Gender Differences in the Life Concerns of Persons Seeking Alcohol Detoxification

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ABSTRACT

Background: This study explored the life concerns of persons seeking alcohol detoxification, a group with multiple life and psychosocial challenges. Gender may be an important contributor to the particular life concerns of persons with alcohol use disorders.

Methods: Using a 32-item, previously-validated life concerns survey that captures ten conceptual domains, we interviewed persons entering inpatient alcohol detoxification asking them to rate their level of concern about health and welfare items.

Results: Participants (n = 189) were 27% female, with a mean age of 43.5 years. Overall, concern about alcohol problems was perceived as the most serious, followed by mental health, cigarette smoking, financial, and relationship problems. Men were significantly more concerned than women about six of the ten domains including money, drug use, transmissible diseases, and physical illness.

Conclusions: Recognition of the daily worries of persons seeking inpatient alcohol detoxification persons could allow providers to better tailor their services to the context of their patients' lives. Focusing on pressing life concerns such as mental health, financial, relationship problems, and other drug use may influence detoxification services and aftercare treatment choices.

1. Introduction

Alcohol use disorder (AUD) is pervasive and poses a significant public health concern (Whiteford et al., 2013). Alcohol use results in nearly 88,000 deaths annually, making it the third leading cause of preventable death in the United States (Mokdad, Marks, Stroup, & Gerberding, 2004). The lives of persons with severe AUD are often challenged by economic burden (Navarro, Doran, & Shakeshaft, 2011), mental health disorders, traumatic events, unemployment, violence (O'Meara, Witherspoon, Hapangama, & Hyam, 2011), housing problems, stigma, relational disruptions, infectious disease risks (Claxton, DeLuca, & van Dulmen, 2015), and acute and chronic medical problems associated with heavy drinking (Chartier, Hesselbrock, & Hesselbrock, 2013; National Institute on Alcohol Abuse and Alcoholism, 2000a, 2000b; Pettinati, O'Brien, & Dundon, 2013; Rehm, 2011). The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that in 2013, an estimated 17.3 million Americans met the criteria for AUD in the past year, but only 7.7% sought treatment (Substance Abuse and Mental Health Services Administration, 2014).

Among persons with AUD interested in long-term abstinence, approximately 30% are admitted as a first step to a medically supervised detoxification facility (Substance Abuse and Mental Health Services Administration, 2014). Inpatient detoxification provides patients with a medically supervised protocol to prevent or mitigate alcohol withdrawal symptoms, begin counseling, and access additional treatment modalities after discharge (Blondell, Smith, Canfield, & Servoss, 2006; Kosten & O'Connor, 2003; Merkx et al., 2014). Aftercare planning is essential to reduce relapse risk, and detoxification program staff may be able to use knowledge of patient-specific life concerns in addition to abstinence to suggest aftercare treatment choices.

Previous work has described the life concerns of other urban populations with multiple life and psychosocial challenges (Carey, Braaten, Jaworski, Durant, & Forsyth, 1999; Carey & Senn, 2013), including opioid users (Stein, Anderson, Thurmond, & Bailey, 2015). Life concerns—subjective worries—are distinct from specific stressful or negative life events such as the death of a friend, divorce, or a hospitalization (Veenstra et al., 2006). Negative life events have been examined in relation to alcohol use in cross-sectional and longitudinal studies of general population samples (Perreira & Sloan, 2001) and gender differences were notable. Among married couples, men reported more negative life events in the areas of work and finance whereas women noted more events related to their social networks (Conger, Lorenz, Elder, Simons, & Ge, 1993).

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Among past year drinkers, the impact of life events affected men and women differently with life events affecting the alcohol use of men more profoundly (Dawson, Grant, & Ruan, 2005; Frone, Cooper, & Russell, 1994).

Historically, men have higher rates of alcohol use disorders (AUDs) than women (Nolen-Hoeksema & Hilt, 2006), although the gap in the prevalence of alcohol use disorder has narrowed in the recent past, with the prevalence now two times more common in men (Keyes, Grant, & Hasin, 2008). The burden of morbidity is high across genders (Goldstein, Dawson, Chou, & Grant, 2012), but women are more susceptible than men to certain medical consequences such as liver disease, ulcers, and hypertension (Mann et al., 2005; Stewart et al., 2009). While women may be less likely to enter alcohol treatment, gender is not a consistent predictor of outcome (Green, Polen, Lynch, Dickinson, & Bennett, 2004; Greenfield et al., 2007).

Gender may also be an important contributor to the particular life concerns of persons with alcohol use disorders who seek inpatient detoxification, and such concerns could, in theory, drive aftercare choices. While the severity of alcohol use is likely to be the immediate and dominant focus of persons seeking detoxification, impairments in mental health and social functioning (Daeppen, Krieg, Burnand, & Yersin, 1998; Morgan, Landron, Lehert, & New European Alcoholism Treatment Study G, 2004; Polen, Green, Perrin, Anderson, & Weisner, 2010) may influence both treatment needs during detox and future service use. For example, women with AUD are more frequently severely depressed than men (Pettinati, Pierce, Wolf, Rukstalis, & O'Brien, 1997) and mental health concerns may guide treatment needs. Similarly, relationship concern may influence treatment. For women, marriage and marital stress are risk factors for alcohol relapse as alcoholic women are more likely to be married to heavy drinking partners than are alcoholic men; among men, marriage lowers relapse risk (Walitzer & Dearing, 2006); marital counseling may be an important part of aftercare. General quality of life in female alcohol misusers is lower than in males with comparable levels of dependency (Peters, Millward, & Foster, 2003), with psychiatric comorbidity and social environment being important contributing factors influencing quality of life (QoL) (Foster, Powell, Marshall, & Peters, 1999).

