

# Investigating the Association Between Moderate Drinking and Mental Health

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In an attempt to relate “moderate drinking” to “mental health,” inadequacies of definition for both terms become apparent. Moderate drinking can be variously defined by a certain number of drinks to “nonintoxicating” to “noninjurious” to “optimal,” whereas mental health definitions range from “the absence of psychopathology” to “positive psychology” to “subjective well-being.” Nevertheless, we evaluated the relation by conducting an electronic search of the literature from 1980 onwards using the terms “moderate drinking,” “moderate alcohol consumption,” “mental health,” and “quality of life.”

Most studies report a “J-shaped curve,” with positive self-reports of subjective mental health associated with moderate drinking but not with heavier drinking. The relevance of expectancies has been unevenly acknowledged, and studies on the cultural differences among expectancies are largely lacking. The potential role of moderate drinking in stress reduction and studies of social integration have yielded inconsistent results as previous levels of drinking, age, social isolation, and other factors have often not been adequately controlled. Future anthropological, epidemiological, and pharmacological interactions preferably must be studied through a prospective design and with better definitions of moderate drinking and mental health. *Ann Epidemiol* 2007;17:S55–S62. © 2007 Elsevier Inc. All rights reserved.

**KEY WORDS:** Alcohol Drinking, Drinking Behavior, Mental Health, Stress.

## INTRODUCTION

Difficulties in capturing the concept of “moderate drinking” (1, 2) are matched by the challenges in identifying valid indicators of mental health. While mental health can be simply defined as “the absence of psychopathology,” Vaillant and Vaillant (3) have reviewed 6 empirical approaches to mental health, which are outlined.

Among these approaches, studies of “moderate drinking” have investigated psychosocial benefits, including positive subjective health and positive mood effects, both anticipated and experienced. Another line of investigation has been the reduction of psychopathology. The current body of research integrates large epidemiological studies with anthropological data.

Most studies use the definitions of “moderate drinking” as set out in available guidelines, expressed as a number of drinks. Main methodological caveats reviewed include the array of definitions of “moderate drinking” and “mental health,” the need to differentiate between “lifestyle” abstinence and those abstainers recovering from drinking problems, and the assessment of psychological benefits in the context of expectancies, social context and cultural norms.

Further study is required of the risks-benefits of moderate drinking in non-Western countries, as well as the directions of causality and their policy implications.

## METHOD

An electronic search of the available literature from 1980 onwards was conducted using the terms “moderate drinking,” “moderate alcohol consumption,” “mental health,” and “quality of life.” The search engines involved were MEDLINE, PsychInfo, and CINAHL. The search was complemented by a retrieval of the references cited in previously published literature reviews.

## CHALLENGES OF DEFINITION

### What Is “Moderate” Drinking?

The conceptual evolution and meanings of “moderate” consumption has been summarized by Eckardt et al. (1). Moderate drinking can be defined as any drinking that is “nonintoxicating,” in other words, consumption that is controlled or restrained, for example, as evident in current campaigns against drinking-driving (Social motivation). Another meaning includes “noninjurious” drinking, or consumption, the cumulative effect of which does not result in health deterioration or harm. Herein, consumption is below an upper limit beyond which some health malfunction occurs (Medical motivation). In another meaning, moderate drinking is defined as “statistically normal.” In this case, it

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Selected Acronym

NIAAA = National Institutes on Alcohol Abuse and Alcoholism

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is defined by the norm or mean value of consumption for a particular age or other population group and within a standard deviation of the group mean. Finally, moderate drinking levels may be viewed by some as those that are "optimal," consumption levels that have some beneficial effect specific to particular diseases identified in comparisons with both nondrinkers and heavier drinkers. This level is also represented by the nadir of the J-curve for health outcomes.

More recently, the National Institutes on Alcohol Abuse and Alcoholism (NIAAA) in the United States endorsed the above typology and listed a number of caveats related to current national definitions of "moderation" (2). In the United States, for example, official dietary guidelines define moderate drinking as no more than one drink per day for women and no more than two drinks per day for men (4).

Difficulties with this definition arise from a number of factors. There is a range of differences among individuals in drinking experience and tolerance. For example, two- to four-fold differences have been described among individuals in the pharmacokinetics and pharmacodynamics of alcohol metabolism. Differences also result from the time period over which alcohol is consumed, or its interaction with genetic vulnerability for a particular medical condition. Additional confounders may be introduced by lifestyle variables between drinkers and nondrinkers, demographics, including age or gender, as well as variation in drinking patterns. Furthermore, methodological differences arise from variation in patterns of consumption, drink sizes, in vivo and in vitro reactivity and extrapolation from animal models. Finally, cultural dimensions are another source of variability and include interaction of food, traditions and taboos, as well as drinking settings. Bearing in mind the above caveats, the NIAAA report, however, does not suggest a need to modify the existing guidelines in the United States.

It is interesting to note that this review highlights the relative consistency of the drinking levels suggested as "moderate," at least in Western societies. In 1862, Sir Francis Anstie set the upper limit of safe drinking at 1.5 ounces of absolute alcohol, that is, approximately three 5-oz glasses of wine, three 12-oz bottles of beer and three 1-oz shots of 80% proof whiskey (5). A century and a half of extensive research has reduced these levels by only one third. While past studies focused on comparisons between moderate and heavy drinkers, current epidemiological surveys have also added the comparison with abstainers.

## What Is Mental Health?

Difficulties in capturing the concept of "moderate drinking" are matched by the challenges in identifying valid indicators of mental health. Vaillant and Vaillant (3) contrast 6 empirical approaches to mental health. While mental health was initially merely defined as "the absence of psychopathology," empirical approaches have further conceptualized mental health in a number of ways. One definition looks at mental health as "above normal," a mental state that is objectively desirable. This is in keeping with Sigmund Freud's definition of mental health as the capacity to work and to love.

A second view looks at mental health as "positive psychology," epitomized by the presence of multiple human strengths. "Maturity," part of healthy adult development, is another dimension of mental health, as is "socioemotional intelligence," accurate and conscious perception that monitors the social adaptation of one's own emotions. Additional approaches define mental health as "subjective well-being," the subjective experience of happiness, contentment and being desired, and "resilience," the capacity for successful adaptation and homeostasis.

In addition to searching for "absence of psychopathology," the studies reviewed have mostly investigated psychosocial benefits. These also include a range of dimensions. Psychosocial benefits include, for example, positive subjective health, a self-perception of good health, whether or not moderate drinking enhances it. Positive psychology, such as mood effects, both anticipated and experienced, is another important aspect. Expectancy research is of particular relevance in investigations of psychosocial benefits. Brown et al (6) have identified six independent expectations by drinkers of their drinking. These include:

1. Positive transformation of experience
2. Enhanced social and physical pleasure
3. Enhanced sexual performance and experience
4. Increased power and aggression
5. Increased social assertiveness
6. Reduced tension

According to Brown and colleagues, nonproblematic drinkers emphasize expectations of social and physical pleasure (6), while problem drinkers anticipate reduced tension reduction. Gustafson (7) reported that consumers of high levels of alcohol had higher expectations along all dimensions than those consuming low levels of alcohol. Expectations and experiences are both subject to substantial cultural differences.

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## MODERATE DRINKING AND MENTAL HEALTH

Within the constraint of the above challenges in definition, the association of moderate drinking and mental health has



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