

PW01-128 - **ABSTINENCE FROM ALCOHOL IN RELATION TO MENTAL DISORDER AND PERSONALITY DISORDER: RESULTS FROM A NATIONAL HOUSEHOLD SURVEY**

J. Skogen^{1,2,3}, A. Mykletun¹, C. Ferri⁴, P. Bebbington⁵, T. Brugha⁶, J. Coid⁷, H. Meltzer⁶, R. Stewart⁴

¹*Mental Health Epidemiology, Research Centre for Health Promotion, Faculty of Psychology, University of Bergen, Bergen,* ²*Section of Mental Health Research, Division of Psychiatry, Helse Fonna HF, Haugesund,* ³*Alcohol and Drug Research Western Norway, Stavanger University Hospital, Stavanger, Norway,* ⁴*Institute of Psychiatry, King's College London,* ⁵*Department of Mental Health Sciences, University College London, London,* ⁶*Department of Health Sciences, University of Leicester, Leicester,* ⁷*Forensic Psychiatry Research Unit, St Bartholomew's Hospital, London, UK*

Introduction: The 'sick-quitter' hypothesis states that mental disorders associated with alcohol abstinence are accounted for by people who stop consuming alcohol because of poor health.

Aims: We investigated the association between alcohol abstinence and symptoms of common mental disorder and personality disorder, distinguishing between lifelong abstinence and abstinence following previous consumption.

Methods: Analyses were based on the British National Survey of Psychiatric Morbidity 2000, which sampled 8580 residents aged 16 to 74 years. Heavy consumers of alcohol were excluded, using the Alcohol Use Disorders Identification Test Questionnaire. Symptoms of common mental disorder (depression/anxiety) were identified by the Clinical Interview Schedule. The screening questionnaire of the Structured Clinical Interview for Axis II Personality Disorders was used to identify potential personality disorder. Self-reported alcohol abstinence was divided into lifelong abstinence and previous consumption. Previous consumers were asked why they had stopped. Covariates included socioeconomic status, social activity and general health status.

Results: After adjustment, alcohol abstinence was associated with both common mental disorder symptoms and any personality disorder, but only for previous consumers (respective odds ratios 1.70 (1.23-2.34) and 1.45 (1.09-1.94)). Associations were non-specific, being apparent for most individual mental disorder symptoms and personality disorder categories. More detailed analysis indicated that associations were limited to previous consumers who reported ceasing alcohol consumption for health reasons.

Conclusions: The results were consistent with the 'sick-quitter' hypothesis and should be taken into account when interpreting associations between moderate alcohol consumption and beneficial health outcomes.