The spectrum of life concerns has never been comprehensively evaluated in persons entering an inpatient alcohol detoxification program. In this study we describe the relative importance of specific life concerns in this population and hypothesize that there will be gender differences, namely that women will be more concerned with relationship and mental health issues, and men will be more concerned with their use of drugs in addition to alcohol.

2. Methods

Between September 2014 and March 2015, consecutive persons seeking alcohol detoxification were approached within the first 24 hours of admission by research staff to Stanley Street Treatment Addiction and Recovery, Inc. (SSTAR) in Fall River, Massachusetts to participate in a research survey. SSTAR's program, one of the largest in Southeastern New England, has 38 beds and is a 24-hour medically supervised treatment facility that provides evaluation and withdrawal management. The average length of stay for alcohol detoxification at SSTAR during the study period was 3.6 days.

Two hundred four patients who were 18 years or older and English-speaking were admitted to SSTAR seeking alcohol detoxification services during the recruitment period and therefore eligible to provide verbal informed consent as approved by the Butler Hospital Institutional Review Board. Fifteen refused participation. The remaining 189 persons completed a face-to-face, 15-minute, structured, standardized interview; no compensation was provided.

2.1. Measures

Sample descriptors included age, gender, race or ethnicity, employment (part or full-time vs. unemployed), homelessness (any nights on street or in a shelter in the prior 90 days), and years of education. Participants were asked if they had attended an outpatient primary care visit in the past year, if they had been hospitalized for mental health issues in the past year, and what treatment services, if any, they have received in the past year. Participants were classified as recent cocaine, benzodiazepine or marijuana users if they reported any use during the past 30 days. Participants also reported frequency and usual quantity of alcohol use during the past 30 days; binge drinking was defined as ≥4 drinks on a single occasion for females and ≥5 drinks on a single occasion for males (National Institute on Alcohol Abuse and Alcoholism, 2005).

We asked participants about life concern items previously validated with general urban population (Carey & Senn, 2013) and later used to characterize an opioid dependent population (Stein et al., 2015). We asked each participant, "The following questions are related to concerns you may have about your health and welfare. Please rate how much the following are of concern to you." Responses were scored on a 0, "no concern," 1, "little concern," 2, "some concern" to 3, "serious concern" four-point scale. All scales were constructed as the mean of included items and range from 0 to 3 with a mid-point of 1.5. Scale means are presented to describe the relative degree to which participants perceive these issues as serious concerns. We report Cronbach's alpha as a measure of internal consistency for multi-item scales. Using 32 survey items, we organized life concerns into seven conceptual multi-item domains; serious physical illness (5 items; $\alpha = .76$, e.g. high blood pressure), transmitted diseases (3 items; $\alpha = .87$, e.g. HIV/AIDS), mental health (8 items; $\alpha = .79$ e.g. feeling depressed), financial concerns (5 items; $\alpha = .82$, e.g. not having enough money for basic needs), health insurance (2 items; $\alpha = .92$, e.g., not having health insurance), concerns about community safety (4 items.; $\alpha = .82$, e.g. violence in my community), and relationship concerns (5 items; $\alpha = .85$, e.g. being cut off from my family) (Stein et al., 2015). Three additional single-item domains, concern about their alcohol problem, concern about smoking, and concern about drug use, were retained in subsequent analysis because of their combination of relevance to and high endorsement in this population.

2.2. Analytical methods

We report descriptive statistics to summarize the characteristics of the sample. T-tests for differences in means and χ^2-tests for differences in counts were used to test for gender differences on demographics and background variables. For each life concern we report the mean, standard deviation, and the number and percentage of persons scoring 0. The distributions of life concern scales varied, many were distinctly non-normal and several clustered at 0. To test for gender differences in life concerns, we used the nonparametric Wilcoxon rank-sum test for equality of rank-ordered distributions.

3. Results

Participants averaged 43.5 (±9.9) years of age and 163 (86.7%) were non-Latino Caucasian (Table 1). Mean years of education was 12.4 (±2.1), 46 (24.3%) were employed either part- or full-time, and 20 (10.6%) were homeless. One hundred twenty-nine (68.6%) said they had seen a primary care physician within the last year. Fifty-two (27.7%) reported no history of any prior alcohol detox, 82 (43.6%) had been in detoxification within the past year, and 54 (28.7%) had been in detoxification, but not within the past year. During the past month, participants reported consuming alcohol on 26.4 (±6.6) days on average; 127 (67.2%) reported daily alcohol use. Mean drinks/drinking day was 17.6 (±10.0; median = 15.0), and the mean frequency of binge drinking was 20.5 (±11.1) days. One hundred fifty (79.4%) were current cigarette smokers, 68 (36.0%), 35 (18.5%), and 46 (24.3%) participants reported using marijuana, cocaine, and benzodiazepines, respectively, in the past month.