problems of such a service will be presented in more detail.

DEPRESSION AND SUBSTANCE ABUSE

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Substance abuse may be associated with depression like symptomatology in the course the addiction. In patients with depressive symptoms is it often difficult to determine whether the mood states noted is a result of the drug use or represents sequeale of withdrawal phenomena, or is a primary mental illness. Controversy persists as to the extend and characteristics of comorbidity of mental illness and substance abuse disorders. The prevalence of this comorbidity varies remarkably depending upon the perspectives of the assessment team, the clinical situation in which the evaluation takes place, the severity of the disorders and the patient's perspective.

There are significant problems inherent in many of the studies reporting on the incidence of comorbidity. In many studies, patients use often diagnosed while they are under the influence of drugs or soon after. Follow-up studies after significant periods of abstinent generally have not been done.

The study sample comprised 97 heroin addicts who started naltrexone treatment between 1994. Follow-up evaluations of depressive symptoms with the Hamilton Rating Scale for Depression (HRSD) and the clinical diagnosis were started and the end of the 1-year treatment program.

The treatment program was completed by 40% of patients. All the patients showed significant reduction in depressive symptoms during the treatment, (only 1 addict was > 20 in HRSD at the end of treatment vs 12 addict at the inclusion). In these program the psychopathology noted is a result of the drug taking and the depressive symptoms will decrease markedly or disappear with time and abstinence.